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David Lama testing his carpal tunnel on *Revision* (5.13b) in the Ötztal Alps of Germany.

UNCOMFORTABLY NUMB

I have numbness in my hands and fingers while sleeping. I've started spending more time bouldering in the gym and increasing the intensity level. I work at a desk (at *Rock and Ice*, by the way), and spend most of my day at the computer. Can climbing pinch the nerves in the wrist and lead to carpal tunnel? It feels like nerves are being pinched in my elbows, however, not the wrists. Can one have numbness in the hands because of pinched nerves in the elbows? Is muscle strength affected?

— JASON GRUBB
Carbondale, Colorado

THE CARPAL TUNNEL is a bit like those mountain passages on the Swiss autobahn—*tight*. Mostly things run smoothly, but when they don't, imagine a sewage truck being sucked into a gargantuan exhaust fan and you will get the idea.

The median nerve and nine tendons in the carpal tunnel are managed by connective tissue on the front of your wrist (flexor retinaculum) and carpal bones on the back. If this passage cinches a little tightly, or tissues within become inflamed, the median nerve becomes compressed. The little finger is not usually involved, as the ulna nerve, which travels outside the carpal tunnel, supplies it.

The numbness combo you mention smacks of carpal tunnel syndrome (CTS), though it's not the only possibility. In theory, the median nerve can be compressed in several places between your neck and your wrist.

The numbness and pain pattern is normally sufficient for diagnosis, but any doubt can be cleared by a nerve conduction test (to evaluate signal strength along the nerve's pathway) that will demonstrate the site of compression. You can compress the median nerve around your upper forearm/elbow. It is, however, much less common and considerably more complex to diagnose without a nerve conduction study.

The first symptom of CTS is typically the numbness you describe.

Weakness is certainly an issue, but is considerably more gradual and difficult to notice initially. Climb on, I say!

Stiffness in the carpal bones and/or tightness in the restraining tissues anteriorly are major causes of chronic nerve compression. Inflammation of structures within the wrist, such as tendons, may cause nerve compression, but this is typically more transient in nature. Pregnancy-induced edema is also possible. I know you are a man, but you can never be sure when taking a swim in today's gene pool. Better to be safe than surprised. Diabetes mellitus, hypothyroidism, acromegaly, amyloidosis and a few others that would sprain the tongue of a porn star are also possible culprits.

Surgery is usually successful. That said, surgery is usually unnecessary. The tendency of some surgeons to prematurely un-holster their scalpels is tantamount to bioterrorism.

The solution is multi-pronged. Loosen the carpals, stretch the anterior retinaculum and regain normal motion. The rest will look after itself. Buying a brace will help stimulate the economy and little else.

An ergonomic mouse and keyboard may help alleviate some work-related stress. Tell Duane you need a holiday. I'll give you a sick note.

THAWING FROZEN SHOULDER

Eighteen months ago I had an operation on my shoulder for Os acromialis. Although initially good, it became aggravated after I started climbing several months later. My range of motion became extremely restricted and the shoulder very painful. Sleep was almost impossible. It was subsequently diagnosed as frozen shoulder. I've done loads of PT, haven't climbed in eight months, and am not happy. My docs say, "If it hurts, don't do it." I know I'm definitely on the upswing, but am wondering when I should try to climb some mellow stuff. About once a week I try to do a push-up—it's possible, but doesn't feel great. I don't think I could do a pull-up without wincing.

— KOLIN POWICK
SALT LAKE CITY, UTAH

FROZEN SHOULDER is like a bad relationship: painful, too long and, for the avid rockateer, soul destroying. Technically known as adhesive capsulitis, it is considerably less understood than the dynamics of human love.

For reasons largely unknown, the capsule that surrounds and supports the shoulder joint becomes inflamed, causing fibrous bands to form within. Consequently, the range of motion becomes severely restricted.

On average, you are looking at a couple of years of pain and frustration. There are three conveniently named stages: freezing, frozen and thawing.

The process typically starts with a minor shoulder injury and progresses within weeks to involve adhesive capsulitis. Difficult to say whether you had it originally (in its early stages) and it was missed, or whether the surgery was the catalyst, as can often happen.

As the joint progressively stiffens, the party gets underway, capsulitis is joined by its brothers-in-arms—synovitis and tendonitis. Like any good *ménage à trois*, sleep is impossible and exhaustion guaranteed.

If the condition is caught in the first couple of months, it is possible to swing the obstinate tide of restriction (and pain) with very aggressive range of motion therapy. I've not seen it reversed from a fully frozen state using manual therapy alone, though there are practitioners who say they have done it.

Hydrodilatation is the next option, and involves forcing a cocktail of pharmaceuticals into the joint cavity

in order to stretch the capsule. In conjunction with aggressive stretching in the days that follow the injection, this protocol can be very effective.

As the name suggests, manipulation under anaesthetic (MUA) is more akin to psychopathic S&M than brilliant medicine. For medicos, like politicians, brutality is always an option.

Both the hydrodilatation and MUA are not for you, as it sounds like you are in the thawing phase. This may take six months, during which time you should regain the vast majority of your range of motion.

I would agree with your doc so far as pointless aggravation is unhelpful. However, encouraging range of motion and building strength are integral components of any rehab program. Neither comes pain free.

Mmm, let me think. Something that will make you happy, coax range and strengthen—*shazam* ... easy trad!

DIRTY DEED DONE DIRT CHEAP

I first got tendonosis in my right elbow (medial epicondyle) in 2001 bouldering on plastic. Resting, icing and stretching did not work. I tried cortisone, prednisone, a physical therapist who did massage and lonto-phoresis for a few weeks (which in hindsight was hocus-pocus), with no long-term improvement.

Finally, a physical therapist did cross-friction treatments and the pain disappeared after four weeks.

Recently I have been bouldering on plastic with and now have the same problem in my left elbow. This time the PT treatment did not work and the pain got progressively worse, so I discontinued it.

I tried your recommended exercise therapy regimen (No. 156), doing eccentric contractions and rotations with a dumbbell every second day. I felt more pain in my elbow, so I dropped the weight, but it still hurt, and after four weeks or so I stopped.

I tried prolotherapy next. The only thing it did was lighten my wallet. I have had x-rays to rule out floating bone chips and major tears.

I don't know what to do. All the locking off in trad climbing (which I prefer to do) is especially aggravating.

—STEWART | rockanddice.com

OH, THE WOES of the unhealed. Life sux. Next, even the urologist will want a shot at your money.

The solution is simple: You are *special*.

You have been treated with formula-driven medicine, mine included, but you are not a formula kinda guy. A good rehab program is like a good suit, tailored.

Let's focus on the program first as I have seen no other panacea for tendonosis. It would seem that the exercises are causing excessive aggravation and inflammation, which is precluding an effective eccentric protocol.

Try this: Two sets of 10 reps, morning AND night, of the eccentrics described in *Rock and Ice*, No. 156. Four days on, three days off. Complete both the tic-tock and the standard version. Use about 14 pounds for the latter, and adjust the leverage for the tic-tocks so that you are fatigued after 10 reps. Discomfort is normal—for the moment, persist.

In conjunction with this, it is paramount you check in with your PT again for a soft-tissue pummeling. Though I personally find longitudinal massage more effective than cross friction, any variety will help as long as it is wincing. Like pulling nose hairs, it will make your eyes water, but the end result is always worth it.

Ice, ice, baby! Every night after the last set. Three sets of three to five minutes. Like the massage, this will help settle the inflammation. Be careful not to ice behind the medial epicondyle as your funny bone (ulna nerve) does not laugh at the cold. ■

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