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World percussionist David Kuckermann has struggled with problems with tendonitis and carpal tunnel syndrome in his career. He shows off several hand and wrist stretches and movements that helped him ward off the curse of the desk worker. BoingBoing guest blogger Richard Metzger testifies that he and his wife practiced stretches and, after a few days, they could really tell the difference. Judging by the YouTube comments attached to the video, many other people attached to their mouse and keyboards for most of the day find the exercises new and useful. Here's the clip: Feel free to gently mouse to our previous tips on avoiding carpal tunnel syndrome, and offer your own guidelines, videos or otherwise, for better ergonomics in the comments. Software engineer Dan Hersam made some simple changes on his computer workstation to stop the wrist... Read more Video podcast - Exercises on tendonitis and carpal tunnel YouTube through Digital Inspiration Video Transcript for Carpal Tunnel Syndrome reflects a clinical diagnosis that includes one of the three main nerves in the hand. The middle nerve is the nerve that runs through the wrist tunnel that is right here. The very sicted tunnel houses the flexor of the arm tendons as well as the fingers, thumb, and middle nerve-nerve that runs through the wrist tunnel. Typically, the patient will come forward complaining of numbness and tingling, having to shake their hands in the morning. They may have complaints of numbness or tingling after typing on the keyboard or making any repetitive movements that puts increased pressure on the wrist in this direction or in that direction. Although the average nerve innervates the first 3.5 fingers of the hand, the patient usually does not have numbness and tingling only in this distribution. Many times, they can have paresthesia throughout the arm, and that sensation can range from outright falling asleep, itching, feeling the need to reach out to do some type of movement, shake hands. Different of these symptoms can occur. What causes carpal tunnel syndrome? There are about 5 or 6 main causes of carpal tunnel syndrome. Gereticity plays an important role. Some people are born with innately small carpal tunnels. Any related diseases, including rheumatoid arthritis, diabetes, and systemic conditions that can also increase the amount of fluid in the overall area of the carpal tunnel may increase the likelihood of developing carpal tunnel syndrome. What are the symptoms of carpal tunnel syndrome? Patients can often imagine having difficulty buttoning their shirt, sometimes it is difficult to hold a pencil, quite often they will complain about dropping things unintentionally. When the symptoms are very bad, they will be able to see visible atrophy wasting the muscles of the thumb. Like Carpal Tunnel Tunnel Syndrome During physical examination for carpal tunnel syndrome, we will regularly take a neurological examination, checking the strength of all the muscles of the upper limbs, their sensations and their reflexes. For carpal tunnel syndrome, there are a number of provocative tests that also put pressure on the middle nerve, which is when a person has carpal tunnel syndrome to be positive. In addition, during physical examination, it is a chance to exclude when numbness and tingling comes not only from the carpal tunnel, but also from other nerves, most often from the neck. In terms of diagnosis, the most objective way to diagnose carpal tunnel syndrome is to do EMG and nerve conduction studies that provide a way to measure the extent of carpal tunnel syndrome (classified as mild, moderate, severe), and to exclude if there are any other related, number one, compressed nerves, or if there is a related and irritated nerve that comes from the neck. The easiest way to also look at carpal tunnel syndrome is to imagine what your hands are like light bulbs. When light bulbs leave in your home, this example can be associated with a feeling of numbness and tingling in your hands. Sometimes that light bulb comes out when something is wrong with the light bulb itself, but sometimes it can come out because something is wrong with the power source. So when assessing carpal tunnel syndrome, you'll want to see if it's just a light bulb where the average nerves are specifically irritated, or if there is anything also going on with the power source. EMG and neural conduction research is good to say that. It should be emphasized that even when carpal tunnel syndrome presents with mild symptoms, it is important to try to change and evaluate indeed what was the main cause of carpal tunnel syndrome and change these activities. Whether it's in the workplace, if we can change the way that someone sits at their desk and in front of a computer, if they do any type of repetitive movements that puts their wrists in a bending position - expanding or flexing, changing these activities during the day would really be the best approach to keep