

Gentle & Effective Relief FOR WRIST PAIN

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Wrist pain may be caused by injury to the wrist or forearm, repetitive strain at work or play, and retention of fluid (edema) during pregnancy or from inflammation in the wrist following a sprain.

Tumors, cysts, and deformities due to rheumatoid arthritis or osteoarthritis are also candidates. Fractures to the small wrist bones (carpal bones) located in the base of the hand, or the ends of the long bones of the forearm (radius and ulna) may also result in chronic pain and impaired function of the wrist.

Carpal tunnel syndrome, ganglion cyst, and DeQuervain's synovitis (tenosynovitis) are three major causes of wrist pain.

- Carpal tunnel syndrome is a very common cause of wrist pain due to the compression of the median nerve that brings sensation to the skin of the hand and motor function to most of the muscles that move the hand.
- Ganglion cysts on the back of the hand near the wrist are quite common. Surgical removal or drainage of the cyst does not remove the cause of the cyst. Hence, the cyst often returns.
- De Quervain's tenosynovitis manifests as pain, swelling, and eventual weakness of the thumb, caused by inflammation of the tendons of two muscles that allow us to move the thumb away from the hand.

[Most treatments of wrist pain have very limited success.](#)

Treatment of wrist pain focuses on removal of tumors and cysts, suppressing inflammation to reduce swelling and pain with anti-inflammatory medicines, and physical rehabilitation of the wrist joint.

In the case of carpal tunnel syndrome, the carpal ligament (a form of connective tissue), which holds the median nerve and several muscle tendons in place, is surgically cut to increase the space for these structures. Cutting of this ligament is permanent and may result in reduced functioning of the hand, fingers, and wrist due to scar tissue formation and the fact that the carpal tunnel can no longer keep these structures in their place.

[Fascia and ligaments connect the bones to each other to form joints.](#)

The bones of the hand, fingers (phalanges) and wrist bones (carpal bones) connect with each other (articulate) via joints and are held together with ligaments and layers of fascia, two types of connective tissue. These bones are acted upon (moved) by the tendons of the small muscles of the hand, and the longer and larger muscles of the forearm. The tendons are another form of connective tissue.

With inflammation due to surgical or accidental trauma, repetitive strain, or infection, the connective tissue starts sticking together, becomes distorted, and over time hardens. While the body intends to shore up and protect the injured structures, it over time holds them hostage like a straightjacket, restricting their range of motion, and often accompanied by chronic pain and weakness.

Wrist pain often leads to hand pain or elbow pain. The reverse is also true.

Wrist pain often leads to elbow pain and vice versa since the tendons of the forearm muscles cross both the wrist joint and the elbow joint. Hence, connective tissue restrictions in the fascia of the muscles, the tendons of these muscles, or the ligaments that hold the bones together to form a joint over time will affect both joints. These restrictions may not cause obvious pain but manifest in decreased range of motion, weakness, and stiffness of the joint.

Wrist pain may also lead to pain in the hand and fingers. Conversely, tightness and pain in the fingers of the hand may result in wrist pain. As in the case of the wrist and elbow, tendons of the muscles that move our fingers also cross the wrist. Therefore restrictions in the tendons, tendon sheaths (another form of connective tissue), or fascia of the small hand muscles may cause pain, weakness, stiffness, and decreased range of motion in the fingers, the hand, and the wrist.

Over time any of the joints may develop osteoarthritis, a degeneration of the cartilage that acts as a shock absorber in the joints. This causes inflammation with pain and swelling. Once the cartilage is worn off, the bones rub together and develop irregular hardened surfaces, or osteophytes (bone spur).

Craniosacral therapy and energetic unwinding gently help the body to release the connective tissue restrictions.

Craniosacral therapy and energetic unwinding of the spine, joints, and muscles help the body to release the connective tissue restrictions in the ligaments, tendons, and fascia, to help reduce or eliminate pain, and restore function and strength to the wrist.

Craniosacral therapy and energetic unwinding are two therapies that are particularly gentle and effective. Thus, they can be utilized in the acute and chronic stage, even years later.