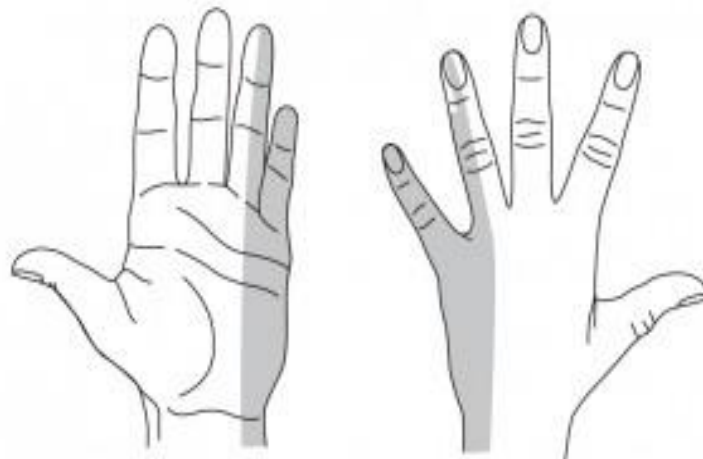




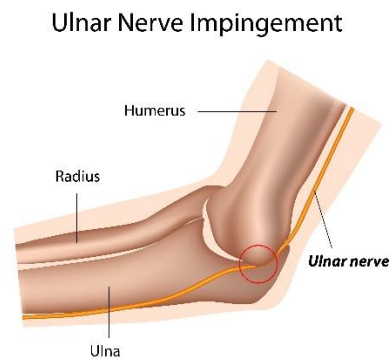
CUBITAL TUNNEL SYNDROME



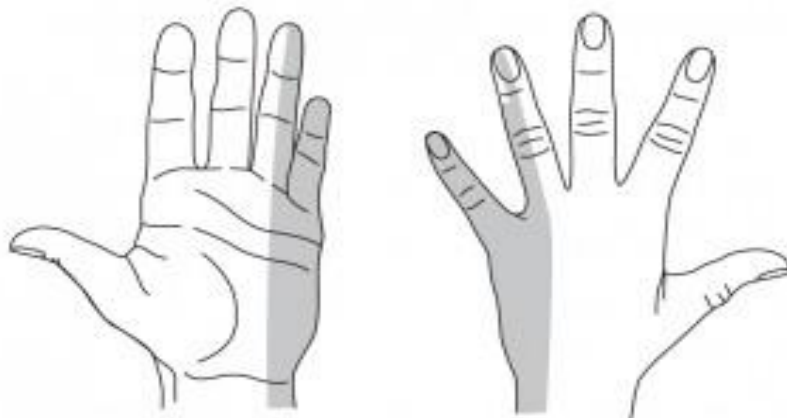
Cubital Tunnel Syndrome

What is Cubital Tunnel Syndrome?

Cubital Tunnel Syndrome is compression or irritation of the ulnar nerve within a tunnel on the inside of the elbow behind a bone called the medial epicondyle (where your 'funny bone' is).



The ulnar nerve is one of three important nerves for hand function. It enables feeling/sensation to the skin of the little finger and half of the adjacent ring finger, power to some of the muscles that bend the little and ring fingers and to some of the small muscles in the hand and thumb.



What are the symptoms of Cubital Tunnel Syndrome?

Pain, numbness and/or tingling of the little and ring fingers are usually the earliest symptom. It is frequently intermittent, but may later become constant in nature. Often the symptoms can be provoked by repetitive elbow bending and straightening, by leaning on the elbow or holding the elbow in a bent position (e.g. on the telephone). Sleeping with the elbow habitually bent can also aggravate the symptoms. Some patients may also notice some weakness of pinch grip with their thumb.

In the later stages, the numbness is constant and the hand becomes weak. There may be visible loss of muscle bulk in severe cases, particularly noticeable on the back of the hand between the thumb and first finger, with loss of strength and dexterity.

Diagnosis of Cubital Tunnel Syndrome

Diagnosis can often be made from the clinical history (the account of events and symptoms from the patient) and a clinical examination of the elbow and hand. The examination will assess 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 electromyography (EMG) and/or nerve conduction study (NCS) may be done to confirm the diagnosis of Cubital Tunnel Syndrome and determine its severity.

Myths versus Facts

Myth If I have Cubital Tunnel Syndrome I will need an operation

Fact The symptoms usually settle on their own or with simple advice and exercise.

It is relatively rare that surgery is required.

What is the treatment?