carpal tunnel syndrome from coming back. In the treatment of carpal tunnel syndrome, if the symptoms are mild, we usually recommend wearing neutral resting wrist splints. And the purpose of these ties is to get your wrists back into a neutral position, which is likely to minimize the amount of pressure you put on the nerve to prevent it from going into that position or that position. They can be worn during the day if you are going to be in front of the computer. They can also be worn at night, when patients can usually put their wrist in a position that puts pressure on the wrist, we can also make the image guided by injections again again ultrasound is when you can beautifully visualize the middle nerve in real time and visualize the surrounding tendons of the thumb and fingers. By putting a little medication that include steroids and lidocaine around the nerve, it will usually reduce the inflammation and swelling that surrounds the middle nerve and can reduce the symptoms of the carpal canal. In addition to tire and injections, physiotherapy is also very useful for strengthening the muscles surrounding the wrist and optimizing the muscles to allow the muscles to do the job rather than putting pressure on the joints and the nerve itself. When carpal tunnel syndrome is as severe as a diagnosis from electromyographic studies, or when injections, physiotherapy, and rest, neutral wrist splints, have not helped enough, then surgical treatment to free the tunnel and mainly to reduce pressure by opening the wrist tunnel itself and trying to relieve pressure on the middle nerve. Believe it or not, carpal tunnel syndrome is another complication associated with diabetes. Aside from the simple discomfort of the forearm, it can be quite debilitating. Here's a review for people with diabetes about what carpal tunnel syndrome is accurate, and what you can understand about it. As you probably know, carpal tunnel syndrome (CTS) is a gradually painful arm and arm condition that develops from a pinched nerve to the wrist. This specifically affects the middle nerve that runs through the wrist tunnel from your hand to your forearm. The average nerve provides a feeling to the palm side of your fingers, and the strength of the muscle that results in the strength of your thumb. When the middle nerve is pinched from swelling of nerves or tendons in the wrist tunnel, numbness, tingling, and pain can affect the arm and fingers. It can also lead to other symptoms like poor circulation and loss of grip strength. The cause of the disease is unknown. But with diabetes, researchers believe that high blood glucose levels make the tendons of the carpal tunnel become glycosylated. This means that tendons become inflamed, and excess sugars form biological superglue, making tendons less able to slide freely - similar to what happens in a frozen shoulder. In the total population, STS affects 2 to 3 percent of people, but this seems to be clustered around people who are already dealing with other health problems. The most common conditions associated with carpal tunnel syndrome are: diabetes (this is us) thyroid disease (this is most of us like diabetes and thyroid disease breast buddies) high blood pressure (again, common among people with diabetes) autoimmune disorders (applied to those of us with type 1 diabetes) Studies show that CTC appears in up to 20 percent of people with diabetes, that the link between diabetes and carpal the syndrome may be associated with high blood sugar. In fact, a few years ago research evidence now circulated that STS can actually predict type 2 diabetes. In 2014, Dutch researcher Steven H. Hendriks and his team decided to look at the issue in a new way and try to re-evaluate mixed factors - other conditions that confuse datasets in clinical trials. What they found is that while type 2 diabetes is more commonly diagnosed in people with CTS, it cannot be singled out as an independent risk factor once they are adjusted for body mass index, gender and age. In other words, the population of type 2 shares the demographic situation of the STS population. And, eloquently, they found no link between CTC and the duration of diabetes, the level of glycemic control, or the degree of microvascular complications - all of which one would expect if diabetes and STS had a direct link. So it just might be that more weight, older age, and being a woman increases the risk of both diabetes and STS. As for type 1 diabetes, one seminal study - albeit 15 years old - showed a lifetime risk of symptomatic carpal tunnel syndrome in people with T1D. Oo! In rare cases of diabetes is good news for change, while we have more STS than other people, we do not tend to get it the most severe form. This dubious honor goes to people with metabolic syndrome (which can exist either in diabetes, or regardless of it). Add the fact that people who spend a lot of time typing on computers have a professional risk factor (and of course you know we type 1s are an internet-savvy