

CARPAL TUNNEL SYNDROME

A NEW **NON-SURGICAL** TREATMENT METHOD OF CARPAL TUNNEL SYNDROME BY

PHYSTRAC

**MEDICA 2007
STAND 4 K50**

THE SYMPTOMS

Carpal Tunnel syndrome (CTS) accounts for the most common cause for peripheral nerve lesions of the hand. 48% of brachialgia is as a result of CTS. Approx. 4% of the population suffers from CTS and women are more likely to develop CTS than men. The disease predominantly occurs in the age group of 40 to 60 year olds.

Itchiness at night, numbness of the hand, a frequent need to shake so as to stop the sensitive lack of feeling, are often the quoted as anamnestic information. Inability/loss of strength ('it fell out of my hand') and cramps in the muscle in the ball of the thumb are also quoted. CTS develops slowly in those it has affected, rarely does it become acute.

THE SOLUTION

In the initial stages as with the less serious cases also, an apparative mobilisation treatment of the "friction bearing nerves" of the median nerve can be successful with the use of repeated, controlled traction movement in the wrist. Measured traction movements in different hand positions show a positive effect on the afflicted's symptoms.

Using this concept Contex has developed a non-powered, innovative medical traction apparatus.

Traction by this device is generated by means of gravitation. According to the Medical Device Directive 93/42/EEC annex IX, rule 1 this product is classified into risk class 1, registered with the Dutch Competent Authority since August 1 2005 and in the USA as a class 1 medical device, 510(k) exempt according to the specific FDA regulation 21CFR 888.5850.

TRACTION METHOD

By using the PHYSTRAC to treat CTS, the upper arm, lower arm and wrist are set in the desired position with the use of bandages. The traction is exercised from a wrist bandage that is joined to the traction mechanism. Movement of the carpal tunnel should occur during traction via the structure (tendon, nerves) situated inside. This type of mobilisation is particularly restful and acceptable. The basic approach of the treatment is based on the idea that the "connective tissue container" of the nerves is too stiff and short and that mobilisation is required.

Manual gliding mobilisation techniques in the treatment of CTS are proven to reduce the symptoms. Observation of use over many years as well as descriptions of individual cases show a success rate of approx. 70% with the PHYSTRAC treatment for CTS.

Mostly 10 to 12 carried out treatments are sufficient. Even after 6 treatments a prognosis can be made on the success and likewise the necessity for more treatments.

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