Musculoskeletal – Suspected Carpal Tunnel

Referral and Management Pathway

**Primary Care**

Does the patient have any of the following?
1. Symptoms (paraesthesia or numbness) that are constant
2. Symptoms present for more than 6 months
3. Thenar muscle wasting

If pregnant or diabetic, treat conservatively

Treat conservatively as CTS with:
- Wrist splints at night (straight so wrist in neutral not dorsi-flexed)
- NSAID
- If symptoms are brought on by work/hobbies, try conservative treatment for 4-6 weeks
- If symptoms restricted to nocturnal paraesthesia, try conservative treatment for 2-3 months

If improvement - Wean off therapy & advise to return if symptoms recur.

Refer if symptoms persist or are severe, especially if associated with altered sensation in the median nerve distribution or with weakness/muscle wasting.

Include the following information:
- Conservative management tried (e.g. any relief through splintage?)
- Any history of neck problems
- If patient is diabetic, pregnant or has a thyroid disorder
- If symptoms are unilateral or bilateral
- If patient has had Nerve Conduction Study

**Secondary Care**

**Patient Presentation**

**Hand paraesthesia in median nerve distribution - NOT as a result of trauma**

Does the patient have any of the following?
1. Nocturnal paraesthesia not easily relieved by movement?
2. Symptoms aggravated by hand use?
3. Spontaneous shaking of hand for relief?
4. Positive Tinel's or Phalen's test?
5. Abductor Pollicis Brevis weakness?

**Phalen's Test** - Rest elbow on table and let gravity flex wrist for 60 seconds. Note occurrence of pain or paraesthesia in median nerve distribution.

**Tinel's Sign** – Tap initially lightly and then firmly over median nerve in palm and the distal forearm. Positive symptoms are distal lancinating paraesthesia in median nerve distribution.

**APB Weakness** – Turn palm to ceiling and thumb to ceiling and test resisted power.

*Source: Scottish Government Task and Finish Group, 2011*