set!). We found it interesting that in addition to keyboard professions, other high-risk professions for STS include: assembly lines workers who use repetitive wrist movements of workers who use vibrating power tools as people may wonder whether they have CTS or have a higher risk for it if someone else in their family has. Answer yes: Genetics in play here. Medical experts say there is definitely a genetic component of CTC, which is especially in the case when it affects young people. Other genetic factors that may contribute to the development of CTS include abnormalities in some genes that regulate myelin, a fatty substance that isolates nerve fibers. Basically, just like with diabetes, if you have a family history of this disease, you are more likely to get it. STS is actually part of the neuropathy family. This is sometimes called a trap of neuropathy. To better understand how a nerve can become trapped, it helps to visualize how a carpal tunnel is built. Carpal narrow passage in the wrist between the forearm and the arm. And just as some terrestrial tunnels separate both roads and rails, the wrist tunnel in your body is separated by both tendons and nerves. In some people, traffic congestion in the cystic can lead to wing benders that affect the primary nerve in the arm, resulting in CTS. Share on PinterestImage through the American Academy of Orthopaedic Surgeons If you were to cut off your hand - not that we recommend it - and flop it on the palm table up, you'll find that the carpal tunnel is more like an indoor aqueduct than a proper tunnel. It is a U-shaped trough of small bones. At the base of the trough are the flexor tendons that power the fingers. At the top of the tendon beam passes the middle nerve, a pipeline for the sensation of the thumb, index finger, middle finger, and part of the ring finger. The top of the canal runs a strip like a ligament strap called a transverse carpal ligament. It can be described as a small trench with lots of plumbing running through it. STS occurs when the tendons at the base of the trench become inflamed. As they swell, they push up on the nerve, and the nerve gets pinched (trapped) between swelling tendons in the lower part of the shaft and ligament strap at the top. And squished nerves transmit pain signals. Symptoms range from numbness or tingling on the big side of the arm to horrible, crippling pain. Pain can be felt in the hands, wrist or forearm. It usually strikes the dominant hand in the first place, but in about half of the people who have CTS, it is bilateral, causing pain on both sides of the body. In case you think it's just a case of wrist pain, think again. The pain can be surprisingly intense! Our own DiabetesMine editor-in-chief, Amy Tenderich, told STS in 2008: I never imagined how painful or debilitating it could be. At worst, I could literally not make a toast to my kids in the morning, let alone help them button up sweaters. I could barely keep my blow dryer straight, and was wiped out from being up all night with pain. At one time it was thought that repetitive wrist movements actually caused STS. Now most experts agree that this is not the case. Rather, there is a consensus that STS is caused solely by the size of a carpal tunnel and exacerbated by repetitive movement. (It's much the same that obesity doesn't cause diabetes if you're not predisposed, but can cause it if you.) Just as tunnels across the mountains vary in length and bore, so does it seem to make wrist tunnels in humans, creating an innate predisposition. Sorry, gang, size really matters. At least for CTS. Basically, people with smaller tunnels are more likely to get CTS, mainly because the margin of error is so small: It doesn't take much swelling to pinch from a smaller tunnel. This may also explain why women are three times more likely to receive STS than men. They have smaller wrists, and, smaller than the wrist tunnels. Maybe that means that if you have a small tunnel, work on the assembly line during the day, and and in the amateur piano league at night, you're really in for it. Meanwhile, as for the link between diabetes and STS, who knows? Maybe the genes that cause diabetes also cause small wrist tunnels. Keep in mind that the symptoms of the carpal tunnel start gradually, so it is important to see your doctor early if you often feel contact and needles, or burning or loss of sensitivity in your hands. Do you wake up at night with your hands or fingers feeling numb as if they had gone to sleep? When you get the examination, your doctor will run some tests, the most important thing is to make sure that you do not have peripheral neuropathy. These two conditions may feel the same, but they are not the same thing. They require different treatments. The two clinical trials used to diagnose STS are Tinel and Phalen maneuvers that sound very scary, but are actually just bending exercises to check if you are experiencing tingling in your hands or wrists. In the Tinel sign test, your doctor