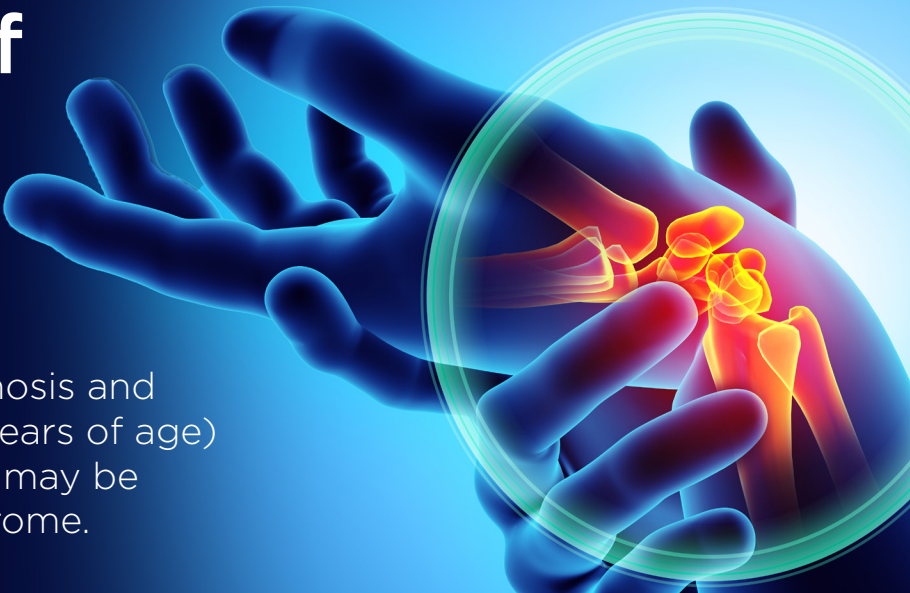


Clinical Practice Guideline Overview

Management of Carpal Tunnel Syndrome

Published May 18, 2024

This guideline addresses the diagnosis and treatment of adult patients (> 18 years of age) presenting with complaints which may be attributable to carpal tunnel syndrome.



Literature Review

5,871
abstracts reviewed



1,528
articles recalled
for full review



270
abstracts reviewed
after full text review
and quality analysis



Strong and Moderate Guideline Recommendations*



Strong evidence suggests corticosteroid injection does not provide long-term improvement of carpal tunnel syndrome. **(S)**



Moderate evidence suggests postoperative supervised therapy should not be routinely prescribed after carpal tunnel release. **(M)**



Strong evidence suggests PRP injection does not provide long-term benefits in non-operative treatment of carpal tunnel syndrome (leukocyte rich or leukocyte poor PRP). **(S)**



Moderate evidence suggests immobilization through sling or orthosis (e.g., splint, brace) should not be used after carpal tunnel release. **(M)**



Strong evidence suggests that there is no difference in patient reported outcomes between a mini-open carpal tunnel release and an endoscopic carpal tunnel release. **(S)**



Strong evidence suggests local anesthesia alone can be used for carpal tunnel release. **(S)**



Strong evidence suggests that NSAIDs and/or Acetaminophen should be used after carpal tunnel release for postoperative pain management. **(S)**



Moderate evidence suggests that MRI and Upper Limb Neurodynamic Testing should not be used to diagnose carpal tunnel syndrome. **(M)**



Strong evidence suggests that CTS-6 can be used to diagnose carpal tunnel syndrome, in lieu of routine use of Ultrasonography or NCV/EMG. (S)



Future Research

Consideration for future research is provided for each recommendation within this document are based on the work group's clinical experience and perceived need for better guiding data.

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* Please visit **OrthoGuidelines.org** to view the limited and consensus options for this guideline.

