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Manipulation can stretch the transverse carpal ligament

With the increasing use of computers as well as other labor-saving devices has come a rise in the incidence (or at least recognition of) repetitive stress injuries of which the most commonly reported is carpal tunnel syndrome (CTS). Indeed the treatment of repetitive stress injuries in general and CTS in particular is one of the real growth areas in medicine today. The diagnosis and treatment of CTS in its early stages is often difficult and frustrating. In its later stages, surgical intervention is often necessary.

Benjamin Sucher, DO, has written on the diagnosis and treatment of CTS in a series of articles published in the *JAOA*.¹⁻⁷ He has provided evidence of the effectiveness of manipulative treatment in at least the initial and middle stages of this disease and also has presented several techniques that both the physician and patient can use.

Likewise, he has exemplified the osteopathic approach by looking at related body areas. In so doing, he has reported that thoracic outlet syndrome can exacerbate the progress of CTS. Unfortunately, many clinicians do not understand the dual nature of CTS in many patients. Hence, they do not look for somatic dysfunction at the thoracic level, the existence of which can add to the complexity and severity of the wrist compression neuropathy.

In this issue of the *JAOA*, beginning on page 679, Dr Sucher adds to his series by describing results from a study of the extensibility of the transverse carpal ligament. This study used both fresh and preserved human cadaver appendages. Drs Sucher and Hinrichs found that manipulative techniques, as well as mechanical stretching, could lengthen the ligament and reduce the pressure in the carpal tunnel and on the median nerve.

The argument had been made that the transverse carpal ligament could not effectively be stretched using manipulative techniques. This current study shows otherwise. The fact that it was conducted on cadaver specimens may pose some concern, but the techniques required to show the effects described most likely would make living volunteers reluctant to participate.

What do we take from this study? Manipulative treatment can be effective in reducing the severity of CTS. Other means, such as the "guy-wire" technique Drs Sucher and Hinrichs describe in this article, can be used in conjunction with other manipulative techniques to lessen the severity of CTS. Patients with CTS should be offered a course of manipulative treatment before undergoing surgery.

Once again, Dr Sucher has presented an elegant, thought-

provoking study, adding to his already impressive series on CTS and thoracic outlet syndrome. This series is worthy of attention by anyone treating patients with CTS. It should also be given to osteopathic medical students as an example of a still-unfolding, serious research program.

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JAOA survey results positive

At the American Osteopathic Association annual convention, held in New Orleans in October, our publications staff elicited help from our membership who completed a questionnaire, which focused on *The Journal of the American Osteopathic Association*. Several pointed questions were asked, and I would like share with you the results of this survey. When asked how they would describe their reading habits of the *Journal*, more than 60% of the respondents noted that they read and filed the issue; only 5% of the members surveyed claimed they discarded it without ever opening the *Journal*. Thirty percent indicated they discarded the *JAOA* only after carefully reviewing—if not read-