



SHANDE TCM

Hands, Feet & Everyday Overuse: Nerves, Heel Pain and Safer Recovery

Hand numbness, wrist strain, heel pain, cramps, nerve symptoms and practical recovery decisions

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This publication provides general health education, not individual diagnosis or an emergency plan. Severe, sudden or progressively worsening symptoms require appropriate medical assessment first.

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Hand numbness, wrist strain, heel pain, cramps, nerve symptoms and practical recovery decisions

Hand numbness, wrist strain, heel pain and cramps often get grouped under “overuse”, but the pattern matters. A compressed nerve, a sprain, tendon or fascia irritation, referred pain from the neck or back, medication effects and systemic illness can produce very different recovery needs.

This guide helps you notice distribution, weakness, load changes, morning-versus-evening patterns and red flags before deciding on treatment. It also explains where acupuncture or Tuina may fit as supportive care once serious injury or progressive neurological problems have been excluded.

The safest recovery plan is usually measured rather than heroic: reduce aggravating load, keep useful movement, track function and escalate when weakness, numbness, swelling, trauma or progressive symptoms change the picture.

Keep these principles in view

- Traditional TCM concepts can be a discussion framework but do not replace biomedical diagnosis, tests, imaging or emergency care.
- Keep prescriptions, over-the-counter products, supplements, herbs, allergies and important diagnoses on one shared list.
- When red flags involve bleeding, severe pain, progressive weakness, breathing or consciousness, safety and medical assessment come first.



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Chapter 1

Hand Numbness and Carpal Tunnel Syndrome: What to Notice Before Treatment

At a glance

- Carpal tunnel symptoms often involve the thumb, index, middle and part of the ring finger, and may be worse at night.
- Persistent numbness, weakness, dropping objects or visible thumb-muscle wasting deserve medical assessment.
- Acupuncture or Tuina should not be used to ignore progressive nerve weakness or an uncertain diagnosis.

The finger pattern gives useful clues

The median nerve supplies sensation to the thumb, index, middle and part of the ring finger. Carpal tunnel compression can cause tingling, numbness or pain in this distribution, often waking people at night. Shaking the hand may temporarily relieve symptoms, but that does not confirm the diagnosis.

Typing is not the only factor

Repetitive wrist positions can contribute, but pregnancy, diabetes, thyroid disease, inflammatory conditions and other factors can increase risk. Some people develop symptoms without heavy computer use. Avoid assuming the problem is purely ergonomic.

Use a neutral wrist position

For mild symptoms, practical changes may include keeping the wrist relatively straight rather than bent up or down, adjusting keyboard and mouse position and taking short breaks from repetitive gripping. A night wrist splint is commonly used for mild carpal tunnel syndrome, but correct fit matters.

Weakness changes the urgency

Dropping objects, difficulty pinching, persistent loss of sensation or visible wasting at the base of the thumb can indicate more advanced nerve compression. These symptoms deserve medical assessment because prolonged severe compression can cause lasting nerve damage.

Not all hand numbness comes from the wrist

Neck nerve compression, peripheral neuropathy, ulnar nerve problems and other conditions can cause hand tingling. Sudden weakness, numbness with severe neck pain, facial weakness, speech difficulty or other neurological symptoms require urgent medical evaluation.

Where acupuncture or Tuina may fit

Some people seek acupuncture or manual therapy for pain and muscle tension around the forearm, shoulder or neck. Treatment should be based on a reasonable assessment and should not involve forceful techniques over an acutely injured area. Progressive neurological symptoms need medical review first.

Track what provokes symptoms

Note which fingers are affected, whether symptoms wake you at night, whether driving or holding a phone triggers them, and whether shaking the hand helps. Also note neck pain, diabetes, pregnancy, thyroid disease and any loss of grip strength. This pattern makes assessment more efficient.

Chapter 2

Heel Pain and Plantar Fasciitis: First-Step Pain, Footwear and Recovery

At a glance

- Pain under the heel that is worst with the first steps in the morning or after sitting is a common plantar fasciitis pattern.
- A sudden injury, marked swelling, inability to bear weight, numbness or persistent night pain needs assessment for other causes.
- Footwear, calf flexibility and gradual activity changes often matter as much as passive treatment.

