

Impactful Statements

Carpal Tunnel Syndrome

An impactful recommendation is one that offers the potential for current evidence to change care offered to patients. This influence can be due to one or more of the following:

- Evidence highlighting current variations in care that were previously unsupported by evidence
- Current evidence supporting a significant difference or change from current clinical practice or previously held "gold standard" care

The following impactful statements are based on the [Management of Carpal Tunnel Syndrome](#) Clinical Practice Guideline:

1. Do not use single physical examination tests (Phalen, Tinel) to diagnose CTS, as alone they do not satisfactorily diagnose or rule-out carpal tunnel syndrome.
2. BMI and high hand/wrist repetition rate are associated with the increased risk of developing carpal tunnel syndrome.
3. Magnet therapy is not indicated for the treatment of carpal tunnel syndrome.
4. Surgical treatment of carpal tunnel syndrome should have a greater treatment benefit when compared to splinting, NSAIDs/therapy, and a single steroid injection.

The following guideline recommendations are the basis of the impactful statements:

1. Strong evidence supports not using the Phalen Test, Tinel Sign, Flick Sign, or Upper limb neurodynamic/nerve tension test (ULNT) criterion A/B as independent physical examination maneuvers to diagnose carpal tunnel syndrome, because alone, each has a poor or weak association with ruling-in or ruling-out carpal tunnel syndrome.
2. Strong evidence supports that BMI and high hand/wrist repetition rate are associated with the increased risk of developing carpal tunnel syndrome (CTS).
3. Strong evidence supports not using magnet therapy for the treatment of carpal tunnel syndrome.
4. Strong evidence supports that surgical treatment of carpal tunnel syndrome should have a greater treatment benefit at 6 and 12 months as compared to splinting, NSAIDs/therapy, and a single steroid injection.