An Analysis of Pinch Strength and EMG Parameters for CTS Group

Hyong I. Lee* · Dong C. Lee* · Sang D. Lee*

ABSTRACT

It is known fact that the CTS patients have lower pinch strength than the normal people. And we can assume that the sensory nerve action potential(SNAP) and the nerve conduction velocity(NCV) of the CTS group are lower or slower than the normal subjects. This paper analysed the grip strength and performed EMG experiment for the group Norm, G1 and G2.

The results are as follows:

- 1) CTS patients have lower pinch strength than normal people.
- 2) There was no significant difference on SNAP between the CTS group and the normal group.
- 3) There was significant difference on NCV among Norm, G1, and G2 group. Especially, significant level was higher in the evening after the continuous use of wrist.

Keyword: CTS(carpal tunnel syndrome), NCV(nerve conduct velocity), SNAP(sensory nerve conduction potential)

1. INTRODUCTION

Recent trend is more focused on cumulative trauma disorders(CTDs) than

occupational injuries such as back pain since there are great development in production and office automation (Taboun, 1990). These CTDs are caused

^{*} Dept. of Industrial Engineering, Dong-A University

by job risk factors such as the task repetition, inappropriate exertion(high levels of force), awkward posture, continuous stress, vibration, and cold. CTDs are chronic disorder which was caused by continuous exposure to the above job risk factors(Armstrong, 1986, Stock et al., 1991)

For example, there is transverse carpal ligaments in wrist where nine tendons and median nerve, which control hand movement, cross. When wrist is in awkward posture like over flexion or extension, it press tendon and carpal bones around median nerve. When this phenomenon is repeated for long period, it plugs micro blood circulation in median nerve which is known to cause carpal tunnel syndrome(CTS).

These CTDs are classified into tendon disorders, neurovascular disorders, and nerve disorders. CTS is a kind of nerve disorders(Turner and Buckle, 1987).

It is known that CTS patients have weaker grip and pinch strength (Sheik,1987, Dahalan et al., 1994). It is expected to recover strength after the end of task and the syndrome appears again after the use of hand(Kim, 1991).

Also, it is expected that CTS patients have lower electromyographic characteristics than normal people because CTS patient's median nerves are pressed by tendon and carpal bones when there is a problem in median nerve then it will have lower sensory nerve action potential(SNAP) and slower nerve conduction velocity(NCV).

We tried to find out the characteristic of the plnch shrength of CTS patients by comparing between CTS patients and normal group. We measured pinch strength in the morning when subjects had plenty of rest and in the evening after repeatly using wrist.

Also, we tried to find the charteristics of CTS group's SNAP and NCV by EMG experiments.

2. THE SELECTION OF SUBJECTS AND THE METHOD OF EX-PERIMENT

2.1 The Selection of Subjects

The subjects were 110 dentists who could have pain in the hand and wrist by repetitive motion. They were given physical discomfort test and the subjects who reported pain in the hand and wrist were given Phalen's test.

The subjects with pain were divided into two groups according to severity of pain. The subjects who reported pain in 30 seconds were put into G2 group and the subjects who reported pain in 60 seconds were put into G1 group. We randomly selected 4 people from G1, G2 and the normal group respectively.

2.2 The Method of Experiment

(1) Pinch Strength

Pinch strength can be different by working postures (Armstrong, 1987), repetition, gender, and age (Sheik, 1987).

The subjects from same group were

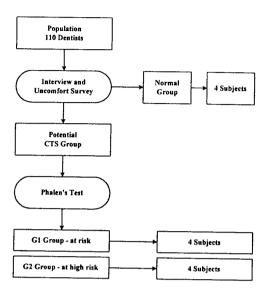


Fig. 1 shows the procedure of subject selection.

greatly affected by the task posture. So. we measured tip pinch strength in 90° and 135° elbow angle which recommended by American Society of Hand Therapists. Tip pinch strength was measured at 10 A.M when subjects had plenty of rest and 6 P.M after the continuous use of wrist which could increase CTS.

Hydraulic Pinch Gauge(Jamar model: PC 5030 HPG) was used in experiment which can measure up to 50lbs(22.5Kg).

(2) EMG Test

Surface electrodes were attached to three muscles which are Abductor pollicis brevis(P1). Flexor digitorum superficialis(P2), Palmaris longus(P3)

We followed John H. Warfel's method of selecting the location of electrode. We

used Noraxon Myosoft 2000EMG and a bandfilter(16-500Hz) for this experiment And experiments were performed during measuring pinch strength with EMG(setting 500Hz). The data were collected in the 586PC through A/D converter(100Hz).

