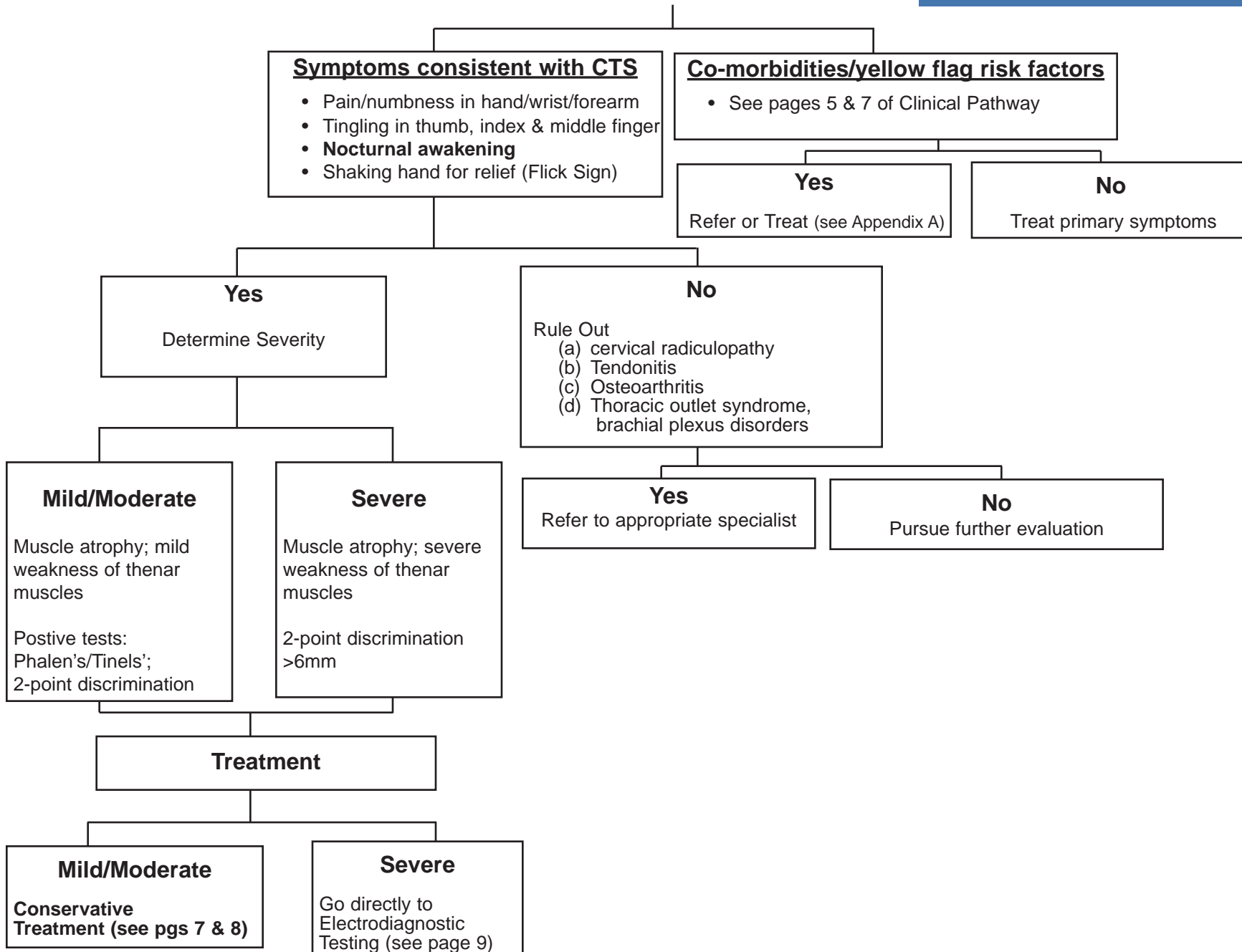


Initial Evaluation



Conservative Treatment

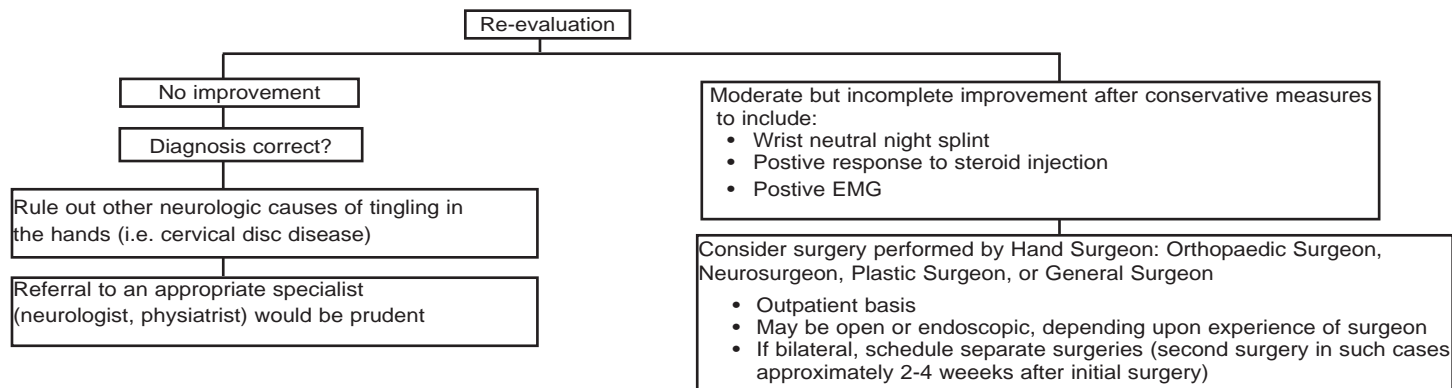
1. Initial Visit Day 1-14
 - Alteration in activity
 - Night/possible day splint
 - Proper analgesic
 - Modified work duty when necessary (see page 5 “Evaluation for Work-Relatedness”)
 - Consider ergonomic evaluation of job according to OSHA standards
2. Second Visit day 14 - About Two Weeks After First Visit
 - Document Progress
 - Recommend wrist neutral night splint
 - Consider ergonomic evaluation according to OSHA standards
3. Third Visit Day 28 - About 1 Month After First Visit
 - Document progress
 - Corticosteroid injection trial (high likelihood of relief, but may have recurrence of symptoms within several months -- initial relief of symptoms good indicator of success of surgery, even possible to skip Electrodiagnostic Testing). Should be performed by musculoskeletally trained physician.
 - Vitamin B6 therapy has been successful if deficient, but is controversial.
4. Fourth Visit - Day 42 -- About Six Weeks After First Visit
 - Refer for Electrodiagnostic Testing

Electrodiagnostic Testing

All severe cases, plus mild/moderate cases without improvement after Initial Conservative Treatment above.

- Refer to specialists certified in electrodiagnostic medicine, for electromyography (EMG)/Nerve Conduction Studies
- Positive test: refer for evaluation for Carpal Tunnel Release

Carpal Tunnel Release



See Complete CTS Pathway for post-surgical treatment and follow-up and return to work after surgery pages 10-12.