

## CARPAL TUNNEL SYNDROME



A patient presented with a history of anterior wrist pain and parasthesia of her fingers and thumb, excluding her little finger and the ulnar side of the ring finger.

She also complained of pain at night sometimes radiated up her arm...

On palpation, there was tenderness over the plexer retinaculum and I diagnosed a Carpal Tunnel Syndrome.

The median nerve is irritated as it passes through the carpal tunnel. The tunnel is made of connective tissue. An inflammatory space occupying syndrome results and therefore creates the symptoms.

In this case Leukotape K 50mm is needed to be applied for space correction. Because of the fascial structure of the body, if the skin is lifted over retinaculum, pressure on the structures below decreases. This allows for an increase in blood supply, an increase in lymph drainage and a decrease in pressure on the mechano-receptors, therefore a decrease in pain.

In order to create this space, Leukotape K must be applied with no stretch at all. The body must be stretched. This will result in convolutions of the tape and a lifting of the skin. Leukotape K 50mm was applied as an adjunct to physiotherapy treatment.

**The application of the strapping technique for a Carpal Tunnel Syndrome is as follows:**

The wrist and elbow are placed in hyper extension. The tape is measured from just below the elbow to the MP joint of the middle finger.

One quarter of the tape is cut in half to make two tails of 25mm. The paper at the top of the tape and at the end of the two tails is torn to create three 5cm bases.

In neutral, the first 5cm base is applied just below the elbow and the glue is activated by rubbing the tape.

The arm is now placed on stretch and the tape is applied along the arm, over the retinaculum and into the palm of the hand.

The two tails are placed around the hand on either side and end on the posterior side of the hand. Once satisfied with the position of the tape, the glue is activated.

The two tail bases are applied with the hand in neutral and the glue is activated.

At no time is the tape stretched. The tape must convolute over the retinaculum when the wrist is flexed. N.B. Leukospray may be applied in the palm of the hand in order to keep the tape in contact with the skin.

Please forward any queries or comments with respect to injuries, techniques or Leuko products to [askleuko@bsnmedical.com](mailto:askleuko@bsnmedical.com) for advice from the Leuko Strapping Panel, who are members of the South African Society of Physiotherapy. Selected questions will be loaded onto the BSN Medical website [www.bsnmedical.co.za](http://www.bsnmedical.co.za) for reference purposes.

### **Refer to the Leuko Strapping Guide for basic guidelines.**

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