



Ulnar Neuropathy

What you can do to help:

- avoid bending the elbow more than 90° for more than a few seconds (use a speaker phone or headset)
- avoid leaning on elbow or forearm (do not drive with arm resting on open window)
- keep elbow straight at night while sleeping (this can be done by wearing an elbow pad backwards)
- if you are diabetic, keep tight control of your glucose
- if you smoke, decrease or quit smoking

The ulnar nerve is one of the three main nerves bringing feeling and movement to the hand. It travels down the inside of the arm, passes through the "funny bone" at the elbow, and enters the hand through the wrist. Pressure on the nerve at the elbow or forearm causes numbness/tingling in the 5th and part of the 4th finger, as well as the back of the hand. Weakness and muscle shrinkage in the hand may also be seen.

Ulnar nerve irritation can be caused by leaning on elbows, bending the elbows too long, or elbow injury. Age, diabetes, arthritis, or being male increases your risk.

Diagnosis of ulnar neuropathy is made by history, physical examination, or nerve conduction studies (NCS). While your symptoms may indicate an ulnar nerve problem, it is not uncommon to have a "normal" or "negative" NCS when the ulnar nerve is "irritated," but not damaged.

Ulnar neuropathy symptoms often gradually improve over time. Unlike Carpal Tunnel Syndrome (CTS), where the surgical treatment is relatively simple and successful in the majority of cases, surgery for ulnar neuropathy is more complicated and the results are not as consistent.

WHEN TO CALL KAISER

- If numbness becomes worse over time (constant v. comes & goes or is more severe)
- If hand weakness develops or worsens (trouble clipping nails or getting wallet out of back pocket)
- If you notice hand muscle shrinking (seen on back of hand, esp between thumb and index finger)