



OrthoAdvice

Cubital Tunnel Syndrome: A not so amusing condition of the “funny bone”

By Mollie Manley, MD

Known to many as the “funny bone,” the ulnar nerve provides feeling to the little finger and ring finger. It’s also responsible for the fine motor movement of your hand, such as using chopsticks or shuffling cards. When it becomes compressed or irritated, cubital tunnel syndrome can occur. The most common place that happens is behind the inside part of the elbow, where the nerve travels through a tight, narrow space.

In many cases of cubital tunnel syndrome, the exact cause is not known. However, your risk increases if you sleep with your elbows flexed or if you’ve had previous elbow issues such as fractures or arthritis. Some people are more prone to the nerve actually snapping back and forth over a bony prominence in the elbow, which causes irritation. And other people have an extra muscle in the elbow from birth that causes the compression of the nerve.

Symptoms include pain, clumsiness, weakness and periodic numbness or tingling in the hand and fingers—similar to what you feel when you hit your funny bone. In more severe cases, constant loss of sensation and strength in the hand can occur.

A doctor can diagnosis this condition through learning more about your work, activities, and symptoms, and by physical examination

of your arm and hand. Other tests, such as electromyography (EMG) or nerve conduction study (NCS), are often performed to assess how much the nerve and muscle are being affected and if the damage is reversible.

Initially, changing activities and bracing your arm may relieve most symptoms. Additionally, anti-inflammatory medicine like ibuprofen may be prescribed to reduce swelling around the nerve. But, if those approaches don’t help, your doctor may recommend surgery.

There are several surgical options that can be considered for treating cubital tunnel syndrome. These involve releasing the tight bands around the nerve to give it more room. In some cases the nerve will be moved to the front of the arm to protect it. Depending on the type of surgery that’s recommended, it may be necessary to wear a splint for a few weeks afterwards. It can take many months for the nerve to heal and recover after surgery. Unfortunately, in some severe cases, the weakness, numbness and tingling may never go away.

Based on the severity of your symptoms, the specialists at the Crystal Clinic Summit Hand Center can determine the right treatment for you.



Dr. Manley is a fellowship-trained orthopedic surgeon who specializes in medical conditions of the arm: from the fingertips to the shoulder. She is a graduate of the California University of Pennsylvania and Case Western Reserve University School of Medicine. Her additional training includes a five-year orthopedic residency as well as a hand and upper extremity fellowship at the University of Pittsburgh Medical Center.

Dr. Manley is a candidate member of the American Society of the Surgery of the Hand (ASSH) and the American Academy of Orthopaedic Surgeons (AAOS). She practices at the Crystal Clinic Orthopaedic Center on Embassy Parkway in Akron.