The classic pattern is “first-step” pain

Plantar fasciitis often causes pain near the inner underside of the heel. It may be most noticeable when you first stand in the morning or after sitting for a long time, improve as you move, then return after prolonged standing or walking. Not every heel pain follows this pattern.

Think about recent load changes

A sudden increase in running, walking, standing or jumping can overload the plantar fascia. Changes in footwear, body weight or calf tightness may also contribute. Recovery planning works better when you identify what changed in the weeks before symptoms began.

Supportive footwear can reduce repeated irritation

Very worn shoes, unsupportive slippers or going barefoot on hard floors may aggravate some people. Footwear does not need to be expensive, but it should be comfortable and appropriate for the activity. Inserts or heel cups can help selected people but are not a universal cure.

Stretching and strength need patience

Gentle calf and plantar fascia stretching, gradual foot and calf strengthening and sensible activity modification are commonly used. Improvement can take weeks or months. Repeatedly testing the heel with long walks or sudden running can restart irritation even when it feels better for a few days.

Do not label every heel pain as plantar fasciitis

Stress fractures, nerve irritation, inflammatory arthritis, Achilles problems and other conditions can cause heel pain. Seek assessment for severe swelling, inability to bear weight, significant

trauma, numbness, redness with fever, persistent night pain or symptoms that do not improve as expected.

Where TCM may fit

Acupuncture or Tuina may be used for pain modulation or muscle tightness around the calf and foot. Treatment should be gentle enough for the current stage and should not replace load management, footwear changes or medical assessment when the diagnosis is uncertain.

Use a simple recovery measure

Instead of judging only whether pain exists, track morning first-step pain, walking tolerance and how the heel feels the day after activity. Increase load gradually when these markers are stable. A slow upward trend in function is more useful than chasing a completely pain-free day.



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Chapter 3

Ankle and Wrist Sprains: Early Care, TCM Support and When an X-Ray May Be Needed

At a glance

- A sprain and a fracture can sometimes look similar in the first hours after injury.
- Severe tenderness over bone, deformity, inability to use the limb or rapidly increasing swelling deserves medical assessment.
- Do not massage aggressively or apply strong heat to a fresh injury before the seriousness is clear.

Start with the mechanism

How did the injury happen - twisting, falling, direct impact or landing awkwardly? Note immediate swelling, bruising, whether you heard or felt a crack, and whether you could continue walking or using the hand.

Protect the injured area early

Avoid repeatedly testing a painful joint. Relative rest, comfortable support and elevation can help in the early period. Ice can reduce pain for some people when used briefly with skin protection; the priority is comfort and avoiding further injury.

Do not rush into strong manipulation

Fresh injuries with significant swelling or uncertain diagnosis should not be forcefully manipulated or deeply massaged. Tuina or acupuncture may be considered later when serious injury has been excluded and the treatment suits the stage of recovery.

Bone tenderness and function matter

Marked tenderness directly over a bone, visible deformity, inability to take steps after an ankle injury, inability to grip or move the wrist, numbness or worsening pain are reasons to seek medical assessment. Imaging may be needed depending on the findings.

Rehabilitation matters after the acute phase

Once a serious injury is excluded and pain is settling, gradual movement, strength and balance work can help return function. Staying completely inactive for too long can also delay recovery.

Know when to seek urgent care

Prompt review is needed for obvious deformity, severe swelling, loss of circulation or sensation, open wounds, uncontrolled pain or inability to use the limb. Major trauma or other life-threatening injury requires emergency care.

Useful Singapore references

- SCDF Emergency Medical Services

Chapter 4

Desk Work in Singapore: Movement Breaks That Matter More Than Perfect Posture

There is no single posture you must hold all day

A chair can be well adjusted and still become uncomfortable if you do not move for hours. The useful goal is variety: sit, stand, walk, change arm position and look away from the screen regularly.

