SHARMA
HAND & NERVE

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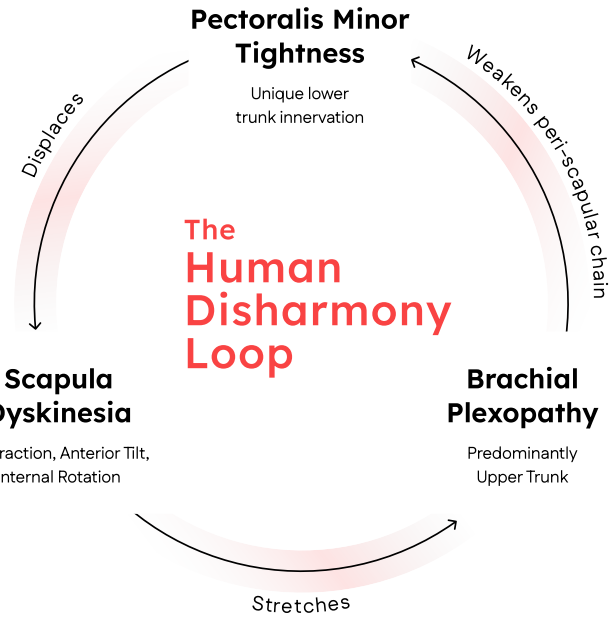


What is the Human Disharmony Loop?

A novel syndrome of chronic pain first described by:

Dr. Ketan Sharma
MD, MPH
Hand & Nerve Injuries Specialist

Dr. James Friedman
MD
Shoulder & Sports Injuries Specialist

Why does it happen?

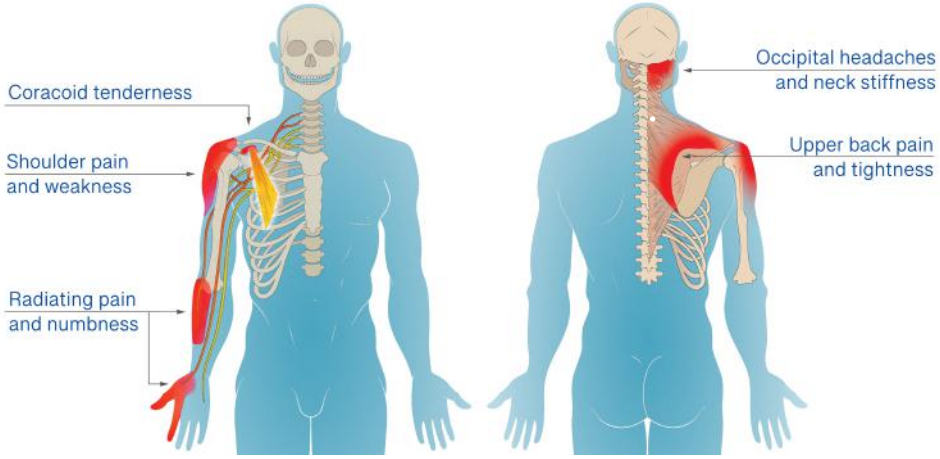
The **pectoralis minor (PM)** is a small yet powerful muscle on the front of the chest that attaches to the shoulder blade or scapula.

When the PM is tight, it pulls the scapula "down and in", and **hunches the shoulder.**

The scapula connects the body to the arm and coordinates all upper limb function.

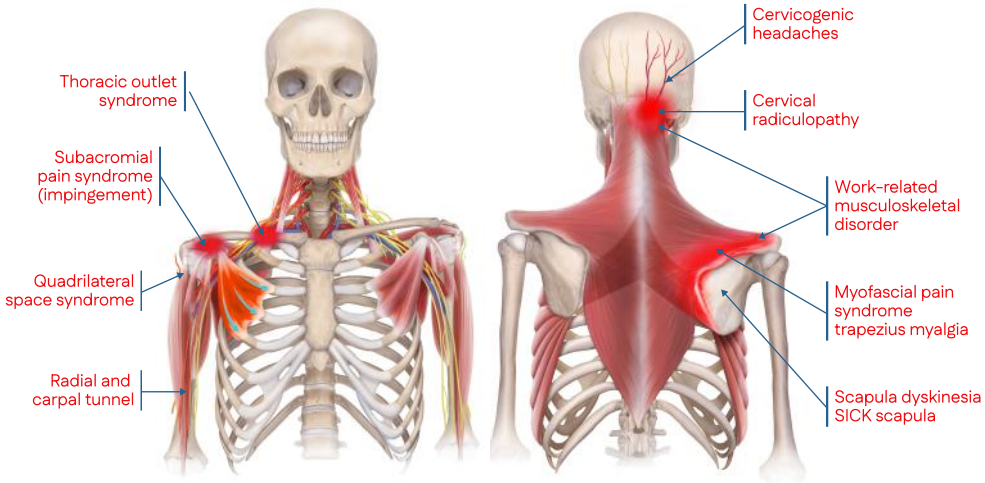
Since the scapula is disturbed, **the entire anatomy gets deranged**, and patients develop **widespread chronic symptoms** of the neck, upper back, shoulder, arm, down to the hand.

