

CUBITAL TUNNEL SYNDROME

◆ What is it?

Cubital tunnel syndrome is a condition that affects the ulnar nerve where it crosses the inside edge of the elbow. The symptoms are very similar to the pain that comes from hitting your funny bone. When you hit your funny bone, you are actually hitting the ulnar nerve on the inside of the elbow. There, the nerve runs through a passage called the cubital tunnel. The tunnel is formed by muscle, ligament, and bone. You may be able to feel it if you straighten your arm out and rub the groove on the inside edge of your elbow. When this area becomes irritated from injury or pressure, it can lead to cubital tunnel syndrome. This involves pain on the inside of the elbow and forearm and/or numbness and tingling down into the little finger of the hand.

◆ Signs and Symptoms of this Condition

- Feeling similar to hitting the “funny bone” (electric feeling from the elbow into the little finger of the hand, numbness/tingling in these areas, burning or shooting pain at the inner elbow and forearm.)
- Symptoms reproduced when the elbow is kept in a flexed (bent) position for prolonged periods (resting with elbow bent, sleeping with elbows fully bent when hands rested under head or across chest, etc).
- Symptoms reproduced when resting the elbow/forearm on an armrest or desk while writing, typing, or using a computer mouse.
- Symptoms reproduced when performing repetitive elbow bending activities (lifting, biceps curls, etc.)

◆ Causes

- The cubital tunnel becomes smaller during elbow bending due to tightening and flattening out of the ligament covering the nerve. Repetitive or prolonged elbow bending can place pressure on the ulnar nerve, resulting in the symptoms of cubital tunnel syndrome.
- Enlarged muscles (biceps and forearm muscles) from weightlifting can also contribute to pressure on the ulnar nerve in this region.

◆ What Can I do to Prevent Cubital Tunnel Syndrome?

- Avoid positions involving prolonged elbow bending.
- Avoid repetitive elbow bending.
- Ensure there is plenty of cushion for your inner elbow when resting it on a surface during writing, typing, and computer work.

◆ Prognosis

- This depends upon how long it has been going on
 - Acute cases identified and treated appropriately (described below) can resolve in 6-8 weeks.
 - Chronic cases that have been allowed to continue for months or years in an attempt to “work through” the pain can take many months (6-8 months or more) to resolve and may require more invasive measures to resolve the symptoms such as surgery.

◆ Treatment

- Rest – avoid the positions or repetitive motions/activities that caused the condition.
- Wear either an elbow pad to protect and cushion the inner elbow over the cubital tunnel.
- Anti-inflammatory medication (aspirin, ibuprofen, etc) may be helpful in reducing both pain and inflammation.
- Stretching exercises. **See Below**
- Sometimes a splint can be fabricated that keeps the elbow out straight (with just a slight bend) and can be helpful for people that experience their symptoms at night during sleep due to sleeping with their elbows bent (hands under head, arms folded across chest, etc.)
- Cases that do not resolve with these measures may require surgery to release the pressure on the nerve.