Set up the desk so movement is easy

Keep frequently used items within comfortable reach, place the screen where you do not constantly twist your neck, and choose a chair height that lets your feet feel supported. The setup should reduce effort, not lock you into one rigid pose.

Short movement breaks are easier to repeat

A one-minute walk, shoulder roll, standing phone call or trip to refill water is often more realistic than waiting for a perfect thirty-minute exercise block. Link breaks to existing routines such as meetings, meals or completed tasks.

Persistent pain needs more than ergonomic shopping

A new chair, keyboard or standing desk can help some people, but equipment does not diagnose pain. Persistent or worsening symptoms, weakness, numbness, night pain or pain after significant injury deserves proper assessment.

Tuina or acupuncture may be complementary options

Some people use Tuina or acupuncture for musculoskeletal symptoms. If you do, keep the basic work habits in place and judge progress by function: can you work, sleep and move more comfortably?

Track the work pattern, not just the pain score

For one week, note long meetings, laptop-only days, commuting, exercise, sleep and symptom timing. This can reveal whether discomfort follows specific routines and gives a practitioner more useful information.



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Chapter 5

Shoulder Pain and Stiffness: What to Check Before Calling It 'Frozen Shoulder'

At a glance

- Frozen shoulder has a characteristic pattern of pain and restricted movement, but tendon problems, arthritis, previous injury and neck-related pain can overlap.
- Notice whether you can wash your hair, reach a shelf, put on a seat belt, lie on the affected side or reach behind your back.

- A shoulder that stiffened slowly is different from pain after a fall, dislocation, heavy lift or sudden pull.

Stiff shoulder is a description, not a diagnosis

Frozen shoulder has a characteristic pattern of pain and restricted movement, but tendon problems, arthritis, previous injury and neck-related pain can overlap. Describe which movements are limited and whether the restriction developed gradually or suddenly.

Track everyday function

Notice whether you can wash your hair, reach a shelf, put on a seat belt, lie on the affected side or reach behind your back. Functional tasks are usually more informative than repeatedly forcing the arm to test a pain score.

Ask what happened before it started

A shoulder that stiffened slowly is different from pain after a fall, dislocation, heavy lift or sudden pull. Diabetes, previous surgery and prolonged immobilisation can also be relevant.

Rehabilitation needs patience

Movement is often progressed according to the phase and tolerance of the problem. Aggressive stretching that causes prolonged severe pain is not a shortcut. If a physiotherapist or doctor has prescribed exercises, tell complementary practitioners what you have been advised to do or avoid.

Where TCM may fit

Acupuncture or Tuina may be considered for suitable patients, but treatment should adapt to irritability and medical history. Needling or manual therapy should not be described as a way to “break” a frozen joint in one session.

Know when assessment matters

Significant trauma, visible deformity, inability to use the arm, sudden major weakness, a hot swollen joint with fever, neurological symptoms, or shoulder pain with chest pressure or breathlessness require prompt medical assessment.

Chapter 6

Back Pain That Travels Down the Leg: Sciatica-Like Symptoms, TCM and Red Flags

At a glance

- Note whether pain starts in the back or buttock and travels into the thigh, calf or foot, and whether it feels aching, burning, electric, tingling or numb.
- New weakness can be more important than the pain score.
- For many uncomplicated back-pain episodes, complete bed rest is not helpful.

Describe where symptoms travel

Note whether pain starts in the back or buttock and travels into the thigh, calf or foot, and whether it feels aching, burning, electric, tingling or numb. Also note what sitting, bending, walking, coughing or sneezing does to the symptoms.

Strength and sensation matter

New weakness can be more important than the pain score. Notice whether one foot drags, the knee gives way, you cannot rise onto toes or heels as usual, or a patch of skin has become clearly numb.

Keep moving within tolerable limits

For many uncomplicated back-pain episodes, complete bed rest is not helpful. Short walks and position changes may be useful. Avoid forcing stretches through sharp leg pain or repeatedly testing movements that clearly worsen numbness or weakness.