Avoiding or modifying any activity which aggravates your symptoms is the main treatment in the early stages and may significantly reduce the pressure on the nerve. This should include a workstation assessment. For example, wear a headset for using the telephone, place computer keyboards at the edge of the desk and use a chair that does not have an arm rest. The next section of this workbook will give you much more information regarding this.

Prolonged flexion (bending) of the elbow should be avoided and any activity that puts direct pressure on the nerve should be modified. Avoid leaning on the inside of the elbows and wearing an elbow pad over the ulnar nerve and “funny bone” may help.

Splint

Excessive bending of the elbow at night can be minimised by wrapping a folded towel around the elbow or by wearing a splint.



Exercises for Cubital Tunnel Syndrome

‘Tendon Glides’

The following exercises have been suggested as being helpful in improving the movement of the tissues in and around your elbow. Learn the sequence of moving through positions 1-4. Once you have learned the sequence, this should be repeated 10 times. Aim to do these exercises little and often throughout the day e.g 3 or 4 times a day.



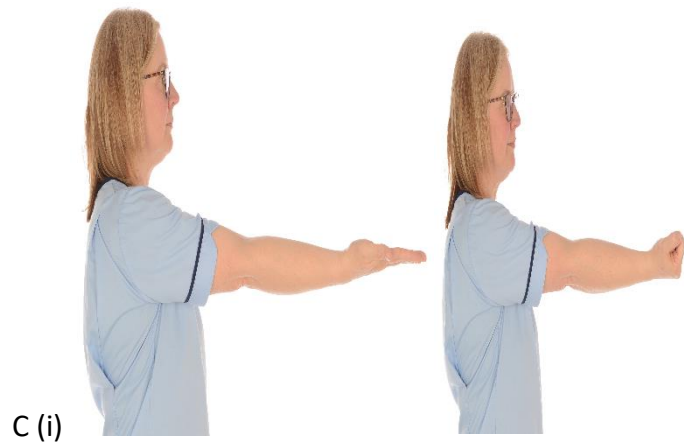
a.

Extend the arm straight out by your side, then bend your elbow aiming to touch your shoulder.

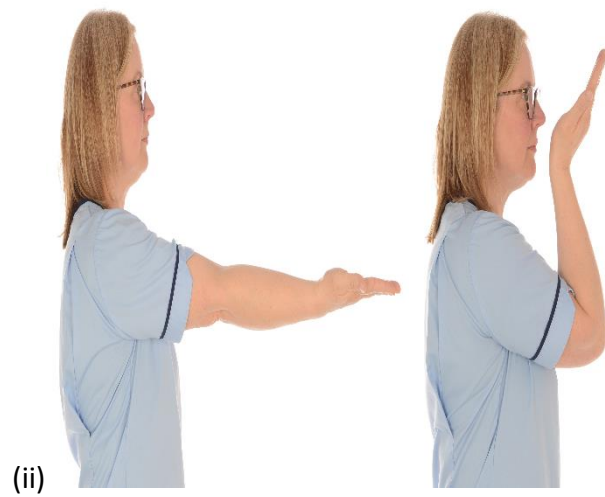


b.

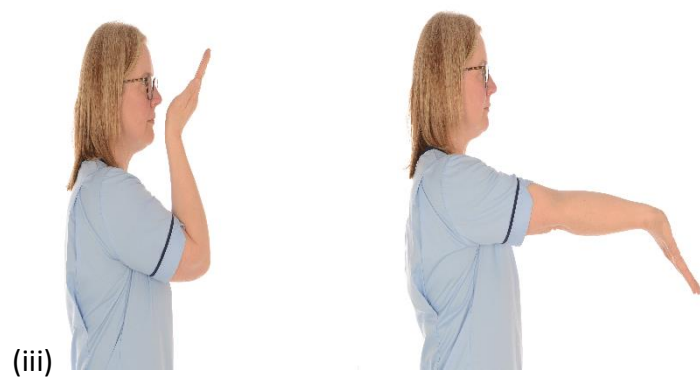
Elbow tuck in by your waist turn the palm of your hand towards the ceiling then the floor.



