

Carpel Tunnel Is All In Your Head

By Linda Rohrbough

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On a shopping trip, a tall checker scanned my items. She wore spandex supports on both her wrists. “Carpel tunnel?” I asked.

She nodded. “I had surgery,” she said.

What a shame, I thought, when carpel tunnel can be so easily avoided. I didn’t have time to tell her carpel tunnel in professions like hers isn’t caused by injury to the wrist and hand area--it’s injury to the cervical spine.

For our purposes, I’ll define carpel tunnel as pain, loss of motion and functionality in the shoulders, arms and hands. Traditional treatment for carpel tunnel is to support the wrists. Often treatment includes surgery to cut open the carpel tunnel, the sheath in your wrist that houses the nerves flowing into your hand. Opening up the carpel tunnel will help increase the flow of nerve impulses, but it won’t solve the problem if the problem is in your neck. Let’s start by a common sense look at carpel tunnel myths, some facts about nerve injury, and then talk about prevention.

First, carpel tunnel is called a “repetitive stress” injury. There’s another term for “repetitive stress”—exercise. Our muscles are made to move in repetitive ways. Use makes muscles stronger and better, not weaker.

Second, carpel tunnel symptoms are in the hands, arms and shoulders. Yet in almost every other case of nerve injury, symptoms occur from the point of the injury downward. Christopher Reeve damaged his nerves at his neck, and is paralyzed from his neck downward. If a nerve injury causes pain and loss of motion, then it makes sense the injury must be upstream from the highest point where symptoms are present. Using this reasoning, the damage we call carpel tunnel would have to be above the shoulders and arms, not at the wrist.

Third, it’s helpful to look at carpel tunnel-prone occupations: cigar rollers, newspaper deliver people (who roll newspapers), grocery store checkers, needle pointers, and writers who use computers.

To prevent carpel tunnel, the trick is to make sure you do not pitch your head forward and down. For writers who work at computers, the monitor must be at or above eye level. The average human head weighs as much as a bowling ball. The muscles of the cervical spine are not designed to hold the head pitched forward. Looking down with the head for extended periods causes the muscles in the neck to spasm. Soon the spasms cut off the flow of nerve impulses downstream. The deceptive part is you can’t feel the muscle spasms. Other than maybe some stiffness in the neck, everything seems OK. Meanwhile the flow of nerve impulses down to the shoulders, arms, and hands is getting strangled. You can get away with doing this for some time before you start to feel pain or even discomfort. By then it’s difficult to associate working with your head bent down to the resulting pain and loss of motion. I looked around the grocery store that day, when I met the clerk with carpel tunnel, and the rest of the checkers were considerably shorter. They didn’t bend their heads forward and down to see what they were scanning.

I’m 5’7”. My monitor is on a \$15 stand so the lower edge of my computer screen is 12 inches from my desk surface. My laptop is my primary PC, so in my office (where I spend most of my writing time) it is connected to an external monitor, a full-size

keyboard, and an external mouse. If you have a laptop and can't afford an external monitor, see if your laptop will allow you to connect an external keyboard and mouse (most will). Then be sure your laptop screen is at eye level and use the external keyboard and mouse for your hands. It may not be pretty to look at, but who cares?

The cool thing about correct head placement is carpal tunnel symptoms go away fast. I recently borrowed an office and felt carpal tunnel symptoms. My keyboard was at a comfortable height, I had a wrist rest, and my knees were bent with my feet flat on the floor. Only thing left was the monitor. I finagled a way to get the monitor up higher and the pain went away within an hour.

As an end-note, my sister-in-law made her living delivering the Rocky Mountain News. She got carpal tunnel. I told her my findings. She didn't believe me and had carpal tunnel surgery anyway. Three years later, when problems persisted, she found a doctor who suggested surgery on her cervical spine. She tried to obtain the x-rays of her cervical spine before the previous surgery, but they got lost. Bottom line is she had to pay for the second surgery. But she's functional and her pain is gone.

Don't let this happen to you.

BIO

Linda Rohrbough has three national awards from the Computer Press Association. Two of her books were awarded best general book of the year and she was honored once for her work in cyberspace. A broken back as a result of a car accident motivated her switch to fiction and she is currently at work on a techno-thriller. Linda is grateful to the PPW group for the conference in April where she learned a mountain of information to help in her transition.