Where TCM may fit

A TCM practitioner may consider acupuncture or Tuina for suitable cases, but traditional pattern terms do not prove that discs, nerves or joints are normal. Significant neurological findings may need conventional assessment before or alongside complementary treatment.

Stronger treatment is not automatically better

If a technique sends sharp pain further down the leg, causes new numbness, worsens weakness or leaves symptoms substantially aggravated, tell the practitioner and stop. Osteoporosis, blood-thinning medicines and recent trauma require additional caution.

Neurological red flags need urgent care

New loss of bladder or bowel control, inability to pass urine, numbness around the groin or saddle area, or rapidly worsening weakness in one or both legs requires urgent medical assessment.

Chapter 7

Muscle Cramps: Hydration, Exercise, Medicines and When to Get Checked

At a glance

- Is it during exercise, after exercise, while sleeping or at random? Which muscle tightens, how long does it last and does gentle stretching change it? A short pattern diary is more useful than only remembering the worst episode.
- Singapore heat and sweating can increase fluid loss.
- Cramps can appear when training volume, hills, footwear or sport changes faster than the body adapts.

Describe when the cramp happens

Is it during exercise, after exercise, while sleeping or at random? Which muscle tightens, how long does it last and does gentle stretching change it? A short pattern diary is more useful than only remembering the worst episode.

Hydration matters, but more is not always better

Singapore heat and sweating can increase fluid loss. Replace fluids regularly and watch thirst, dizziness and urine output. People with heart or kidney conditions may have individual fluid limits, so excessive water or supplements are not a universal solution.

Review exercise changes

Cramps can appear when training volume, hills, footwear or sport changes faster than the body adapts. Build activity gradually. If there is a tear sensation, major swelling or inability to use the limb, treat it as an injury rather than an ordinary cramp.

Medicines can be relevant

Some medicines can affect fluid balance or mineral levels. If cramps started after a new prescription or dose change, bring the medicine list to the prescribing doctor or pharmacist. Do not stop medicines on your own.

Where TCM may fit

Acupuncture, Tuina or lifestyle advice may be considered for muscular tension and recovery when the person is otherwise stable. A hot, swollen calf, infected skin or unexplained severe limb pain should not simply be massaged.

Red flags should not be massaged away

A swollen, red, warm painful leg, new severe weakness, persistent numbness, severe dehydration or sudden chest pain or breathlessness requires medical assessment; chest symptoms with a swollen painful leg can be an emergency.

Chapter 8

A Simple Recovery Framework for Everyday Overuse

Name the function that is limited

Instead of tracking pain alone, record what you cannot do: open jars, type for 20 minutes, walk the first 10 steps in the morning, climb stairs, grip a bag or sleep without waking. Function is often a clearer recovery measure than a single pain score.

Reduce the aggravating dose, not all movement

Complete rest can reduce conditioning, while pushing through repeated irritation can prolong symptoms. Adjust the duration, force, repetition or position that triggers the problem, then reintroduce load gradually as function improves.

Look for nerve features

Numbness, tingling, burning, electric pain or weakness deserve more attention than ordinary muscle soreness. The exact fingers or part of the foot involved, whether symptoms travel from the neck/back, and whether you are dropping objects or tripping can help localise the problem.

Use treatment as one part of a plan

Acupuncture, Tuina, heat or other symptom-relief approaches should not replace activity modification, suitable footwear, ergonomic changes, strengthening, rehabilitation or medical investigation when those are indicated.

Escalate when the pattern changes

Progressive weakness, major loss of sensation, severe swelling after injury, inability to bear weight, deformity, fever, new bladder/bowel disturbance with back or leg symptoms, or rapidly worsening pain require prompt medical assessment.

References & Further Reading

These sources are useful for understanding medical safety boundaries. Public guidance can change; individual diagnosis and treatment should be discussed with the appropriate healthcare professional.

- SingHealth: Carpal Tunnel Syndrome - Symptoms & Treatments
- SingHealth: Sports Related Injury - Carpal Tunnel Syndrome
- Shande TCM Health Library: pain, mobility and overuse guides