OBSERVATION

Strong evidence supports Thenar atrophy is strongly associated with ruling-in carpal tunnel syndrome, but poorly associated with ruling-out carpal tunnel syndrome.

Strength of Recommendation: Strong Evidence ★★★★

Description: Evidence from two or more "High" strength studies with consistent findings for recommending for or against the intervention.

PHYSICAL SIGNS

Strong evidence supports not using the Phalen Test, Tinel Sign, Flick Sign, or Upper limb neurodynamic/nerve tension test (ULNT) criterion A/B as independent physical examination maneuvers to diagnose carpal tunnel syndrome, because alone, each has a poor or weak association with ruling-in or ruling-out carpal tunnel syndrome.

Strength of Recommendation: Strong Evidence ★★★★

Description: Evidence from two or more "High" strength studies with consistent findings for recommending for or against the intervention.

MANEUVERS

Moderate evidence supports not using the following as independent physical examination maneuvers to diagnose carpal tunnel syndrome, because alone, each has a poor or weak association with ruling-in or ruling-out carpal tunnel syndrome:

- Carpal Compression test
- Reverse Phalen Test
- Thenar Weakness or Thumb Abduction Weakness or Abductor Pollicis Brevis Manual Muscle Testing
- 2-point discrimination
- Semmes-Weinstein Monofilament Test
- CTS-Relief Maneuver (CTS-RM)
- Pin Prick Sensory Deficit; thumb or index or middle finger
- ULNT Criterion C
- Tethered median nerve stress test
- Vibration perception – tuning fork
- Scratch collapse test
- Luthy sign
- Pinwheel

Strength of Recommendation: Moderate Evidence ★★★☆

Description: Evidence from two or more "Moderate" strength studies with consistent findings, or evidence from a single "High" quality study for recommending for or against the intervention.