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MADISON NEUROLOGY LLC

608 403 0000

Neurology Care 7 days a Week. Because Your Brain Matters.

Ulnar Neuropathy (Cubital Tunnel Syndrome)

Patient education guide · Nerve & Muscle · Madison Neurology LLC

What is it?

Ulnar neuropathy at the elbow — cubital tunnel syndrome — is the second most common nerve compression, affecting the 'funny bone' nerve. It causes numbness and tingling in the ring and little fingers, elbow pain, and in advanced cases hand weakness and clumsiness.

How does it happen?

The ulnar nerve is compressed or stretched as it passes behind the elbow's inner bump — from leaning on the elbow, prolonged elbow bending (phone use, sleep position), arthritis, or prior injury. Diabetes increases susceptibility.

Common symptoms

- Numbness and tingling in the ring and little fingers (unlike carpal tunnel, the little finger is involved)
- Symptoms worse with elbow bent — phone calls, sleeping with flexed arms
- Aching at the inner elbow
- Hand clumsiness, weak grip, dropping things in more advanced cases
- Muscle wasting between the thumb and fingers in longstanding severe cases

How is it diagnosed?

Examination (Tinel's at the elbow, elbow flexion test) suggests it; nerve conduction studies across the elbow confirm and grade it, and distinguish it from neck radiculopathy or ulnar compression at the wrist.

How is it treated?

Mild cases are managed conservatively with excellent results: avoid leaning on the elbow, keep the elbow straighter (a night splint or even a towel wrap prevents deep flexion during sleep), and modify phone/work habits. Steroid injections are generally not used here. For persistent moderate-severe

cases, or when there is weakness or muscle wasting, surgery (nerve decompression or moving the nerve in front of the elbow) is effective.

What does the future hold?

Conservative care succeeds in most mild cases; surgery relieves symptoms in the majority of the rest, though longstanding severe compression may recover incompletely — another reason not to delay evaluation of persistent symptoms. Habit changes prevent recurrence.

Questions patients commonly ask

Q: Why is only my little finger numb?

A: That's the ulnar nerve's territory — its signature distribution, and a clue that distinguishes it from carpal tunnel syndrome.

Q: Is sleeping position really the issue?

A: Often yes — sleeping with elbows tightly bent stretches and compresses the nerve for hours; night splinting is a cornerstone of treatment.

Q: Will my strength come back?

A: Mild-moderate weakness usually recovers after decompression; severe long-standing wasting may only partly reverse, which is why timing matters.

National support groups & resources

- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **American Society for Surgery of the Hand — HandCare** — handcare.assh.org
- **American Chronic Pain Association** — theacpa.org

(Organization contact details were current at the time of compilation; please verify online.)

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