3. THE RESULTS AND ANALYSIS OF THE EXPERIMENT

3.1 Pinch Strenath

Table 1 is the result of ANOVA of pinch strength for three groups. Pinch strength were measured in the morning before work and in the evening after work.

The results of ANOVA were significant(P=0.01). This means that strength decreased after the continuous use of wrist for all groups.

Table 2 is the results of grip strength difference among three groups for right and left hand. Grip strength was measured in the morning and evening in elbow angle of 90° and 135° respectively.

The results show significant difference between the use of wrist for all three The results were more salient in G2 than G1, G1 than normal group, and right hand than left hand.

Table 3 is the results of Duncan's multiple range test for significant test.

For right hand, in 90° position. results were Norm \(\Gamma \) G1>G2 for both morning and evening.

But, for the 135° position, the results

Table 1. ANOVA of pinch strength for three groups

Posture	Time	Source	DF	SS	MS	F	P
		Group	2	315.39	157.69		0.0021
	AM	Error	33	696.83	21.11	7.47	
00° D		Total	35	488.22			
90° R		Group	2	488.22	244.11		0.0001
	PM	Error	33	638.75	19.36	12.61	
		Total	35	1126.97			
		Group	2	362.06	181.03		0.0002
	AM	Error	33	529.58	16.05	11.28	
90° L		Total	35	891.64			
	PM	Group	2	247.72	123.86		0.0025
		Error	33	566.17	17.16	7.22	
		Total	35	813.89			
	AM	Group	2	294.06	147.03		0.0021
		Error	33	503.58	15.26	9.63	
105° D		Total	35	797.64			
135° R		Group	2	491.56	244.11		0.0001
	PM	Error	33	497.42	19.36	16.3	
		Total	35	988.98			
		Group	2	234.39	181.03	_	
105. 1	AM	Error	33	552.17	16.05	7.00	0.0002
		Total	35	786.56			
135° L		Group	2	207.72	123.86	_	
	PM	Error	33	452.17		7.58	0.0025
		Total	35	659.89			

Table 2. Analysis of pinch strength difference for three groups

group	posture	N	Min.dev	Max.dev	Mean	SD	t	р
	90° R	12	-1.00	5.00	2.00	1.91	3.633	0.0039
	90° L	12	-2.00	4.00	1.75	1.91	3.169	0.0089
Norm	135° R	12	-1.00	4.00	1.42	1.38	3.559	0.0045
	135° L	12	-3.00	4.00	1.42	2.19	2.237	0.0469
	90° R	12	0.00	2.00	1.17	0.72	5.631	0.0002
G.	90° L	12	-1.00	5.00	1.25	1.91	2.264	0.0448
G1	135° R	12	-1.00	5.00	1.67	1.67	3.458	0.0054
	135° L	12	-2.00	6.00	1.92	2.27	2.919	0.0140
	90° R	12	2.00	7.00	3.58	1.62	7.656	0.0001
-00	90° L	12	-1.00	4.00	0.48	1.56	0.923	0.3760
G2	135° R	12	0.00	7.00	3.42	2.19	5.396	0.0002
	135° L	12	-2.00	6.00	1.92	2.27	2.919	0.0140

Table 3. The results of Duncan's multiple range test

Posture	Time	Group	Mean	MSE	POST HOC	
		Norm	27.42	21.11	A	Norm
	AM	G1	23.75		A	≅G1
00° D		G2 20.17		В	>G2	
90° R		Norm	25.42		A	Norm
	PM	G1	22.58	19.35	A	≅G1
		G2	16.58		В	>G2
		Norm	23.92		A	Norm
	AM	G1	20.50	16.05	В	>G1
00° 1		G2	16.17		С	>G2
90° L	PM	Norm	22.17	17.16	A	Norm
		G1	19.25		A	≅G1
		G2	15.75		В	>G2
	AM	G1	25.67	15.26	A	Norm
		G2	22.25		В	>G1
105° D		Norm	18.67		С	>G2
135° R		G1	24.25		A	Norm
	PM	G2	20.58	15.07	В	>G1
		Norm	15.25		С	>G2
		G1	21.50		A	Norm
	AM	G2	18.42	16.73	A	≅G1
10C° 1		Norm	15.25		В	>G2
135° L		G1	20.08		A	Norm
	PM	G2	16.50	13.70	В	>G1
		Norm	14.25		В	≅G2

were Norm>G1>G2. Above results show that wrist is more affected in 135° position than in 90° position.