taps inside the wrist above the middle nerve. If you feel a tingling sensation, numbness, or mild shock sensation in your hand, you may have STS. The Phalen test has you resting your elbows on the table and then letting your wrists dangle so that your hands pointing down with your palms are pressed together in a prayer position. (This video sums up nicely.) A positive result when your fingers are tingling or feel numb for a minute. TREATMENT for STS ranges from rest and wrist tire medications, physiotherapy, and even surgery. For most people, avoiding activities that aggravate the wrist (which unfortunately involves working on a computer), wearing a splint for your hands, and taking ibuprofen can help with pain and keep the pressure from the middle nerve until things heal. Other home remedies you can try include stretching and lifting your arms and wrists whenever possible. Keeping your hands warm can help with pain and stiffness, medical experts recommend icing joints that are known to have affected CTS. A 2015 study concludes that applying cold to the arm can reduce compression of the cystic ligament and nerve. Your doctor may recommend corticosteroids to reduce pain and inflammation. These drugs reduce the amount of swelling and pressure on the middle nerve. Injections are more effective than oral steroids. This therapy can be especially effective if an inflammatory condition causes your CTS, such as rheumatoid arthritis. If your condition does not improve within a few months, your doctor may recommend that you see an orthopedic surgeon or neurologist to talk about the surgery. In fact, STS surgery is one of the most common operations performed in the United States.Remember what cystic ligaments we talked about at the beginning? The roof of the carpal tunnel? In the Open release STS surgery, ligaments are cut to ease relief Basically, the tunnel is routed to create a large well. Any other tissue (such as swelling) that may exert pressure on the middle nerve can also be removed during surgery. There are actually two methods of carpal tunnel surgery, called open and endoscopic. But keep in mind: neither is reliable. Experts estimate that both are 95 percent effective. However, each of them has advantages and disadvantages, mainly related to the ongoing discomfort after surgery. The less invasive endoscopic version requires a much smaller incision, which reduces pain, recovery time and scar. But according to this useful video of the hand and wrist institute, in about 2 percent of cases, doctors can not see the tissue properly to make endoscopic surgery safely, so they should resort to an open version. Naturally, diabetes also complicates things. Many medical sources still have a witness clause: Surgery can only provide partial relief when another disease, such as rheumatoid arthritis, obesity or diabetes, contributes to carpal tunnel syndrome. Scott King, a type 1 and former editor of Diabetes Health magazine, has been a CTS for a long time. He finally made the move to have general arthroscopic wrist surgery a few years ago. After the procedure, he shared with us: I only have one small hole in both wrists, almost healed now, but the scars are still sensitive and I can TYPE again without pain! The worst thing after the surgery was that my hands hurt terribly for the first 2 days... but in a week I'm going on a business trip and everything was great! I would like surgery earlier since I still have a tingling sensation in my left hand from permanent nerve damage. Obviously, choosing whether to undergo surgery is a big decision. Check out this guide from Orto Illinois to help you make a decision. So, what more can be done to prevent STS? In addition to keeping your blood sugar levels in range (the best way to prevent all complications!), a good way to compensate for the risk of STS is to keep your wrists straight as much as possible and avoid flexing them unnecessarily - which often happens when we sit in front of our ubiquitous computers for too long. To help with this, DiabetesMine's Amy Tenderich even certified an ergonomics specialist to visit her home office at one point to check the installation of her height chair and keyboard. It sounds pretentious, but it actually helped a lot, she says. Experts agree that ergonomic positioning can help prevent nerve pinching in the wrist and is super useful for both prevention and treatment of STS. Also, there are some simple wrist stretch exercises you can do at your desk anytime. Help prevent STS and keep your hands and hands healthy and free. So, do any people with diabetes out there deal with STS? We really feel for you! Wil Dubois lives with type 1 diabetes and is the author of five books on disease, disease, Taming the tiger and behind the fingers. He spent many years helping treat patients at a rural medical center in New Mexico. An aviation enthusiast, Will lives in Las Vegas, New Mexico, with his wife and son, and one too many cats. 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