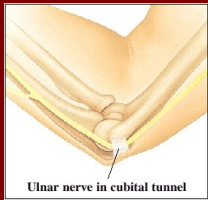


Cubital Tunnel Syndrome

What is Cubital Tunnel Syndrome?

Cubital tunnel syndrome is a condition brought on by increased pressure on the ulnar nerve at the elbow.



There is a bump of bone on the inner portion of the elbow (medial epicondyle) under which the ulnar nerve passes.

This site is commonly called the “funny bone”. At this site, the ulnar nerve lies directly next to the bone and is susceptible to pressure. When the pressure on the nerve becomes great enough to disturb the way the nerve works, then numbness, tingling, and pain may be felt in the elbow, forearm, hand, and/or fingers.

Causes

Pressure on the ulnar nerve at the elbow can develop in several ways. The nerve is positioned right next to the bone and has very little padding over it, so pressure on this

ing. Your therapist may also use iontophoresis treatment in acute cases to reduce the irritation around the nerve.



When symptoms are severe or do not improve, surgery may be needed. Many surgeons recommend shifting the nerve to the front of the elbow, the nerve may be placed under a layer of fat, under the muscle, or within the muscle. Some surgeons may recommend trimming the bony bump.



Following surgery, the recovery will depend on the type of surgery that was performed. Restrictions on lifting, writing &/or composite forearm movement may be recommended. Therapy is necessary, early intervention is the key to prevent scarring of the nerve to the surgery site or under the muscle its placed. The numbness & tingling may improve quickly or slowly, & it may take several months for the strength in the hand and wrist to improve. Cubital tunnel symptoms may not completely resolve after surgery, especially in severe cases.

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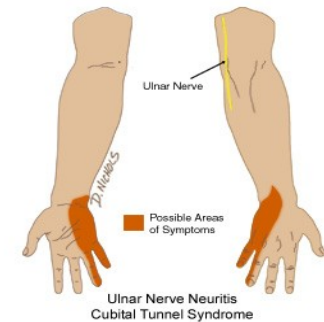
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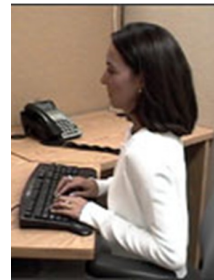
can put pressure on the nerve. For example, if you lean your arm against a table on the inner part of the elbow, your arm may fall asleep and be painful from sustained pressure on the ulnar nerve. If this occurs repetitively, the numbness and pain may be more persistent. In some patients, the ulnar nerve at the



elbow clicks back and forth over the bony bump (medial epicondyle) as the elbow is bent and straightened. If this occurs repetitively, the nerve may be significantly irritated.

Additionally, pressure on the ulnar nerve can occur from holding the elbow in a bent position for a long time, which stretches the nerve across the medial epicondyle. Such sustained bending of the elbow may tend to occur during sleep. Sometimes the connective tissue over the nerve becomes

thicker, or there may be variations of the muscle structure over the nerve at the elbow that cause pressure on the nerve. Cubital tunnel syndrome occurs when the pressure on the nerve is significant enough, and sustained enough, to disturb the way the ulnar nerve works.



Signs and symptoms

Cubital tunnel syndrome symptoms usually include pain, numbness, and/or tingling. The numbness or tingling most often occurs in the ring and little fingers. The symptoms are usually felt when there is pressure on the nerve, such as sitting with the elbow on an arm rest, or with repetitive elbow bending and straightening. Some patients may notice weakness while pinching, occasional clumsiness, and/or a tendency to drop things. In severe cases, sensation may be lost and the muscles in the hand may lose bulk and strength.

Diagnosis

Your physician will assess the pattern and distribution of your symptoms, and examine for muscle weakness, irritability of the nerve to tapping and/or bending of the elbow, and changes in sensation. Other medical conditions may need to be evaluated such as thyroid disease or diabetes. A test called electro-

myography (EMG) and/or nerve conduction study (NCS) may be done to confirm the diagnosis of cubital tunnel syndrome and stage its severity. This test also checks for other possible nerve problems, such as a pinched nerve in the neck, which may cause similar symptoms.

Treatment

Symptoms may sometimes be relieved without surgery and with therapy, particularly if the EMG/NCS testing shows that the pressure on the nerve is minimal. Changing the patterns of elbow use may significantly reduce the pressure on the nerve. Avoiding putting your elbow on hard surfaces helps along with keeping the elbow straight at night with a custom splint. Therapy to improve nerve glide, with myofascial techniques, taping the elbow during the day to prevent stretching the nerve with excessive flexion. Ergonomic assessment may also be needed to correct stretching the nerve due to high workstation or resting the elbow on the arm rest when typ-

