

***American Academy of Orthopaedic Surgeons Clinical Guideline  
on  
Diagnosis of Carpal Tunnel Syndrome  
Summary of Recommendations***

***Recommendation 1.1***

The physician should obtain an accurate patient history (Level V, Grade C).

***Recommendation 2.1***

The physician should perform a physical examination of the patient that may include:  
personal characteristics (Level V, Grade C)  
performing a sensory examination (Level V, Grade C)  
performing manual muscle testing of the upper extremity (Level V, Grade C)  
performing provocative tests (Level V, Grade C), and/or  
performing discriminatory tests for alternative diagnoses (Level V, Grade C).

***Recommendation 3.1a***

The physician may obtain electrodiagnostic tests to differentiate among diagnoses. (Level V, Grade C)

***Recommendation 3.1b***

The physician may obtain electrodiagnostic tests in the presence of thenar atrophy and/or persistent numbness (Level V, Grade C).

***Recommendation 3.1c***

The physician should obtain electrodiagnostic tests if clinical and/or provocative tests are positive and surgical management is being considered (Level II and III, Grade B)

***Recommendation 3.2***

If the physician orders electrodiagnostic tests, the testing protocol should follow the AAN/AANEM/AAPMR guidelines for diagnosis of CTS (Level IV and V, Grade C).

***Recommendation 3.3***

The physician should not routinely evaluate patients suspected of having carpal tunnel syndrome with new technology, such as magnetic resonance imaging (MRI), computerized axial tomography (CAT) and pressure specified sensorimotor devices (PSSD) in the wrist and hand. (Level V, Grade C).

Please note that Recommendation 3.3 is not based on a systematic literature review. An additional abbreviated review was completed following the face to face meeting of the Work Group on February 24, 2007.