

CARPAL TUNNEL SYNDROME INITIAL EVALUATION

GENERAL INFORMATION:

Pt name/initials : LQ
Age: 30 y/o
Sex: Female
Address: Poblacion, Makati City
Civil Status: Single
Handedness: Right
Occupation: Information Technologist (IT)
Religion: Roman Catholic
Referring Unit: Makati Medical Center
Referring Dr: Dr. KJ (Orthopedic Dr.)
Date of Consultation (OPD): Sept 5, 2020
Date of Referral: Sept 5, 2020
Date of IE: Sept 7, 2020
Dx: ® Carpal Tunnel Syndrome

HISTORY OF PRESENT ILLNESS (HPI)

Present condition started 2 days ago prior to consultation. Pt reported burning pain (PS=7/10) in her R wrist & tingling sensation in her R forearm & numbness of the 1st 3 digits of her R hand w/c disrupted her sleep.

2 wks á pt started feeling worsening Sx, she reports a tingling sensation in her R forearm & numbness on her R hand. Pt tried shaking her R hand & Sx are relieved - cont. for a wk. Pt then starts to feel a burning pain (PS = 3/10). Sx is aggravated d/t flexion of R wrist- working on her desk and/or driving to & from work. She didn't think it was a major problem because shaking her R hand relieves the sensation & she was busy & work that she didn't have the time to get it checked up by a doctor.

On Sept 3, 2020, while she was working on her desk for a big project, pt flexed her R wrist & felt burning pain (PS = 6/10) on her R wrist & tingling in her R forearm & numbness in her R hand. This time, she says that shaking does not relieve the sensation at all so she took some Ibuprofen & pain was somehow relieved. She then went on with her work until 5pm. As soon as she returned home at 6pm, she fell asleep and was woken up later that p.m by the burning pain (PS = 6/10) in her R wrist & tingling in her R forearm & numbness on her R hand. She again took some Ibuprofen so that she can go back to sleep. Sx worsened the next day (PS = 7/10), making it difficult for the pt to even hold a cup of coffee. Pt considered visiting the doctor because the pain interrupted her sleep for two nights in a row but she ended up taking Ibuprofen again just to make the pain somehow tolerable.

On September 5, 2020, pt consulted & Dr. KJ at Makati Medical Center complaining of burning pain (PS = 7/10) in her R wrist & tingling in her R forearm & numbness in her R hand. Upon consultation, the doctor performed a nerve conduction test & Dx the pt & R CTS. He referred the pt to a PT.

On September 7, 2020, the pt visited a PT & upon evaluation, it was noted that the pt has a weakened grip in her R hand and mm weakness in her R forearm d/t immobility 2 ° to pain, numbness & tingling. The PT dx the pt & R CTS.

PRESENT MEDICATION:

DRUG	DOSAGE	INDICATION
Ibuprofen	(200-400mg) q 4-6 hours as needed	Pain Relief

PAST MEDICAL HISTORY (PMHX)

- (-) HTN
- (-) DM
- (-) Trauma
- (-) FX

- (-) RA/OA
- (-) Osteoporosis

FAMILY MEDICAL HISTORY (FMHX)

	Paternal	Maternal
HTN	(-)	(-)
Heart Disease	(-)	(+)
DM	(+)	(-)
RA	(-)	(-)
OA	(-)	(-)
Osteoporosis	(-)	(-)

PERSONAL/SOCIAL & ENVIRONMENTAL HISTORY (PSEHX)

Personality	Introverted
Lifestyle	Sedentary
Smoking?	Yes <ul style="list-style-type: none"> • 1 Pack/day x 5 years of smoking = <u>5 Pack Years</u>
Alcoholic?	Yes <ul style="list-style-type: none"> • Occasional drinker • Prefers Beer
Food Preference	Unhealthy <ul style="list-style-type: none"> • Junk Food • Fast food • Doesn't eat vegetables
Living Arrangement	Alone in a condo unit
Work Environment	<ul style="list-style-type: none"> • Desk Height is in the level of pt armpit • Office is Airconditioned
Mode of Transportation (Work to Home)	Personal car <ul style="list-style-type: none"> • Distance: 30 mins away
Hobbies	<ul style="list-style-type: none"> • Playing computer games • Vlogger - does Mukbang videos on social media once a week

SUBJECTIVE

C/C: "My R hand hurts (PS= 7/10) so much. The pain started 1 week ago tapos tolerable naman hanggang sa lumala nang lumala yung sakit pag nagwo-work ako sa desk ko sa office or when I drive. I just took Advil every time na masakit siya and I just continued with my work. Pero hindi ko na talaga kaya yung sakit ngayon."

