



Low Level Laser Therapy & Carpel Tunnel

Lorena Hernandy, Joliet, IL

After one treatment with the Q1000 and 808 Enhancer the carpal tunnel pain in my right wrist was 95% gone. Thank you so much for saving me from surgery.

Stella Zajakala, Beecher, IL

I've been using my Q1000 for a few weeks on my carpal tunnel syndrome and also on my arthritic thumbs. While it is easing up the pain quite a bit it still has not reached the "no pain" stage. But it is getting better, and I hope it will be completely gone shortly.

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OBJECTIVE: To investigate whether real or sham low-level laser therapy (LLLT) plus microamperes transcutaneous electric nerve stimulation (TENS) applied to acupuncture points significantly reduces pain in carpal tunnel syndrome (CTS).

DESIGN: Randomized, double-blind, placebo-control, crossover trial. Patients and staff administered outcome measures blinded.

SETTING: Outpatient, university-affiliated Department of Veterans Affairs medical center.

PARTICIPANTS: Eleven mild to moderate CTS cases (nerve conduction study, clinical examination) who failed standard medical or surgical treatment for 3 to 30 months.

INTERVENTION: Patients received real and sham treatment series (each for 3-4wk), in a randomized order. Real treatments used red-beam laser (continuous wave, 15mW, 632.8nm) on shallow acupuncture points on the affected hand, infrared laser (pulsed, 9.4W, 904nm) on deeper points on upper extremity and cervical paraspinal areas, and microamps TENS on the affected wrist. Devices were painless, noninvasive, and produced no sensation whether they were real or sham. The hand was treated behind a hanging black curtain without the patient knowing if devices were on (real) or off (sham).

MAIN OUTCOME MEASURES: McGill Pain Questionnaire (MPQ) score, sensory and motor latencies, and Phalen and Tinel signs.

RESULTS: Significant decreases in MPQ score, median nerve sensory latency, and Phalen and Tinel signs after the real treatment series but not after the sham treatment series. Patients could perform their previous work (computer typist, handyman) and were stable for 1 to 3 years.

CONCLUSIONS: This new, conservative treatment was effective in treating CTS pain; larger studies are recommended. Copyright 2002 by the American Congress of Rehabilitation Medicine and the American Academy of Physical Medicine and Rehabilitation

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