Carpal Tunnel Syndrome

**Key:**
- [ ] Can only select one option
- [ ] Can select multiple options
- N/A = data Not Available OR Not Applicable

**CARPAL TUNNEL RELEASE**

- **Patient Initials**
- **Medical Record Number**
- **Facility**
- **Date of Surgery (mm/dd/yyyy)**

**I. Preoperative Assessment**

1. **Age (Years)**
2. **Race**
3. **Primary Language**
4. **Reported Symptoms**
   - a. **Hand Pain**
      - [ ] Present
      - [ ] Not Present
   - b. **Hand Numbness**
      - [ ] Constant
      - [ ] Intermittent
      - [ ] Not present
   - c. **Hand Tingling**
      - [ ] Constant
      - [ ] Intermittent
      - [ ] Not present
   - d. **Night Symptoms**
      - [ ] Present
5. Involved Hand
- Right
- Left
- Bilateral

6. Dominant Hand
- Right
- Left
- Ambidextrous
- Unknown

7. Previous Carpal Tunnel Release
- First time for this operated hand
- Recurrence for this operated hand
- N/A

8. Co-morbid Conditions
- Smoker
- Diabetes mellitus
- Cervical spine arthritis
- Cervical disc herniation
- Inflammatory herniation
- Thyroid dysfunction
- Injury
- Pregnancy
- Obesity
- Renal Failure
- None of the above
- Other

9. Occupational Exposure
- Yes
- No
10. Physical Examination

a. Tinel’s sign:
   - Positive
   - Negative
   - Did not perform

b. Phalen’s sign:
   - Positive
   - Negative
   - Did not perform

c. Durkan’s carpal compression test
   - Positive
   - Negative
   - Did not perform

d. 2 point discrimination (mm) - Thumb
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - > 10
   - Did not perform

e. 2 point discrimination (mm) - Index
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - > 10
   - Did not perform

f. 2 point discrimination (mm) - Long
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - > 10
   - Did not perform

g. 2 point discrimination (mm) - Ring
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - > 10
   - Did not perform

h. 2 point discrimination (mm) - Little
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - > 10
   - Did not perform

i. Thenar muscle strength (British Research Medical Council) **Grading Scale**
   - I - None
   - II - Flicker
   - III - Gravity eliminated
   - IV - Diminished; work against gravity
j. Thenar muscle atrophy
- Yes
- No
- Did not assess

11. Imaging wrist/hand (check all that apply)
- None performed
- Radiographs
- Other

12. Imaging Results
- N/A
- Normal
- Other

13. Electrodiagnostic Studies
Distal Sensory Latency (DSL)
- In office or portable
- Done by Neurology/Physiatry/Internist
- Not Performed
Distal Sensory Latency (DSL) Result
- Result within normal limits
- Abnormal Result
- Not Performed

Distal Motor Latency (DML)
- In office or portable
- Done by Neurology/Physiatry/Internist
- Not Performed
Distal Motor Latency (DML) Result
- Result within normal limits
II. Surgical Treatment Plan

1. Prior Non-surgical Treatment (check all that apply)

- None
- Neutral position wrist splints
- Occupational therapy
- Oral Non-steroidal anti-inflammatory medications
- Oral corticosteroids
- Steroid injection into the carpal canal
- Other

2. Duration of Non-surgical Treatment

- Less than 1 month
- 1-3 months
- 3-6 months
- >6 months
- Unknown

3. Indication for surgery

- Intermittent numbness
- Constant Numbness
- Failed Nonsurgical treatment
- Positive nerve conduction studies
- Thenar wasting
- Pain
- Other

4. Evaluation of Best Practices

Informed consent performed

- No
- Yes
Sign your site performed
- No
- Yes

Surgical time out performed
- No
- Yes

Prophylactic Antibiotics administered
- No
- Yes, 1st Generation cephalosporin
- Yes, Other

More than one dose of Prophylactic Antibiotics administered
- No
- Yes
- N/A

DVT prophylaxis
- No
- Yes

5. Surgical Setting
- Office – Minor Procedure Room
- Ambulatory surgical center
- Hospital outpatient
- Hospital in patient

# of nights

6. Surgical Setting
- Main operating room full sterility
- Minor procedure room field sterility

7. Anesthesia
- Local Anesthetic only injected in hand/wrist without sedation
- Local Anesthetic only injected in hand/wrist with sedation
- Regional Anesthesia (brachial plexus block)
Regional Anesthesia (Bier block)
- General Anesthesia

8. Use of Epinephrine in hand for hematosis
- Yes
- No

9. Anesthesia Provider
- CRNA
- Anesthesiologist
- Operating Surgeon

10. Tourniquet application
- None
- Forearm
- Brachial

11. Surgical Methods
   a. Incision type
      - Open longitudinal incision in the palm
      - Mini open incision
      - Single portal endoscopic method
      - Two portal endoscopic method
      - Other
      - [ ] Other
   b. unilateral vs. bilateral surgery
      - Unilateral
      - Bilateral
   c. Other procedures (check all that apply)
      - Flexor tenosynovectomy
      - Epineurotomy
      - Epineurectomy
      - Neurolysis
      - Canal of Guyon decompression
      - Transverse carpal ligament reconstruction
      - Other
d. Opponensplasty (check all that apply)

- FDS
- Palmaris Longus
- Other

12. Surgical findings

- No significant findings
- Nerve Hyperemia
- Normal nerve
- “Wasp-waist” deformity in the median nerve
- Loss of vascular markings
- Carpal bone osteophyte
- Flexor tenosynovitis
- Other