PT Translation: Pt c/o of burning pain (PS = 7/10) on her ® wrist & hand w/c is aggravated every time she works on her desk or when she drives. Upon taking Advil, pain is relieved & she continues c her work. At present, pt is unable to tolerate the pain.

Pt's Goal: To stop the pain as soon as possible to be able continue with work

Pt's Attitude: Pt was a bit shy but cooperated well with the whole treatment.

OBJECTIVE

Vital Signs:

VS	Á	DURING	Ḗ
BP	118/76 mmHg	120/80 mmHg	118/76mmHg
HR	72 bpm	84 bpm	79bpm
RR	18 cpm	25 cpm	20 cpm
T°	36.8 °C		

Findings: ↑ BP during exercise

Significance: monitor BP while pt performs exercises

OCULAR INSPECTION:

Mode of Ambulation	amb ḥ AD
Body Type	Endomorph
LOC	Alert
<ul style="list-style-type: none">• (+) Postural Deviation (See postural analysis)• (+) Redness• (-) Swelling• (-) Scar/Wound in R arm• (-) Skin Trophic Changes• (-) Arm sling	

PALPATION

<ul style="list-style-type: none">• Hyperthermic R wrist• (+) mm guarding on R → wrist flex• (+) Tenderness - Grade 3• (+) mm spasm• (-) Crepitus• (-) Edema• (-) Tightness• (-) Taut Band

STONE ASSESSMENT

<ul style="list-style-type: none">• Hypotonic @ R forearm <p>Findings: (+) tension in mm in the R forearm Significance: (+) weakness in the R arm d/t immobility 2 ° to pain</p>
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ROM:

All jts of (B) UE & LE, head, neck & trunk were assessed actively & passively, pain-free, WNL, & c N End Feel except for the ff:

JOINT	(N) VALUE	ACTIVE	PASSIVE	ENDFEEL
R Wrist Flex	0-75 °	0-50 °	0-50°	EMPTY
R CMC Flex	0-50 °	0-20 °	0-50 °	
R 2 nd MCP Flex	0-90 °	0-40 °	0-90 °	
R 3 rd MCP Flex	0-90 °	0-40 °	0-90 °	

Findings: (+) LOM in AROM of R wrist, CMC, 2nd & 3rd MCP Flex

Significance: (+) weakness of R wrist & hand flexors

MMT:

All major mm of (B) UE and LE, head, neck & trunk were grossly graded 5/5, except for the ff w/c were assessed using the Break Test :

MOVEMENT	(R)
R Wrist Flex	3/5
R CMC Flex	3/5
R 2nd MCP Flex	3/5
R 3rd MCP Flex	3/5

Grip Assessment

BP Cuff set @ 20 mmHg	R	L	Difference
Trial 1	30 mmHg	120 mmHg	60 mmHg
Trial 2	30 mmHg	125 mmHg	95 mmHg
Trial 3	30 mmHg	120 mmHg	60 mmHg
Average	3 mmHg	121.66 mmHg	71.66 mmHg

Findings: R wrist & hand flexors only has palpable contraction; only the \$ 4th & 5th MCP is able to flex

Significance: pt has ↓ mm strength & grip in R wrist & hand

Sensory Assessment: 70% intact sensation on the R 1st-3rd digit as to light touch, pain, and pressure for 10/10 trials using cotton, tip of paperclip and thumb

SPECIAL TEST:

- (+) Phalen's Test @ R Wrist & Hand
- (+) Carpal Compression Test
- (+) Reverse Phalen's Test
- (+) Benediction Sign
- (-) ULNT2

