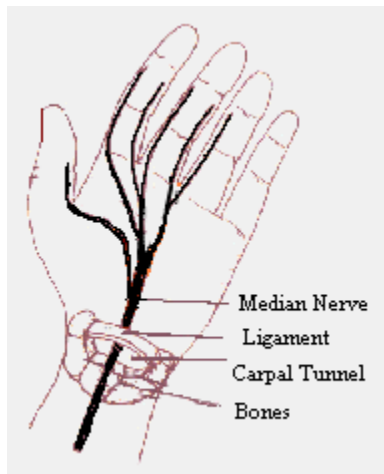


Carpal Tunnel Syndrome

Patients with carpal tunnel syndrome commonly complain of numbness and tingling in the hand and wrist, especially at night; pain with prolonged use such as typing on the keyboard; or clumsiness in handling objects. Sometimes the pain can go all the way up to the arm.

These symptoms are caused by pressure on the median nerve as it travels from the forearm into the hand through a "tunnel" at the wrist. Wrist bones form the bottom and sides of the tunnel and a strong band of tissue called a ligament covers the top of the tunnel. This tunnel also contains nine tendons covered with lubricating tissues that may swell under some circumstances. If the swelling is sufficient, it will increase the pressure in the carpal tunnel causing damage to the median nerve which may result in numbness, tingling, clumsiness or pain in the hand.

In most patients with carpal tunnel syndrome, the cause is unknown. However, some of the infrequent causes may include:



Injuries to the wrist. This may break one or more bones of the wrist and increase the pressure on the nerve

Rheumatoid arthritis. This disease will increase swelling of the tissues in the carpal tunnel, resulting in pressure on the nerve.

Treatments for Carpal Tunnel Syndrome

Mild cases can be treated with a brace or splint worn at night. This allows the swollen and inflamed tissues to shrink and relieve the pressure on the nerve. The swollen tissues may also be reduced in size by medications taken by mouth called anti-inflammatory drugs. In more severe cases, some doctors may perform a cortisone injection into the carpal tunnel. The effectiveness of non-surgical treatment is often dependent on early diagnosis and treatment.

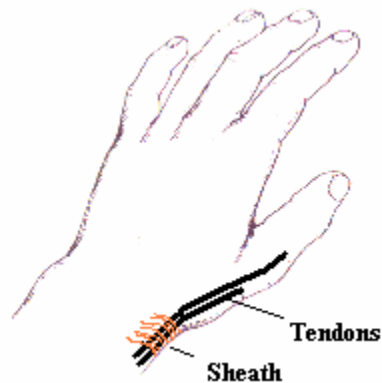
In patients who do not gain relief from these non-surgical treatments, surgery may be required to relieve symptoms and avoid permanent nerve or muscle damage. The procedure relieves the pressure on the nerve by cutting the ligament that forms the roof of the carpal tunnel. This is a simple operation performed on an outpatient basis.

De Quervian's Disease (Tendonitis of the Wrist)

De Quervain's Disease is inflammation of the thumb tendons as they pass from the wrist to the thumb. Patients have pain at the wrist when grasping. Sometimes a lump or swelling can be felt at the thumb side of the wrist. If the hand is made into a fist with the thumb "tucked in" and bent away from the thumb, the pain gets worse.

It is caused by irritation and swelling of the sheath or tunnel that surrounds the thumb tendons as they pass from the wrist to the thumb. Pain occurs when the inflamed tendon glide through the surrounding irritated sheath or tunnel.

It is typically caused by overuse and is commonly seen in association with pregnancy or inflammatory arthritis such as rheumatoid disease.



Treatments for De Quervain's Disease

If treated early, many cases improve with rest in a splint or brace, injection with steroids, and/or taking anti-inflammatory medications. The splint or brace may be used for short-term relief to rest the area and quiet the inflammation. Anti-inflammatory medications are commonly prescribed to decrease the inflammation in the tendons and sheath. An injection of cortisone into the tunnel will usually control the inflammation in the early stages of the process.