13. Specimen sent to Pathology

- Yes
- No

14. Operating time (minutes)

a. Surgery time (incision to dressing (Minutes))

b. Tourniquet time (minutes), if tourniquet used

III. Diagnosis and Procedure Codes

1. ICD9 Codes (check all that apply)

- 354.0 (Carpal tunnel syndrome)
- 354.1 (Pronator teres syndrome)
- 354.5 (Multiple neuritis syndrome)
- 719.24 (Synovitis, hand)
- 729.5 (Pain in limb)
- 905.2 (Late effect, arm fracture (nonspecific))
2. CPT Codes (check all that apply)

☐ 14040  (Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less)

☐ 15736  (Muscle, myocutaneous, or fasciocutaneous flap; upper extremity)

☐ 20526  (Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel)

☐ 25115  (Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors)

☐ 25290  (Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon)

☐ 25320  (Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability)

☐ 26490  (Opponensplasty; superficialis tendon transfer type, each tendon)

☐ 26492  (Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon)

☐ 26494  (Opponensplasty; hypothenar muscle transfer)

☐ 26496  (Opponensplasty; other methods)

☐ 29848  (Endoscopy, wrist, surgical, with release of transverse carpal ligament)

☐ 64708  (Neuroplasty, major peripheral nerve, arm or leg; other than specified)

☐ 64721  (Neuroplasty and/or transposition; median nerve at carpal tunnel)

☐ Other

IV. After-Care and Outcome

1. Surgeon Instruction only for Therapy

☐ No

☐ Yes

2. Formal Occupational/physio Hand Therapy
3. Postoperative Splinting
☐ No
☐ Yes

# of days __________ Enter whole number only!

4. Amount of Time Out of Work (weeks)
☐ Patient does not work
☐ Unknown

# of weeks out of work if patient works __________ Enter whole number only!

5. Outcomes at 6 Week Follow-up Period
   a. Patient satisfaction
      ☐ 1 Extremely Dissatisfied
      ☐ 2
      ☐ 3
      ☐ 4
      ☐ 5 Not satisfied or Dissatisfied
      ☐ 6
      ☐ 7
      ☐ 8
      ☐ 9
      ☐ 10 Extremely Satisfied
   
   b. Numbness after surgery
      ☐ Constant
      ☐ Intermittent
      ☐ None
   
   c. Patient reported numbness - improvement
      ☐ 0%
      ☐ 1-25%
      ☐ 26-50%
d. Patient reported strength – improvement

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Unknown

e. Overall patient reported satisfaction – improvement

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Unknown

6. Objective Assessment

a. 2 point discrimination (mm) - Thumb

- 4
- 5
- 6
- 7
- 8
- 9
- 10
- > 10
- NA

b. 2 point discrimination (mm) - Index

- 4
- 5
- 6
- 7
- 8
- 9
- 10
- > 10
- NA

c. 2 point discrimination (mm) - Long

- 4
- 5
- 6
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- 9
- 10
- > 10
- NA

d. 2 point discrimination (mm) - Ring

- 4
- 5
- 6
- 7
- 8
- 9
- 10
- > 10
- NA

e. 2 point discrimination (mm) - Little
f. Thenar strength

- None
- II Flicker
- III Gravity eliminated
- IV Diminished; work against gravity
- V Normal

g. Thenar atrophy

- Yes
- No

7. Surgeon Comments

8. Complications (check all that apply)

- None
- Hematoma
- Infection
- Arterial Injury
- Wound dehiscence
- Ulnar nerve dysfunctions
- Wound tenderness
- Median nerve dysfunction
- Complex regional pain syndrome
- Loss of range of motion
- Palmar fascial thickening
- Wrong Site surgery
- Other

Anesthetic complication:

- Nausea/Vomiting
- Admission required
- Urinary retention
- Other
9. Complications Severity

☐ Complications required additional surgical Treatment
☐ Complications were treated without a need for additional surgery

V. SF-12 Questionnaire
1. In general, would you say your health is:
☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

The following two questions are about activities you might do during a typical day. Does YOUR HEALTH NOW LIMIT YOU in these activities? If so, how much?
2. MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf:
☐ Yes, Limited A Lot
☐ Yes, Limited A Little
☐ No, Not Limited At All

3. Climbing SEVERAL flights of stairs:
☐ Yes, Limited A Lot
☐ Yes, Limited A Little
☐ No, Not Limited At All

During the PAST 4 WEEKS have you had any of the following problems with your work or other regular activities AS A RESULT OF YOUR PHYSICAL HEALTH?
4. ACCOMPLISHED LESS than you would like:
☐ Yes
☐ No

5. Were limited in the KIND of work or other activities:
☐ Yes
☐ No

During the PAST 4 WEEKS, were you limited in the kind of work you do or other regular activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?
6. ACCOMPLISHED LESS than you would like:
☐ Yes
7. Didn’t do work or other activities as CAREFULLY as usual:
   - Yes
   - No

8. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)?
   - Not At All
   - A Little Bit
   - Moderately
   - Quite A Bit
   - Extremely

The next three questions are about how you feel and how things have been DURING THE PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST 4 WEEKS

9. Have you felt calm and peaceful?
   - All of the Time
   - Most of the Time
   - A Good Bit of the Time
   - Some of the Time
   - A Little of the Time
   - None of the Time

10. Did you have a lot of energy?
    - All of the Time
    - Most of the Time
    - A Good Bit of the Time
    - Some of the Time
    - A Little of the Time
    - None of the Time

11. Have you felt downhearted and blue?
    - All of the Time
    - Most of the Time
12. During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc.)?

☐ All of the Time
☐ Most of the Time
☐ A Good Bit of the Time
☐ Some of the Time
☐ A Little of the Time
☐ None of the Time

VI. QuickDASH Outcome Measure

1. Preop DASH Score: 

2. Most Recent Follow-up DASH Score: 

3. Date of Most Recent Follow-up DASH Score: 