

## Misdiagnosis, Needless Surgery and No Second Opinion



Christie worked on a factory line in Ada, Michigan. Her job was to pack boxes with products to be shipped out to customers. Christie had been an employee of this company for 17 years.

The movements involved in her job were very repetitive so hour after hour, day after day Christie stood on the line and packed boxes. Somewhere along the way among those thousands of boxes Christie developed pain in her wrist.

Her company had a company doctor, so Christie was sent to see him. The doctor was a locally prominent and highly regarded orthopedic surgeon. Due to the repetitive nature of many of this company's factory jobs the company had several Worker's Compensation claims due to on the job injuries.

The company doctor diagnosed Christie with carpal tunnel in her right wrist and she was scheduled for carpal tunnel release surgery.

Neurological symptoms result when inflammation with swelling (edema) occurs around the median nerve in an anatomical location called the carpal tunnel.

Since the condition is caused by repetitive movement the simple fix is to rest the affected extremity and to reduce the inflammation. “Tincture of time”, an anti-inflammatory diet, and herbs will heal this condition, in most cases without the need for surgery.

Why do many workers end up with carpal tunnel surgery? Well, surgery is how surgeons make their living, they don't make money by not doing surgery. Surgery is also performed so that the worker can return to the job and activity that caused the condition.

If they end up with prolonged disability, and after a time on worker's compensation, their employment will be terminated. What the worker does after that is their problem.

Christie's carpal tunnel surgery was deemed to have gone well and after healing up and completing a short course of physical therapy Christie was released back to her job on the line.

Very quickly her old symptoms of pain and weakness in her hand returned. Christie complained of this pain and weakness, but her complaints fell on deaf ears so after several months of no further help from her employer Christie sought out help on her own.

That is what brought her to my office in Grand Rapids, Michigan. I examined Christie from her neck to her fingertips and I found issues in her lower cervical vertebrae, stiffness in the lower neck muscles, and what I suspected was entrapment of the brachial plexus nerves. Christie inquired as to whether my treatment would include chiropractic cervical adjustment and I told her that I preferred mild mobilization techniques, but I felt that we should get an x-ray first.

I send all my patients that need imaging to a medical imaging center, so Christie was sent to the closest imaging center with a prescription for a cervical x-ray series. The x-rays were taken and read by a medical radiologist. Christie had a broken neck. In fact, she had two unhealed fractured lower cervical vertebrae.

Christie had no memory of a neck injury, fall, or any accident that might have caused these two fractures. Having no memory of a traumatic injury is not all that unusual. If there was an injury with a concussion then memory loss is common, or if there was the use of drugs or alcohol, even certain prescribed medications, a blackout and fall are possible. How the fractures occurred remained a mystery.

Had I "adjusted" Christie I might have severely injured or paralyzed her. My suspicion was that Christie never had carpal tunnel median nerve entrapment, that was Christie's suspicion as well.

After her diagnosis of fractured cervical vertebrae Christie returned to her employer and complained about her carpal tunnel surgery and treatment. After seventeen years of loyal employment their response was to fire her.

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