

Musculoskeletal – Suspected Carpal Tunnel Referral and Management Pathway

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.

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

Primary Care

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

Primary Care

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

Secondary Care

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

Primary Care:
look for other causes of symptoms

Hand symptoms due to cervical spine pathology should be excluded. The paraesthesia from cervical nerve root irritation tends to be (but not absolute):

- 1.Associated with some neck pain and pain radiating down from the shoulder,
- 2.More continuous rather than intermittent,
- 3.Less likely to be worse at night,
- 4.Not well localized to the median nerve distribution.

Refer using SCI Gateway

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

Useful Information for Patients

NHS24: 08454 24 24 24
www.arthritiscare.org.uk
www.nhs.uk
www.patient.co.uk

N.B. There is a national project to pilot community MSK service assessment/triage of MSK conditions. If your Board is involved in this, consider whether this condition could be assessed/triaged in this way.

Patient **Primary Care** **Secondary Care**