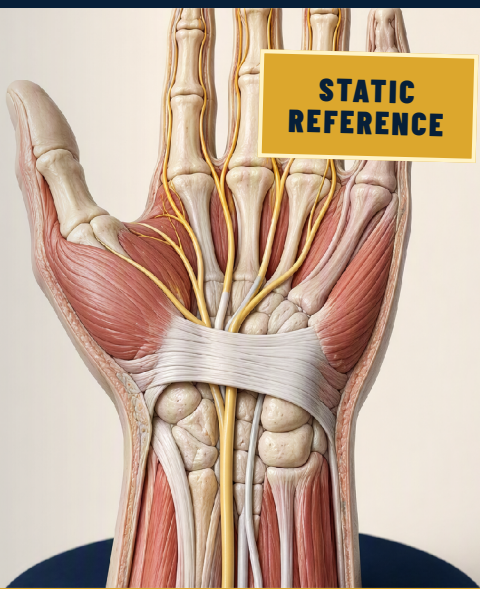


CARPAL TUNNEL SYNDROME

VA CLAIMS GUIDE

Document median-nerve findings, dominant side, motor loss, sensory loss, and hand function.



MEDIAN NERVE // SIDE // FUNCTION

Document median-nerve findings, dominant side, motor loss, sensory loss, and hand function.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

CARPAL TUNNEL IS EVALUATED THROUGH THE MEDIAN NERVE

DC 8515 addresses median-nerve paralysis; DCs 8615 and 8715 address neuritis and neuralgia. The schedule distinguishes major and minor hands, complete from incomplete paralysis, and mild, moderate, or severe incomplete impairment.

SIDE

Identify right, left, or bilateral involvement and which hand is dominant.

MOTOR + SENSORY

Measure grip, thumb opposition, finger flexion, atrophy, pain, numbness, and tingling.

SEVERITY

Wholly sensory involvement is ordinarily mild or, at most, moderate under the peripheral-nerve rule.

02

SERVICE-CONNECTION PATHS

DIRECT

Repetitive duty, wrist trauma, fracture, swelling, or another in-service event is medically linked to current median-nerve compression.

SECONDARY

A service-connected diabetes, arthritis, wrist disorder, swelling condition, or treatment caused or aggravated carpal tunnel.

POST-SURGICAL RESIDUAL

Persistent or recurrent median-nerve impairment after release surgery is documented and linked to the service-connected condition.

04

BUILD THE RECORD

1

EXACT NERVE AND SIDE

Median nerve, right or left, dominant hand, onset, and differential from cervical or other nerve disease.

2

NEUROLOGIC EXAMINATION

Strength, grip, thumb opposition, sensation, reflexes, trophic change, and thenar atrophy.

3

EMG AND NERVE CONDUCTION

Localization and severity findings when performed, interpreted with the complete clinical record.

4

TREATMENT

Splinting, therapy, injections, medication, work modification, release surgery, and response.

5

FUNCTIONAL LOSS

Typing, gripping, tools, driving, lifting, buttoning, sleep, work, and flare effects.

6

SERVICE ROUTE

Duty exposure or injury, continuity, or a reasoned secondary and aggravation opinion.

06

CARPAL TUNNEL CAUSES AND EFFECTS TO EVALUATE

Median-nerve compression must be distinguished from other neck, elbow, wrist, and generalized nerve conditions.

CONDITIONS THAT CAN CONTRIBUTE TO CARPAL TUNNEL

Wrist trauma or arthritis // diabetes // thyroid disease // fluid retention // repetitive force or vibration // mass or swelling in the tunnel

EFFECTS CARPAL TUNNEL MAY PRODUCE

Hand numbness // weak grip // thumb weakness // sleep disruption // fine-motor limits // post-surgical scar or residual nerve loss

07

DO THIS, NOT THAT

DO

- Identify the median nerve and dominant hand.
- Measure motor and sensory findings.
- Separate wrist compression from cervical disease.

DO NOT

- Call every hand symptom carpal tunnel.
- Rely on EMG alone or ignore the exam.
- Treat sensory loss as complete paralysis.