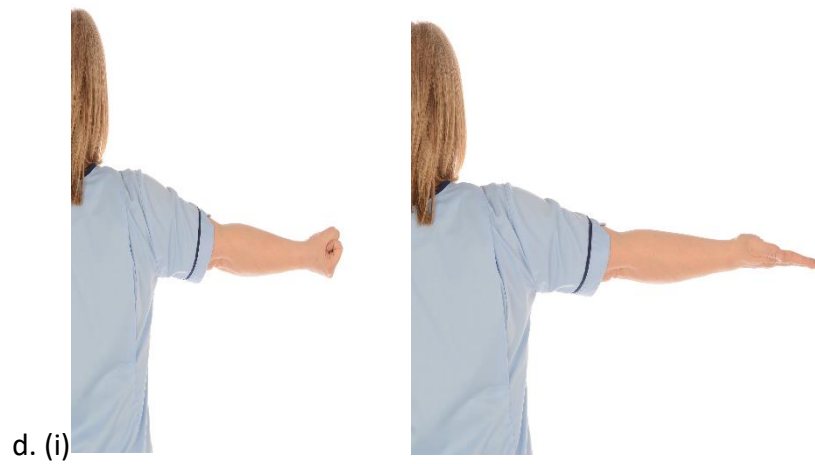
Arm straight out in front of the body with elbow as straight as comfortable and palm up. Make a fist then straight out the fingers.



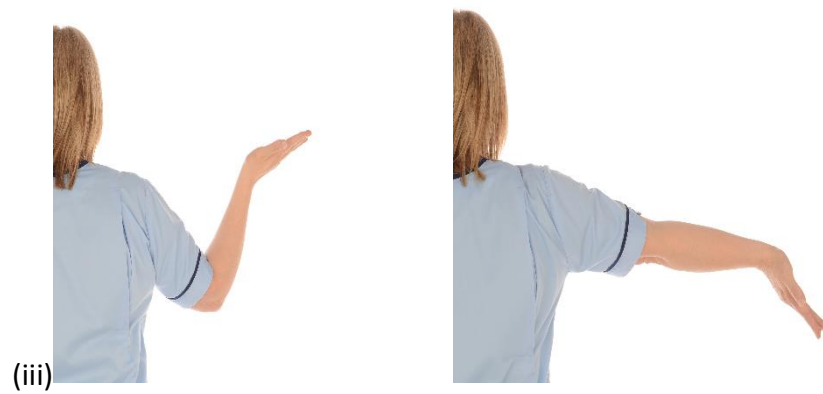
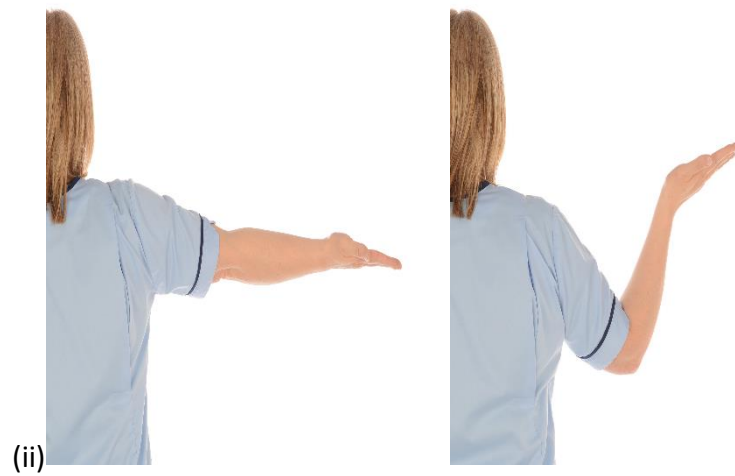
If (i) is comfortable slowly bend the elbow while at the same time bend the wrist backwards away from the body.



If (i) and (ii) comfortable keep the wrist extended and slowly straighten the elbow as far as comfortable.



If you completed C. comfortably repeat the same process with your arm out to the side of the body.



e. If d. is comfortable, slowly take your arm to this position and slowly release then repeat. Performing with a soft fist will reduce the nerve stretch if required.



Please note:

It is normal to feel mild discomfort that lasts for a short time after your exercise. However, if you feel an increase in your pain or symptoms you should stop that exercise until you talk to your health care professional.

Your exercises are an important part of recovery and will only help if you do them as instructed.