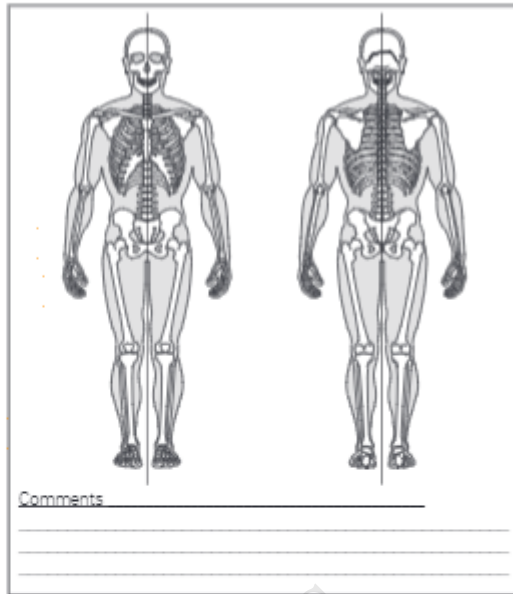
Postural Assessment:

- (+) Kyphosis
- (+) Forward Head Posture
- (+) R Ulnar Deviation

Client Name _____ Date _____

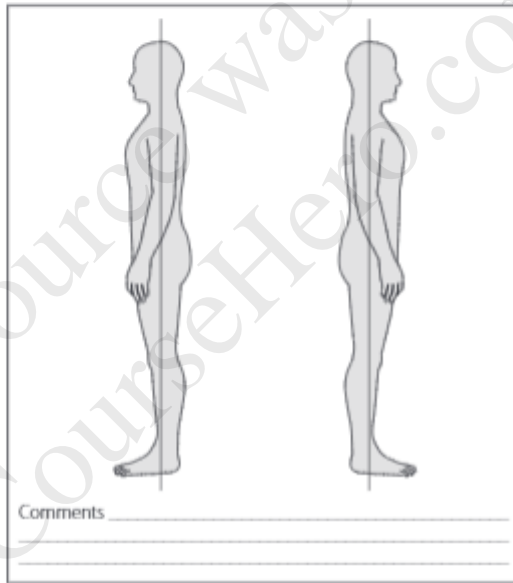
Anterior & Posterior View

- Tick where seen & refer to Movement Management Plan*
- Lower Body**
- Foot & ankle complex
- Toe - Out L R
 - Toe - In L R
 - Pronation L R
 - Flat Feet L R
 - High Arch L R
- Knee/Hip
- Knock Knees L R
 - Bow Legs L R
- Upper Body**
- Spine Scoliosis L R
 - Scapula Deviation L R
 - Shoulder Deviation L R
 - Head Tilt L R
 - Rotation L R



Lateral View

- Tick where seen & refer to Movement Management Plan*
- Lower Body**
- Ankle Dorsiflexion L R
 - Plantarflexion L R
 - Knee Flexed L R
 - Hyperextended L R
 - Pelvis Anterior translation L R
 - Is the deviation symmetrical? Y N
 - Tilt: Anterior Y N
 - Posterior Y N
- Upper Body**
- Lumbar spine Lordosis Y N
 - Flat Y N
 - Thorac spine Kyphosis Y N
 - Flat Y N
 - Trunk Rotation (Symmetry) Y N
 - Shoulders Forward Y N
 - Head position Forward Y N
 - Back Y N
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OUTCOME MEASURE: BCTQ

Boston Carpal Tunnel Syndrome Questionnaire (BCTQ)

(一) Symptom severity scale (11 items)

	1	2	3	4	5
1. How severe is the hand or wrist pain that you have at night?	Normal	Slight	Medium	Severe	Very serious
2. How often did hand or wrist pain wake you up during a typical night in the past two weeks?	Normal	Once	2 to 3 times	4 to 5 times	More than 5 times

(二) Functional status scale (8 items) :

	No difficulty	Little difficulty	Moderate difficulty	Intense difficulty	Cannot perform the activity at all due to hands and wrists symptoms
Writing	1	2	3	4	5
Buttoning of clothes	1	2	3	4	5
Holding a book while reading	1	2	3	4	5
Gripping of a telephone handle	1	2	3	4	5
Opening of jars	1	2	3	4	5
Household chores	1	2	3	4	5
Carrying of grocery basket	1	2	3	4	5
Bathing and dressing	1	2	3	4	5

