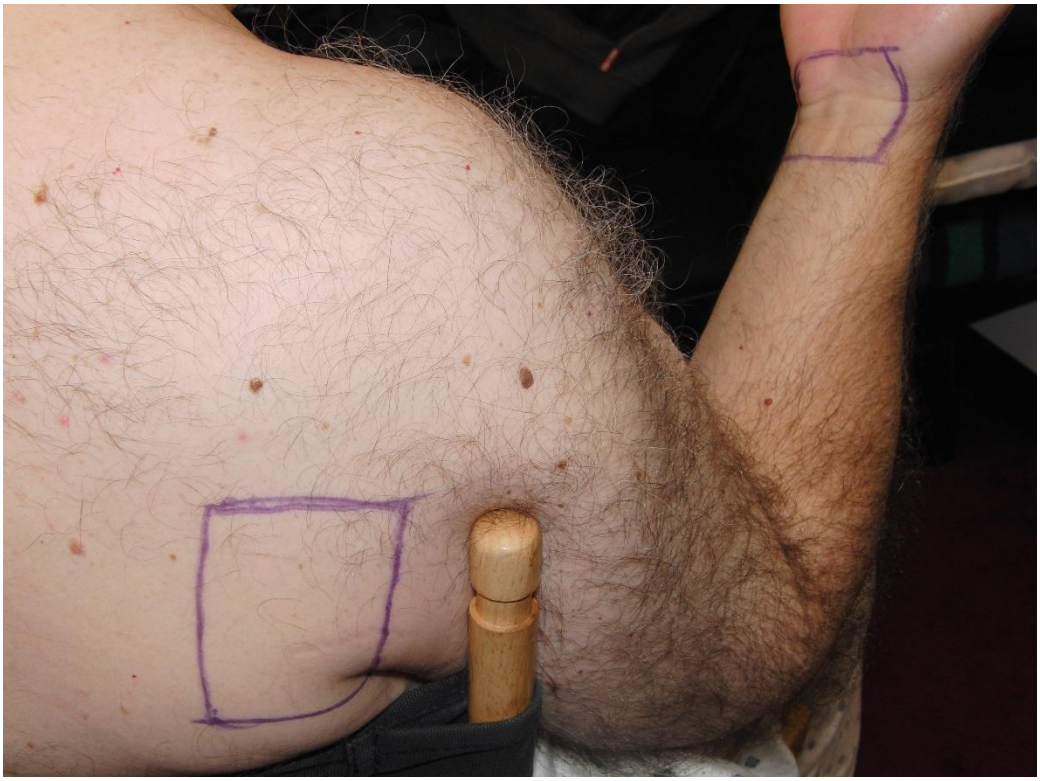
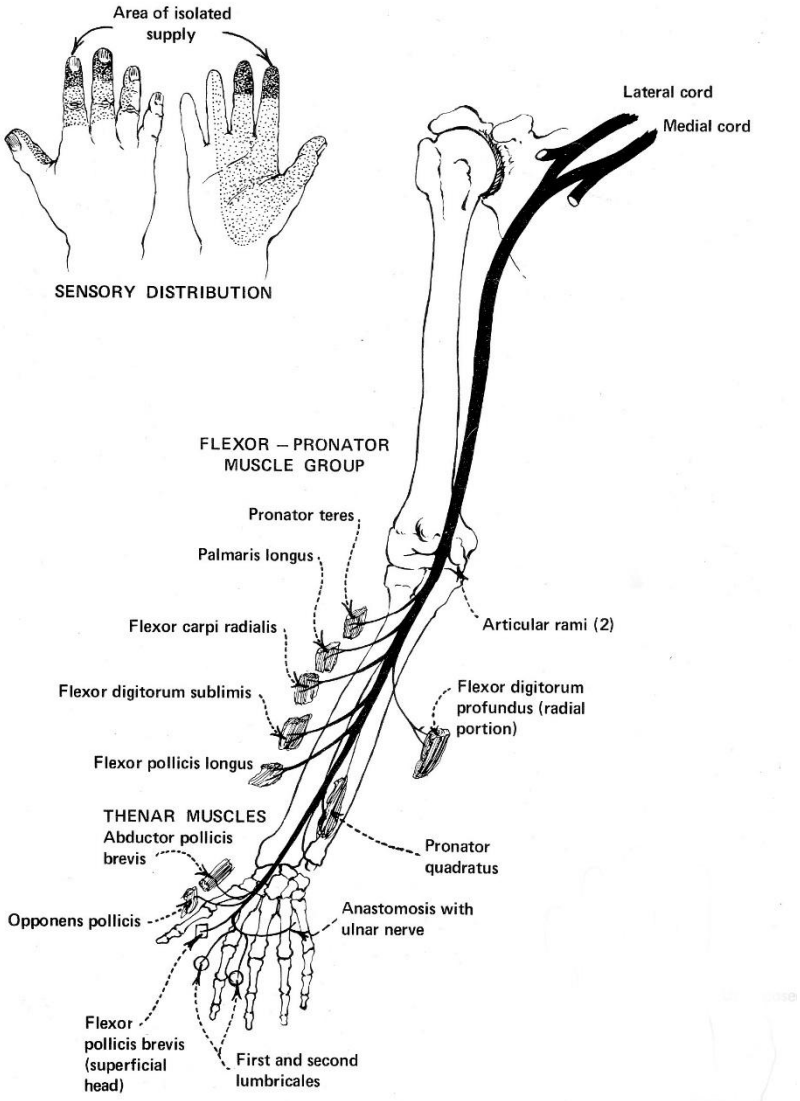
WALKER SYNDROME

