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CARPAL TUNNEL SYNDROME

Taken From a Health Talk Given by Dr. Hillis

I am Dr. Daniel P. Hillis and I am a chiropractic physician in Naples, Florida, and we help a lot of people with carpal tunnel syndrome. Over the years, I have seen countless patients who have been successfully treated and were able to avoid surgery. The majority of the patients that we have seen for carpal tunnel have actually already been recommended to surgery by one of their physicians. Many of them were evaluated by a surgeon and when they found they were being told that the surgery couldn't be guaranteed, or that they may have to be unable to use their hand for a period of time, or for various other reasons that people have for not wanting to have surgery, in addition to helping people avoid surgery with carpal tunnel treatment, we have also had the privilege of helping many people who have already been through carpal tunnel surgery that had failed. They had recurrence of symptoms or never did get relief. Probably 15% of our patient volume in carpal tunnel cases have had prior carpal tunnel surgery and we have been able to successfully help the vast majority of those. In general, our success rate ranges up in the 90%+ range, which is almost difficult to say because it is so highly successful that I don't want to stretch the credibility of the person listening but that is just an easily made statement after thirty years of working with carpal tunnel. Of the cases that walk in to my office, again most of whom had already been diagnosed medically outside my office and had been recommended for surgery, we have just had a beautiful success rate. These are very rewarding cases to work with.

The approach we use involves the assessment of the need for realignment of structures in and about the wrist area primarily. The carpal tunnel is an area that the nerve passes through the wrist into the hand, the "median nerve", that is. The tunnel itself is actually simply the surrounding structures around that nerve which happen to be bony structures, primarily, and some ligamentous structure. Misalignment of these bones, the most common of which are the two forearm bones, at the wrist, the radius and the ulna, can lead to narrowing of the tunnel and entrapment of the nerve and we have very logical

and ingenious ways of assessing whether or not this condition is present. We can get the immediate feed-back as to whether or not the type of treatment that we can offer you appears to be one which would be highly effective with you. We can demonstrate improvement in most patients within the first several visits or the first several weeks. Within a few months, we have most cases well under control. Statistics over the years have run an average of 18-20 visit range, over a couple of months, to provide a successful outcome with most carpal tunnel patients. Occasionally, some of these will relapse, usually due to excessive occupational strain. My experience has been that when they come back and we see them a couple of visits, they are usually put back on the road to good health and back in play. But these are the people who have greatest occupational strains, and I am thinking of people who do heavy cleaning and people who do power window washing or auto mechanics who place their wrists under great unusual strains. The vast majority of all other patients clear up approximately over several months, and have a lifetime of success without relapse after that by and large. We don't promise cures, as no doctor ethically can do that. We do have excellent success rates.

Our treatment involves a gentle resetting of the structures which is a relatively comfortable procedure, very well tolerated by everybody, and then we usually follow it up with some smooth, good feeling interferential current that is anti-inflammatory in nature, to help "flush out" the area. Then we have the individual wear a plain elastic wrist band, a very simple wrist band, to just hold the structures in place. They wear the support on and off during the day. This is the mainstay of the treatment. In some cases, occasionally, they may need some wrist traction, although, we rarely find that necessary. With the procedure of realignment of the wrist, a simple wrap, and some simple interferential therapy, we get excellent results.

An important part of care is to teach patients not to use their wrists as weight bearing instruments. Ankles, knees and hips are made for bearing weight, but the wrists are really not made for that. Some people who have weak legs or are just tired, use their arms to leverage up off an arm chair. They may be in the habit of using their wrists in ways that are inappropriate and we do guide them and help them out of those habits. Often it is asked, "what about sleeping positions at night?" and "what can I do about the position I get my wrists in to?" Since that question does come up so often, I just want to mention that I am finding that over time, as the structures are put back in to place and the carpal tunnel is corrected, that there is a natural neurological re-learning process that occurs whereby individuals actually start positioning the wrists in a more natural and appropriate way in their sleep without even thinking about it over time. We see people no longer having night time sleep problems. We have a very conservative, safe, effective approach to carpal tunnel syndrome and we have helped many people with this disorder and have helped them avoid surgery.

My name is Dr. Dan Hillis and I am a chiropractic physician in Naples, Florida, and I can be reached at 239-597-3929 and our web site is <https://www.naplesnaturalhealth.com/>. I

am looking forward to helping you and your loved ones with carpal tunnel syndrome if you have that kind of a problem.