Findings: Pt got a total score of 47/50 in the Sx severity scale & 36/40 in the Functional Status scale

Significance: Sx management must be prioritized

ADLs - KATZ INDEX OF INDEPENDENCE IN ACTIVITIES OF DAILY LIVING

Patient Name: LQ Date: Sep 7 2020
 Patient ID # _____

Katz Index of Independence in Activities of Daily Living		
Activities Points (1 or 0)	Independence (1 Point)	Dependence (0 Points)
	NO supervision, direction or personal assistance.	WITH supervision, direction, personal assistance or total care.
BATHING Points: <u>1</u>	(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	(0 POINTS) Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing
DRESSING Points: <u>1</u>	(1 POINT) Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 POINTS) Needs help with dressing self or needs to be completely dressed.
TOILETING Points: <u>1</u>	(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	(0 POINTS) Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
TRANSFERRING Points: <u>1</u>	(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable	(0 POINTS) Needs help in moving from bed to chair or requires a complete transfer.
CONTINENCE Points: <u>1</u>	(1 POINT) Exercises complete self control over urination and defecation.	(0 POINTS) Is partially or totally incontinent of bowel or bladder
FEEDING Points: <u>1</u>	(1 POINT) Gets food from plate into mouth without help. Preparation of food may be done by another person.	(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding.
TOTAL POINTS: <u>6</u> SCORING: 6 = High (patient independent) 0 = Low (patient very dependent)		

Source:
 by this: Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing. www.hartfordign.org

IADLs - LAWTON'S INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE

Patient Name: LQ
 Patient ID # _____

Date: Sep 7 2020

LAWTON - BRODY INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (I.A.D.L.)		
Scoring: For each category, circle the item description that most closely resembles the client's highest functional level (either 0 or 1).		
A. Ability to Use Telephone		E. Laundry
1. Operates telephone on own initiative-looks up and dials numbers, etc.	1	1. Does personal laundry completely
2. Dials a few well-known numbers	1	2. Launders small items-rinses stockings, etc.
3. Answers telephone but does not dial	1	3. All laundry must be done by others
4. Does not use telephone at all	0	
B. Shopping		F. Mode of Transportation
1. Takes care of all shopping needs independently	1	1. Travels independently on public transportation or drives own car
2. Shops independently for small purchases	0	2. Arranges own travel via taxi, but does not otherwise use public transportation
3. Needs to be accompanied on any shopping trip	0	3. Travels on public transportation when accompanied by another
4. Completely unable to shop	0	4. Travel limited to taxi or automobile with assistance of another
		5. Does not travel at all
C. Food Preparation		G. Responsibility for Own Medications
1. Plans, prepares and serves adequate meals independently	1	1. Is responsible for taking medication in correct dosages at correct time
2. Prepares adequate meals if supplied with ingredients	0	2. Takes responsibility if medication is prepared in advance in separate dosage
3. Heats, serves and prepares meals, or prepares meals, or prepares meals but does not maintain adequate diet	0	3. Is not capable of dispensing own medication
4. Needs to have meals prepared and served	0	
D. Housekeeping		H. Ability to Handle Finances
1. Maintains house alone or with occasional assistance (e.g. "heavy work domestic help")	1	1. Manages financial matters independently (budgets, writes checks, pays rent, bills, goes to bank), collects and keeps track of income
2. Performs light daily tasks such as dish washing, bed making	1	2. Manages day-to-day purchases, but needs help with banking, major purchases, etc.
3. Performs light daily tasks but cannot maintain acceptable level of cleanliness	1	3. Incapable of handling money
4. Needs help with all home maintenance tasks	1	
5. Does not participate in any housekeeping tasks	0	
Score	3	Score
		Total score ³
A summary score ranges from 0 (low function, dependent) to 8 (high function, independent) for women and 0 through 5 for men to avoid potential gender bias.		

Source: *ny this*: Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, www.hartfordin.org.