The Walker Syndrome could just as well be called the "Selective Proximal and Distal Median Nerve Impingement Syndrome". However, for brevity's sake the author has decided to refer to it by the former name (named after the first patient that it was demonstrated on, in our clinical setting).

The patient generally complains of "numbness" in the thumb, index and third finger of the involved hand. The patient may also complain of a sense of weakness and discoordination in that hand. A DSR survey will demonstrate a zone of relatively high skin resistance over the area jointly shared by the teres major, subscapularis and infraspinatus tendons between scapula and the humerus. Additionally, a zone of relatively high skin resistance will be demonstrated over the distal segment of the carpal tunnel, either with the wrist in neutral or in full extension. These two sites apparently mark the location of coincidental impingements exerting rather bizarre pressures upon the median nerve. These impingements result in the symptomology described. The etiology of this condition is unclear, but patient speculation has suggested that it might somehow arise from shoulder flexion, with elbow flexed to 45^{o}, for a prolonged period (possibly hours). How such shoulder and arm positioning could possibly result in this condition is unknown, but no other explanation has been put forward.



The high skin resistance patterns commonly associated with theWalker Syndrome



The median nerve (C6-8 and T1)

Treatment

Treatment of this syndrome consists of reducing inflammation in the inflamed zones, eliminating any adhesions that might be present, and denaturing anyinflammatory chemicals remaining after the soft tissue manipulation.

Application:

- Preset an ultrasound unit to deliver a pulsed wave form at 1.8 W/cm^2. Ultrasound each inflamed zone for 6 minutes.Ultrasound the wrist site in the position the inflammation was found, either with the wrist in neutral or fully extended.

- Manipulate the tissues in and around both DSR zones to eliminate any adhesions that might be present.

- Cold laser over both DSR zones for two to five minutes, to denature or destroy any

inflammatory chemicals that might still be present.

Two or three treatment sessions may be necessary to relieve this condition in its entirety.

Post Treatment Suggestions:

The patient should be encouraged to***not*** put direct pressure into the wrist. No pushups, no pushing out of chairs with the wrist extended, and no typing or using the mouse with the wrist on the work surface.

Trigger Points

The following ***trigger point formations*** may, singly or in combination, ***refer pain***(or sense of "numbness") into the areas usually affected by the Walker Syndrome: Medial Finger Extensor, Flexor Digitorum Sublimis (radial head), Flexor Pollicis Longus, Opponens Pollicis, Adductor Pollicis, Second Dorsal Interosseus, and First Dorsal Interosseus.