

CENTRAL VALLEY CHIROPRACTIC
JAY THOMAS HOBBS, DC, DACNB

CARPAL TUNNEL SYNDROME

*Look for standardized questionnaire – ASHP – Doctor’s consultation

Do you spend more than 15 minutes per day on...

Sewing	YES	NO	If yes, _____ minutes / hrs
Knitting	YES	NO	If yes, _____ minutes / hrs
Homework	YES	NO	If yes, _____ minutes / hrs
Cutting	YES	NO	If yes, _____ minutes / hrs
Forceful Wrist Twisting	YES	NO	If yes, _____ minutes / hrs
Forceful Wrist Bending	YES	NO	If yes, _____ minutes / hrs
Keyboarding	YES	NO	If yes, _____ minutes / hrs
Mousing	YES	NO	If yes, _____ minutes / hrs
_____	YES	NO	If yes, _____ minutes / hrs
_____	YES	NO	If yes, _____ minutes / hrs

(The nerves to your hand come from your neck and pass thru your shoulder and elbow.)

Have you ever been diagnosed with Carpal Tunnel Syndrome? _____

By Who ? _____ How were they certain ? _____

Have you ever had a significant injury / accident of your neck _____

If yes, When? _____ How ? _____

Have you ever had a significant injury / accident of your shoulder? _____

If yes, When? _____ How ? _____

Have you ever had a significant injury / accident of your elbow ? _____

If yes, When? _____ How ? _____

FINDING THE CAUSE & TREATING YOU NATURALLY

1912 S. Court St. Ste. B Visalia, CA 93277
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