ASSESSMENT

Medical Dx: R CTS c a duration of Sx for 2wks

PT Dx: G56.01 - ↓ROM & weakness of R 1st-3rd digit flex d/t numbness c decreased ROM on R wrist flex d/t pain

PT Impression: Pt Sx is consistent c her medical Dx - R CTS. She works as an IT. She presented c ↓ROM in R wrist & hand flex. She also complained of burning pain (PS = 7/10) in her R hand w/c is accompanied c a tingling sensation in her R forearm & numbness in the

1st 3 digits of her R hand. She also has weakened grip strength and has difficulty performing IADLs (see attached file). Pt is highly independent in performing ADLs since she uses her L hand. Her Sx indicate a mild CTS in her R hand.

Rehab Potential: Ff 3 wks. of Nerve Mobilization Techniques along c therapeutic exercises, the pt is expected to:

General Prognosis:

- Pt. has excellent potential to meet expected outcomes of therapy due to his outstanding motivation to return to work.
- Clinical practice suggests that pt will have different (+) outcomes in terms of pain relief and sensory return, strength and function.

Problem List:

1. Pain on R wrist (PS = 6/10)
2. LOM → R wrist & hand flex
3. Weakness of R wrist & hand flexors
4. ↓ Grip Strength of R hand
5. Postural Deviation
6. 6/6 on Katz Index of Independence in ADL
7. 6/8 on Lawton-Brody IADL Scale

Short Term Goals:

1. Pt will claim a ↓ of pain from PS = 7/10 to PS = 4/10 p 2 wks of PT sessions
2. Pt will demonstrate ↑ ROM → R wrist flex by 40 p 2 wks of PT sessions
3. Pt will demonstrate ↑ ROM → R CMC flex by 40 p 2 wks of PT sessions
4. Pt will demonstrate ↑ ROM → R 2nd & 3rd MCP flex by 40 p 2 wks of PT sessions
5. Pt will have ↑ strength of R wrist flex from mm grade 3/5 to 4/5 p 3 wks of PT sessions
6. Pt will have ↑ strength of R CMC flex from mm grade 3/5 to 4/5 p 3 wks of PT sessions
7. Pt will have ↑ strength of R 2nd & 3rd MCP flex from mm grade 3/5 to 4/5 p 3 wks of PT sessions
8. Pt will have ↑ grip strength by 20 mmHg p 4 wks of PT sessions
9. Pt will demonstrate N head positioning p 4 wks of PT sessions
10. Pt will demonstrate proper posture p 4 wks of PT sessions

Long Term Goal:

1. Pt will be able to work as an IT for 8 hours s pain in her R wrist & numbness in her R 1st-3rd digits.
2. Pt will regain full ROM → R wrist & hand flex
3. Pt will regain max strength of R wrist & hand flex
4. Pt will regain max grip strength of R hand
5. Pt will be able to maintain N head positioning & proper posture

PLAN OF CARE

Interventions:

- *Pt will be seen & treated, 2x/wk as an OP c the following PT Mx:*
 1. PWB on R hand x 15-20mins
 2. Continuous Therapeutic Ultrasound x1.5W/cm² x 1Mhz x 5mins on R wrist
 3. TENS x 15-20mins on R wrist flexors
 4. AROMEs on R hand x 10reps x 3sets → wrist flexion
 5. Grip Strengthening Ex. using stress ball x 6SH x 10 reps
 6. PREs using 1lb dumbbell on R hand x 10 reps x 3 sets → wrist

flex

Home Care:

1. Hot compress on R wrist x 15-20mins
2. AROMEs on R hand x 10reps x 3sets → wrist flexion
3. Grip Strengthening Ex. using stress ball x 6SH x 10 reps
4. PReS using 1lb dumbbell on R hand x 10 reps x 3 sets → wrist flexion

Patient Education:

- Remind pt to limit grasping objects tightly or lift c the affected arm.
- Pt will be advised to wear a wrist support at all times, unless undergoing Tx.
- Pt will verbalize importance of adhering to home exercises & PT Mx
- Pt is advised to modify ↑ ht of chair so that desk ht will be level c pt elbow

-----end of note-----

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