Symptoms of HDL



How are these patients normally diagnosed?

Historically with the below syndromes, along with CRPS, fibromyalgia, and post-mastectomy pain:



And have seen many specialists and may have undergone prior treatments including:

- Neck fusion
- Shoulder surgery (subacromial decompression, rotator cuff repair, arthroplasty)
- 1st rib resections / scalenectomy
- Botox injections
- Cubital and carpal tunnel releases
- Acupuncture
- Physical and occupational therapy
- Massage

But the pain and suffering endures, because **the true source is missed.**

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The Human Disharmony Loop

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How is the Human Disharmony Loop (HDL) Diagnosed?

From **history and physical exam** by Dr. Sharma.

Prior testing, including X-rays, MRIs, and EMG studies **is usually normal or shows something small** (labral tears, carpal tunnel etc) that cannot explain the severity and widespread symptoms.

A medial coracoid injection at the PM insertion relieves symptoms about 90% of the time, but **does not rule out** the syndrome.

Who does the HDL affect?

All humans are prone to this, but patients tend to be:

- Bodybuilders / manual laborers
- Office and desk workers
- Female athletes
- Women with macromastia (large breast size)
- Overhead athletes (baseball, volleyball, basketball, tennis, etc)
- Worker's Compensation
- Cervical spine disease or nerve block injuries
- History of trauma or surgery

Can therapy help?

Yes, and detailed demonstrations of the exercises are here

Pec Minor Exercises

What is the surgery to treat this?

1. Through a small 2-3cm incision, the PM is released from its insertion onto the scapula (**tenotomy**)
2. Scar tissue underneath is released to free up the nerves (**neurolysis**)
3. If insurance approves, an Amnion-based matrix is applied. The matrix dissolves by 6 weeks and accelerates healing, but the final recovery at 1 year is the same (**nerve wrap**)

What are the risks of the procedure?

- **<3%** risk of bleeding, infection, or wound healing issues
- The surgery does not involve or affect the breast tissue at all
- No long-term impact to shoulder or arm function

What is the recovery?

- No lifting more than 5 lbs. with the affected arm for 4 weeks
- Working with therapy after surgery is critical

Visit Dr. Sharma's website here

For patient examples and more information

What are the outcomes of the procedure?

- 25% of patients require subsequent nerve decompressions (radial tunnel, cubital tunnel, carpal tunnel, etc.)

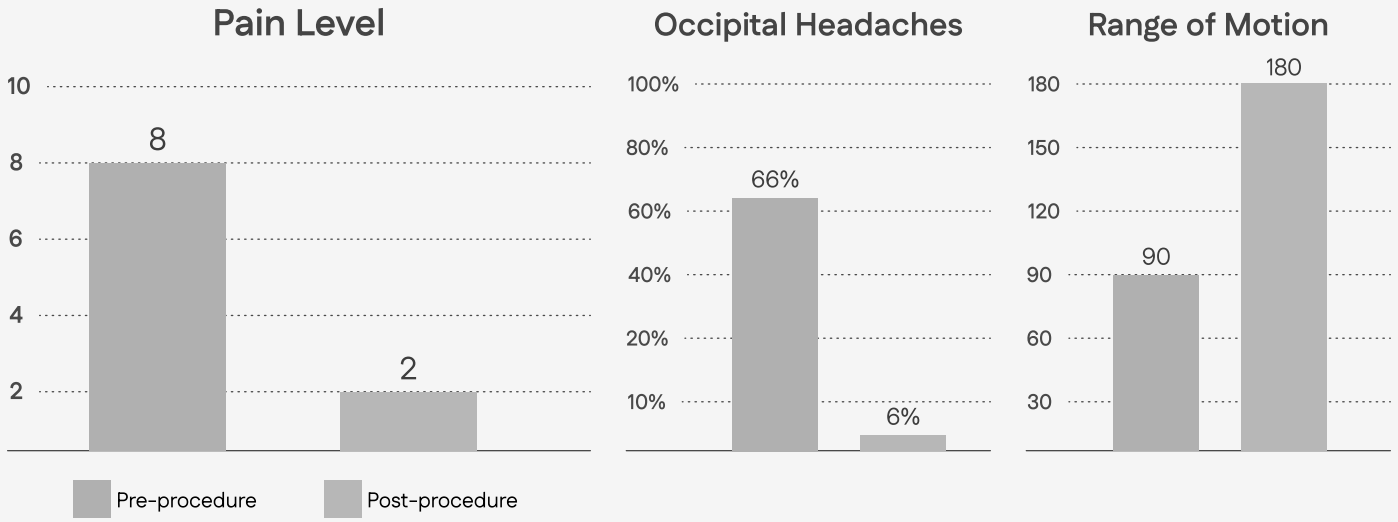

Chart data shows improvement of 200+ patients with 6-month follow up*

*No surgery is 100% effective, and improvement can never be guaranteed

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