

Management strategies

Dr. Meiling and co-authors also present a detailed discussion of management strategies available to address pain management, loss of motor function and other issues, including the following:

Pain management:

- High-dose intravenous methylprednisolone (1 gram per day for 3 to 5 days, repeated for worst pain in initial weeks).
- Systemic steroids given early in symptom onset to shorten pain duration.
- Other medications, including acetaminophen, nonsteroidal anti-inflammatory drugs, antiepileptics such as gabapentinoids, and antidepressants, typically administered after the initial severe pain has resolved.

Physical therapy and occupational therapy:

- Range of motion exercises to address residual pain, fatigue and loss of motor function in shoulder, wrist and hand, pretreating with pain medications as needed to help with therapy tolerance.
- Nocturnal or daytime passive splinting to prevent contracture and tendon rupture.
- Daily stretching program, performed actively or passively with assistance, to prevent overtightening of the muscular structures caused by contractures.