Although, there was significant difference in morning and evening for Norm and G2, there was no difference between Norm and G1 in the morning. But there was significant difference in the evening after the continuous use of wrist.

3.2 EMG test

We can assume that the CTS group have lower SNAP and slower NCV because their median nerves are pressed by tendon and carpal bones.

The experiment was performed at the same time as measuring grip strength. The location of surface electrode was same in the morning and in the evening

Table 4. ANOVA of time difference for three groups

Posture	Т	`ime	Source	DF	SS	MS	F	P
		T1	Group	2	7210.33	3605.17	21.34	0.0001
			Error	21	3547.00	168.90		
	A		Total	23	10757.00			
	M		Group	2	5594.25	2797.12	23.88	0.0001
		T 2	Error	21	2460.25	117.15		
00° D			Total	23	8054.00			
90° R			Group	2	17120.33	8560.17	56.22	0.0001
		T1	Error	21	3197.50	152.26		
	D) (Total	23	20317.83			
	PM		Group	2	9483.08	4902.04	49.40	0.0001
		T2	Error	21	2083.75	99.23		
			Total	23	11887.83			
			Group	2	9483.25	4741.62	29.26	0.0001
		T1	Error	21	3402.75	162.03		
	A		Total	23	12886.00			
	M	Т2	Group	2	7251.08	3625.54	31.35	0.0001
			Error	21	2428.75	115.65		
			Total	23	9679.83			
90° L		T1 T2	Group	2	17104.00	8552.00	61.12	0.0001
			Error	21	2938.50	139.92		
			Total	23	20042.50			
	PM		Group	2	11581.00	5790.00	23.87	0.0001
			Error	21	5093.50	242.54		
			Total	23	16674.50			
			Group	2	8792.58	4396.29	19.43	0.0001
		T1	Error	21	4750.75	226.23		
	A		Total	23	13543.33			
	M		Group	2	6616.75	3308.37	27.81	0.0001
		T2	Error	21	2497.87	118.94		
		- -	Total	23	9114.62			
135° R		,	Group	2	19285.58	9642.79	72.74	0.0001
		T1	Error	21	2783.75	132.55		
			Total	23	22069.33			
	PM		Group	2	11061.75	5530.87	49.83	0.0001
	T2		Error	21	2330.75	110.98		0.0001
			Total	23	13392.50			

Posture		Time	Source	DF	SS	MS	F	P
			Group	2	10525.28	5262.79	31.64	0.0001
		T 1	Error	21	3493.37	166.35		
	AM		Total	23	14018.95			
	AIVI		Group	2	6946.75	3473.37	35.38	0.0001
		T2	Error	21	2061.75	98.17		
135° L			Total	23	9008.50			
155 L		T1	Group	2	18480.08	9240.04	70.53	0.0001
			Error	21	2751.25	131.01		
	PM -		Total	23	21231.33		•	
	I IVI	T2	Group	2	10544.08	5272.04	45.90	0.0001
			Error	21	2411.87	114.85		
			Total	23	12955.95			

for prevention of measuring error.

But in the actual experiment, there was no significant difference in SNAP according to pinch strength among three

But there groups. was significant difference in NCV according to different measuring points.

Table 5. Analysis of time difference between T1 and T2

Group	Posture	Time	Min. dev	Max.dev	Mean	SD	Т	P
	90° R	<u>T1</u>	-20.00	-2.00	-9.00	6.09	-4.177	0.0042
	30 K	T2	-13.00	-1.00	-5.50	4.17	-3.726	0.0074
	90° L	T1	-15.00	-3.00	-8.37	4.07	-5.822	0.0006
Norm	30 E	T2	-16.00	2.00	-5.87	5.54	-2.999	0.0200
1.0111	135° R	T1	-22.00	-3.00	-9.87	6.38	-4.378	0.0032
	100 11	T2	-15.00	-5.00	-8.37	3.29	-7.195	0.0002
	135° L	T1	-21.00	-1.00	-11.25	6.79	-4.681	0.0023
	100 E	T2	-14.00	-1.00	-7.50	4.69	-4.523	0.0027
	90° R	T1_	-8.00	-2.00	-4.50	1.77	-7.180	0.0002
	30 11	T2	-13.00	-4.00	-7.13	2.90	-6.949	0.0002
	90° L	T1	-8.00	-3.00	-5.75	1.98	-8.205	0.0001
G1		T2	-17.00	45.00	-0.50	19.08	-0.074	0.9430
	135° R	T1	-7.00	3.00	-2.00	3.02	-1.871	0.1036
		T2	-14.00	1.00	-4.75	4.71	-2.851	0.0247
	135° L	<u>T1</u>	-13.00	0.00	-6.37	3.89	-4.636	0.0024
-		T2	-14.00	3.00	-5.50	5.80	-2.679	0.0316
	90° R	T1	-51.00	-4.00	-30.75	14.71	-5.911	0.0006
	50 R	T2	-37.00	4.00	-16.87	12.39	-3.852	0.0063
	90° L	T1	-38.00	-7.00	-22.62	11.97	-5.344	0.0011
G2		T2	-27.00	1.00	-13.62	9.68	-3.981	0.0053
~ 	135° R	T1	-56.00	-9.00	-29.62	16.08	-5.211	0.0012
	100 11	T2	-34.00	-6.00	-18.00	9.63	-5.283	0.0011
	135° L	T1	-56.00	3.00	-13.78	12.97	-10.40	0.0001
	100 1	T2	-37.00	45.00	-9.08	10.22	-8.70	0.0001