More severe cases or those that do not respond to other treatment may require surgery. The procedure is done by making a small incision in the sheath or the roof of tunnel where the tendons run. Once this has been done the tunnel, formed by the sheath opens to allow more room for the tendons to move. This restores the normal gliding of the tendons and reduces the pain. The majority can be done under local anaesthetic on an outpatient basis.

Fall Prevention

Nearly one in three elderly person fall each year (11 million senior citizens). Approximately 50% fall repeatedly

- o most common serious injuries are head injuries, wrist fractures, spine fractures and hip fractures

- o 1% of those falls result in hip fractures. 270,000 hip fractures from falls

- o falls contribute to 40% of nursing home admissions

- o 60% of falls occur at home, 30% occur in the community and 10% occur in nursing homes o most falls are related to everyday activities such as walking on stairs, going to the bathroom or working in the kitchen

Risk Factors

Personal

- o Personal risk factors account for 75% of the risk of falls and are related to acquired disabilities, age-related changes and current diseases.

- o Age

- o hip fractures increases after age 50, doubling every five to six years.

- o Heredity

- o Caucasians and Asians with small, slender body structures are at risk; so are people who have a family history of fractures later in life.

- o Gender

- o Reduced levels of estrogen after female menopause can result in osteoporosis.

- o Women have two to three times as many hip fractures as men and a 20 percent chance of a hip fracture during their lifetime.

- o Activity

- o Lack of weight-bearing exercise leads to decreased bone strength.

- o Habits

- o Smoking and/or excessive alcohol intake decreases bone strength.

- o Nutrition

o Low calcium dietary intake, reduced calcium absorption and inadequate vitamin D are factors in osteoporosis.

Risk Factors:

Medical · Cardiac arrhythmias (irregular heartbeat) and blood pressure fluctuation.

- Cancer that affects bones.
- Depression, Alzheimer's disease and senility.
- Arthritis, hip weakness or imbalance.
- Neurologic conditions, strokes, Parkinson's disease, multiple sclerosis.
- Urinary and bladder dysfunction.
- Vision or hearing loss.
- Side effects of medicine.

Reduce Medical Risk Factors

- Get an annual physical and eye examination, particularly an evaluation of cardiac and blood pressure problems.
- Maintain a diet with adequate dietary calcium and vitamin D.
- Participate in an exercise program for agility, strength, balance and coordination.
- Keep an up-to-date list of all medications and provide it to all doctors with whom you consult.
- Know the side effects of your medications.
- Make sure all medications are clearly labeled and stored in a well-lit area according to instructions.
- Take medications on schedule with a full glass of water, unless otherwise instructed.

Safety precautions for your home

- o Stairs
- o Provide enough light to see steps clearly.
- o Keep stairs free of clutter.
- o Cover stairs with tightly woven carpet or non-slip treads.
- o Install sturdy handrails on both sides of the stairway.

- o Bathroom

- o Keep a night-light on in the bathroom.
- o Use bathroom rugs with nonskid backing.
- o Install handrails in the bathtub and toilet areas.
- o Place a rubber mat or nonskid strips on the bathtub/shower floor.
- o Leave the bathroom door unlocked, so it can be opened from both sides.

- o Kitchen

- o Avoid climbing and reaching to high shelves.
- o Use a stable step stool with handrails.
- o Arrange storage at counter level.
- o Clean up spills as soon as they happen and don't wax floors.
- o Living Area
 - o Arrange furniture to provide an open pathway between rooms.
 - o Remove low tables, footrests and other items from the pathway.
 - o Keep electrical and telephone cords out of the pathway.

- o Bedroom

- o Remove throw rugs, extension cords, and other floor clutter.
- o Install a bedroom night-light.
- o Use a normal-height bed. Before leaving your bed, sit on the edge for a time to make sure you are not dizzy

- o Footwear

- o Wear low-heeled shoes with non-skid soles.
- o Tied shoes with a fairly snug fit are preferred, but keep the laces tied.
- o Avoid shoes with thick heavy soles.

Summary Persons with three or more personal risk factors have almost a 100 percent chance of falling. Falls in the elderly are a very common, costly, healthcare problem. however, most falls can be prevented.