HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction

Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-21

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SUBJECT: Carpal Tunnel Syndrome EFFECTIVE DATE: July 2006

SUPERCEDES DATE: None

PURPOSE

To assure that DOP inmates with Carpal Tunnel Syndrome are receiving appropriate Primary Care for their condition.

POLICY

All DOP Primary Care Providers are expected to follow this guideline and/or will document in the medical record any deviations from this guideline and the reasoning behind the need for deviation.

PROCEDURE

MANAGEMENT OF CARPAL TUNNEL SYNDROME

- I. Carpal Tunnel Syndrome is an entrapment neuropathy involving the median nerve at the wrist
- II. Treatment protocol:
 - A. Wrist splinting with the wrist in a neutral position
 - 1. All patients with this condition generally should be treated with a rigid nighttime splint (cock up)
 - 2. Many patients will also benefit from daytime flexible supports if nighttime splinting is not sufficient to control their symptoms
 - B. Restrict repetitive motions
 - 1. Restrict patient from all repetitive motions until symptoms have resolved
 - 2. If symptoms continue to recur after the patient resumes repetitive motions consider placing on permanent restrictions
 - C. If symptoms persist after a trial of the above add anti-inflammatory doses of NSAIDs
 - D. If symptoms persist after a reasonable trial of the above do a trial of steroid therapy
 - 1. Local injection of corticosteroid into the carpal tunnel and/or
 - 2. High-dose (40-60 mg per day) for 10 to 14 days
 - E. Optimize control of comorbid conditions such as diabetes and hypothyroidism which may contribute to CTS
- III. Consider referral for surgery if:
 - A. All the above conservative measures fail to control symptoms and the inmate has greater than one year remaining on his sentence
 - B. Thenar muscle atrophy and/or significant motor weakness noted on physical exam
 - C. CTS associated with Colles' fracture

7/26/06

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Date

SOR: Deputy Medical Director