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## **Double trouble: Tennis Elbow and Carpal Tunnel Syndrome**

**By Tyler Dyck**

Some injuries seen in the physiotherapy clinic have a seemingly cut and dry diagnosis, but while some problems may appear to occur in isolation or at least be described that way, they can often be pieces of a bigger more sinister picture. Tennis elbow *combined with* carpal tunnel syndrome is one very good example.

For many people diagnosed with these pesky and often debilitating problems, the original diagnosis is often followed by months if not years of discomfort and pain, which limits quality of life and work capabilities. For those who fall in to the category of having an isolated case of either of these problems without predisposing or complicating factors, recovery is usually quick through careful exercise prescription and early physiotherapy intervention. The more complicated cases however, are often a result of tissue failures in more than two areas associated with the injured structure, and are what we refer to in the world of physical medicine as "Double Crush Injuries." Simply put, "Double Crush" means having two or more injury points along a chain of muscles, tendons, nerves, or joints relating to and affecting the area in which the patient experiences pain or dysfunction.

In tennis elbow, we often find that the individual has minor amounts of dysfunction or irritation in the neck affecting the nerves that supply the elbow. This, in turn, affects the muscle tone of the muscles around the elbow, leading to altered mechanics of the elbow joint. Thus creating an environment in which activities that normally would not affect the individual, end up leading to tissue failure, and are eventually diagnosed as "tennis elbow" or lateral epicondylitis. When we give that diagnosis to this problem we are naming the end result but not the cause, and thus we often lose grasp on how to fully treat this problem, leaving the patient to a long and drawn out injury process.

The factors leading to carpal tunnel syndrome, which has been previously discussed in this column, are often very similar to those of tennis elbow, with one twist. In many cases of carpal tunnel syndrome, the patient does have a smaller than average space in the wrist for the tendons and nerves to travel through and thus on nerve conduction studies at the wrist we find slowed or altered nerve conduction rates. Unfortunately, after this testing procedure is found to be positive, further investigations to try and factor out all exacerbating factors usually cease, and the patient is often immediately scheduled for surgery.

Although in some insular cases of true carpal tunnel impingement, surgery is the only answer, we must always keep our minds open and complete the thorough investigation of the wrist, elbow and neck to factor out all other possibilities. Physiotherapists hate to see horrified patients relapse back in to their carpal tunnel symptoms within the months following surgery. Often through careful examination and diagnosis, we find out that they have concurrent and overlapping "Double Crush" injuries that were previously missed by focussing too much on the injured area or symptoms at hand, no pun intended.

In all reality, many individuals may need to pursue these more invasive interventions. But from clinical experience in being able to head these off at the pass, the need for these procedures and their often lengthy and expensive recovery processes would undoubtedly be markedly decreased with carefully examination of every system associated with the injured area. For many years, those of us in the medical profession have been guilty of trying to oversimplify clinical problems--we now know that we can't just focus treatment on the most prominent symptoms of pain and swelling, we need to identify *all* compounding and exacerbating factors. If we stop focussing on what is hurting and instead ask the bigger question of WHY these areas are hurting, we can then fully grasp how many different areas we must address in dealing with these complex injuries. If you are slated for surgery but have not had a second opinion, you may want to pay a visit to your physiotherapist to make sure you and your healthcare providers are seeing the big picture. Surgery may still be necessary, but a better understanding of all the contributing problems may insure a better outcome in the longterm.

For further information on this topic please contact the Fawzia Sultan Rehabilitation Institute (FSRI) in Hawally at 264-2862, or check out our website at [www.rehabinstitutekuwait.com](http://www.rehabinstitutekuwait.com)

The author of this article, Tyler Dyck is the Executive Clinic Director of the FSRI and is a Fellow of the Canadian Academy of Manual and Manipulative Physiotherapists, a Sports Physiotherapy Specialist, and a Certified Intramuscular Stimulation Acupuncture Practitioner.