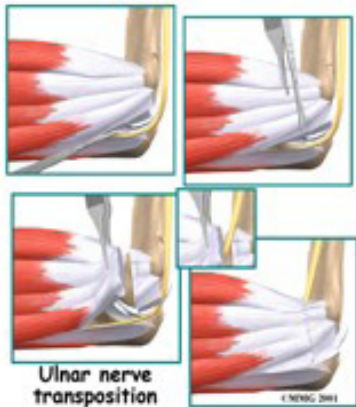


## What Kind of Treatment is Available for Cubital Tunnel Syndrome?

If the nerve involvement at your elbow is mild, non-operative treatment might resolve your numbness. This involves education on how to keep pressure off your ulnar nerve at your elbow and using your arms in a way to decrease friction on the nerve. This may require visits with a hand occupational therapist. Injections near the nerve are usually not helpful in the long run except for temporary pain control. Usually, when you have numbness and weakness or moderate to severe abnormalities on EMG, a referral to a surgeon is appropriate. The surgery that is done for cubital tunnel involves moving the ulnar nerve to the front part of the elbow into a position that eliminates pressure and friction and allows the nerve to heal.



## ELBOW, ARM

### Cubital Tunnel Syndrome QUICK OVERVIEW

#### What is Cubital Tunnel Syndrome?

- A nerve compression problem behind the elbow

#### Symptoms:

- Numbness and tingling in the little and ring fingers and the little finger side of the hand/wrist
- Weakness of hand muscles

#### Treatment:

- Non-Surgical
  - ~ Occupational therapy
  - ~ Padding the elbow day or night
  - ~ Avoiding repetitive movement of the elbow
- Surgery may be necessary in extreme cases

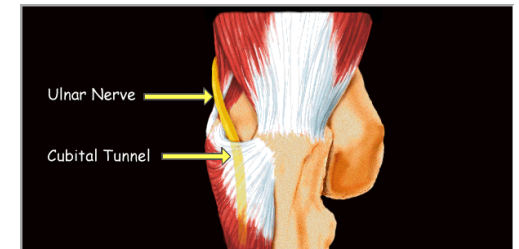
*We hope that this information is helpful in understanding your condition, the possibility of further testing and treatment options.*



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# Cubital Tunnel Syndrome



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## PATIENT EDUCATION SERIES

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## Your Neuromuscular Specialist Has Diagnosed Cubital Tunnel Syndrome

### What is Cubital Tunnel Syndrome?

Nerve compression problems behind the elbow are called Cubital Tunnel Syndrome. The ulnar nerve passes through the cubital tunnel which is a bony passageway. When you “hit your funny bone” and have tingling in the small and ring fingers, you are hitting the ulnar nerve at the cubital tunnel. The tunnel has a bony passageway on both sides and the base. A ligament holds the nerve into the tunnel by crossing from one bone to the other. The ulnar nerve controls muscles used for gripping, primarily of the little, ring and sometimes middle fingers. It also controls muscles in the hand used for strong pinch, and other muscles that coordinate fine movements. This includes most of the muscles in the hand. The ulnar nerve also receives feeling from the small and ring fingers from both the palm and backside of your hand.

### What Causes Cubital Tunnel Syndrome?

Your complaints may result from either sensory (feeling), or motor (muscle) nerve compression. Sensory symptoms primarily involve numbness and tingling in the little and ring fingers and the little finger side of the hand and wrist. The other group of symptoms involves the strength of your hand muscles (motor). You may be aware that your hand has become weaker, resulting in trouble opening jars or clipping fingernails. You may drop things or your hand may not perform activities as easily as prior to your symptoms. For example, you may have difficulty coordinating your fingers while typing or playing the violin, guitar or piano. These problems usually worsen with extended activities. Frequently, there are both motor and sensory symptoms present. Often, a patient has experienced some prior injury to the elbow area. Examples include fractures, dislocations, direct blows and severe twisting of the elbow. “Overuse” occupations requiring frequent elbow flexion and extension throughout the day, such as typing, computer data entry or assembly line work may contribute to cubital tunnel symptoms. Symptoms typically occur or worsen when the elbow is bent, as when:

- Holding a telephone in hand
- Leaning forward with your elbows resting on a table
- Resting your forearm or elbow on an armrest in a chair or motor vehicle
- Sleeping with your elbow flexed

Nerve compression problems are more common in people with arthritis, diabetes, thyroid problems, and those who consume a great deal of alcohol. Often we do not know the cause of the compression and symptoms.

### How is Cubital Tunnel Syndrome Diagnosed?

Your neuromuscular specialist used questions about your symptoms, examination of your neck and arm, and likely, EMG testing to make the diagnosis of cubital tunnel syndrome.