In Table 4, T1 and T2 is the time difference between electrode location P1 and P2, and P2 and P3 respectively.

It is unclear on why there is no significant difference for SNAP, further research is needed on this matter.

Table 5 is the analysis of time difference between T1 and T2 which were measured in the morning and in the evening for all groups. The results show that the NCV decreases for all groups. Furthermore, there is greater decrease in G2. This phenomenon is caused by pressed wrist's transverse carpal ligament which was resulted from repetitive wrist movement.

4. CONCLUSIONS

that CTS group was Hypothesis weaker pinch strength, would have lower SNAP, and slower NCV which were resulted from pressing median nerve by wrist tendon and carpal bones. Four subjects were selected for each of three groups, which were Norm, G1, and of twelve subjects G2. So. total participated in this experiment using pinchguage and EMG.

The followings are results from this experiment:

- 1) CTS group has lower pinch strength than the normal people. Especially, which was measured in the evening was lower than that of strength which was measured in the morning. The pinch strength decreases as CTS increases.
 - 2) Lower SNAP for CTS group than

the normal people was expected but in the experiment, there was no significant difference.

More research should be done because it is not clear why we got this result. The result could reflect real insignificance or error in experimental design.

3) There was significant different NCV among Norm, G1, and G2. Especially, significance level was higher in the evening after work.

REFERENCES

- [1] Armstrong, T. J. (1986), Ergonomics and Cumulative Trauma Disorders. Hand Clinics, 2(3), pp.553-665.
- [2] Armstrong, T. J. and Chaffin, D. B. (1979), Carpal Tunnel Syndrome and Selected Personal Attributes., J. of Occupational Medicine, 21(7), pp.481-486.
- [3] Dahalan, J. B. and Fernandez, J. E. (1993), Psychophysical frequency for a gripping tasks, International Journal of Industrial Ergonomics, 12, pp.219–230.
- [4] Hraham, R. A. (1994), Carpal Tunnel Syndrome, A statistical analysis of 214 cases, Orthopedics, 6(10), pp.1283-1287.
- [5] Kim, C. H. (1991), Psychophysical frequency at different forces and wrist postures of females for a drilling task, Unpublished Ph. D. dissertation, The Wichita State University, Wichita, Kansas.
- [6] Klein, M. G. (1994), Psychophysically determined frequency for a pinching

- 第15卷, 第2號, 1996. 12
 - task, Unpublished Ph. D. dissertation proposal, The Wichita State University, Wichita, KS.
- [7] Scott, A. et al. (1994), A Stress-Strength Interference Model for Predicting CTD Probabilities., The 3rd Pan-Pacific Conference on Occupational Ergonomics. pp.307-311.
- [8] Sheick, N. I. (1987), An Analysis of Finger Pinch Strength in the Elderly, Ergonomics/ Human Factors IV, pp. 611-616.
- [9] Stock, S. (1991), Workplace

- ergonomics factor and development musculoskeletal disorders of the neck and upper limbs: a metaanalysis, American Journal of Industrial Medicine, pp. 87-107.
- [10] Taboun, S. M. (1990), Cumulative Trauma Disorders, Advances in Industrial Safety II, pp. 277–284.
- [11] Turner, J. P. et el. (1987). Carpal tunnel syndrome and associated risk factors—A review, Musculoskeletal Disorders at Work, Taylor & Francis, pp. 123–132.