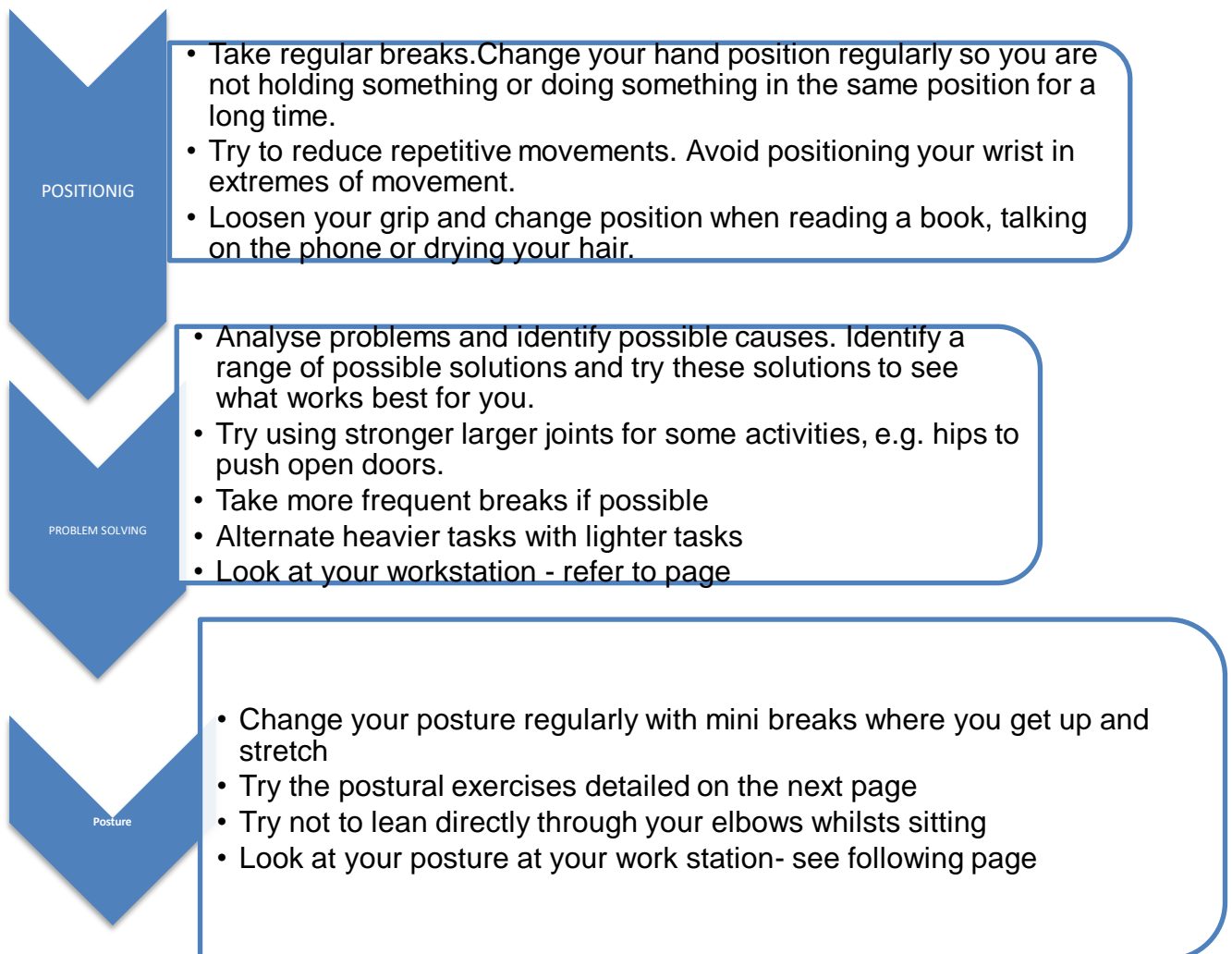
This information is intended as a general guide only.

It's not what you do, it's the way that do it!

Positioning and posturing are thought to aggravate the symptoms of Cubital Tunnel Syndrome. Therefore, it is important to look at these points. Small changes can make a big difference.

Making Small Changes – The 3 very important P's!

Small changes can make a BIG difference!!



Looking at your posture

As the nerves start in your neck and travel along the length of your arm, it is important to be aware of your posture, particularly your neck and shoulders. Our bodies like regular movement. Try the exercise below little and often as way of interrupting your posture and keeping things moving.

‘Shoulder Roll’

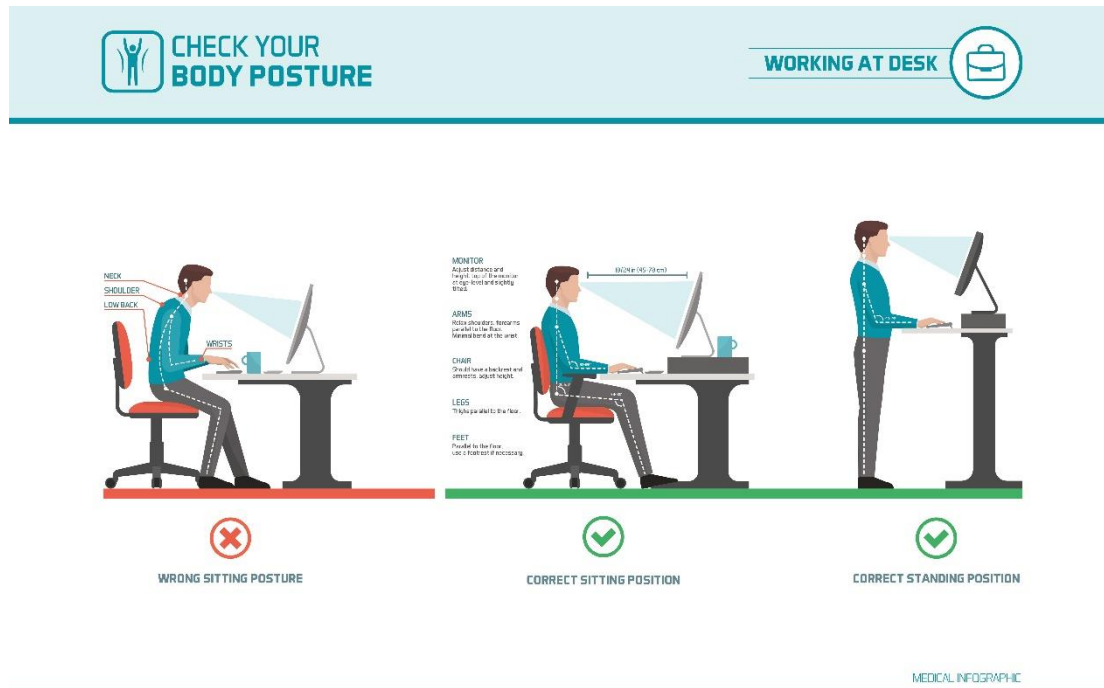
Do the exercise slowly, **10** times per session and **5** times per day



Sitting

Always sit with your bottom and spine back in a firm chair, with shoulders relaxed. Your elbows should rest by your side, with wrists straight and feet firmly on the floor. When working at the computer, keep your screen at eye level so you are not bending over your work. Ensure you are using a height-adjustable chair with a supportive back-rest. Keep your hands and wrists relaxed and supported. Taking regular breaks during prolonged periods of work can reduce strain and discomfort. See the picture on the following page for a guide to working at a desk.

Guide for Working at a Desk



Other treatment and general advice

In many patients, symptoms from CBTS can come and go for some time before either settling down or becoming a problem. If there is an underlying cause such as diabetes, thyroid disease, repetitive strain, or even menopause in women, then treating this condition may help resolve symptoms.

In more severe cases the feelings may become more constant. There may also be weakness and wasting of the muscles to the back of the hand between the bones and the first web space. In severe cases, some patients may find the little and ring finger claw and struggle to actively straighten. If you notice this you should return to the GP for onward referral. The majority of people with CBTS have much milder symptoms.

Surgery

In some patients with CBTS where the symptoms are severe or deteriorating, surgery may be considered. Usually this would be after the splint, advice and exercises have been tried and have failed to help.

Surgery frequently improves the numbness, but its chief objective is to prevent the progressive muscle weakness and wasting that tends to occur in severe untreated cases.

Surgery is performed through a short incision over the nerve at the elbow, and the thick fibrous tissue overlying the nerve is divided, taking pressure off the nerve.



What is the outcome?

The outcome depends upon the severity of the compression being treated. Numbness frequently improves, though the improvement may be slow. Surgery generally prevents worsening of the muscle weakness, but improvements in muscle strength are often slow and incomplete, some patients also find they have scar sensitivity issues following surgery. The risks should be explained to you by your surgeon. In the mild cases you can expect there to be full resolution of symptoms in most cases, the more severe the case the less predictable the long term

outcome in regard to the nerve function fully recovering. The overall satisfaction rate at 1 year following surgery is 85%.

The websites below are useful for further information

NHS Ayrshire & Arran MSK

<https://www.nhsaaa.net/musculoskeletal-service-msk/>

NHS Ayrshire & Arran Pain management

<https://www.nhsaaa.net/pain-management-service/>

British Elbow and Shoulder Society

<https://bess.ac.uk>

MSK Reform

mskr.info (Type directly into browser with no www. If requested Code is MSKR19)

The British Society of Surgery of the Hand

<https://www.bssh.ac.uk>

Versus Arthritis

www.versusarthritis.org

The Sleep Council

www.sleepcouncil.org.uk

Quit your Way (Smoking advice and support) Tel: 0800 783 9132

<https://www.nhsaaa.net/better-health/topics/smoking/>

