# Cubital Tunnel Assessment and Treatment

## Edited Video Transcript

So now, let's say we have another client who comes in. They've got pain in their pinky finger and half of the ring finger. What nerve? What might we suspect here? Our ulnar nerve! The ulnar nerve innervates that pinky finger, half of the ring finger, and this ulnar side of the palm. The ulnar nerve, that is C8T1, I do believe. I would fact check me, okay? So, I'm going to suspect my ulnar nerve. The most common place for entrapment of the ulnar nerve is our cubital tunnel, which is on the posterior side of the elbow in this medial pocket. There's another tendon running over, and the ulnar nerve runs through—that is your funny bone. So, this person will complain again of pain at night, but also pain with tasks of prolonged elbow flexion. What tasks have prolonged elbow flexion? Sleeping—very commonly. Talking on the phone, oh yeah, yeah, combing your hair, painting. There are a lot of things that will involve this. So, I'm going to do that same assessment.

## Assessing Cubital Tunnel

I'm going to look upstream at posture, right. I'm going to look at sensation, particularly of this ulnar nerve. “Does that feel the same as that [tickling the palm and finger]? What feels different? That's something different.” I'm going to, again, just look at the hand. If you have severe ulnar nerve involvement, you're going to see atrophy in the center of the palm because the ulnar innervates our intrinsics [muscles]. Then I'm going to look at the Tinel’s sign at the cubital tunnel.

Tinel’s Sign What I'm going to do is find that pocket right on the medial side of the elbow, and I'm going to tap. “Tell me what you're feeling? Yeah!” “Feels like my nerves are just jumping up and down.” “That is what specific tests are, Phil—we will find a way to hurt you, to be completely honest. That's what they are, okay.” So that's one test. The next test is our elbow flexion test.

Elbow Flexion Test So what you're going to do is have the person go into abduction and elbow flexion and hold that for one minute. “Feeling anything?” “I feel like my sensation is diminished. Yeah, I can feel it in my palm, but the back of my hand feels less.” “Hmm okay, any changes? Right, this is telling me something.” This tells me that this seems very consistent with cubital tunnel syndrome. So our intervention is the same.

Interventions

Our rule of thumb is the same. Don't cause it to tweak. Don't cause it to fire. Don't cause it to zing. “What activities irritate it? Sleeping, right. Talking on the phone.” “If I'm FaceTiming my nephew and my dad's talking to him, I just make my dad hold the phone because my wrist will start to hurt.” “Yeah, so use the other hand. Use an adaptive device. I wouldn't typically count your father as an adaptive device, but it works, it works. You're adapting that task to avoid pain.”

Splints—Elbow Extension Now, you can have them wear an elbow splint during the day, typically like a soft neoprene splint is fine for during the day. It's more going to serve as a reminder to don't do that. Often, they'll need a little more at night, so you can find neoprene splints that have elbow stays built in them to keep the elbow straight. This splint does something similar, right. It just has a hinge built into it. But I don't like these at all. I think they just don't work that well. Exactly—so what I recommend doing is getting a small pillow, or a stuffed animal. Put it in that armpit or the elbow pit, and then use tape. Typically like coban tape, the type they use when they take your blood to just secure it in place. It typically works much better, and it's a much easier thing to work with—much easier to sleep with, right. “I had a [splint after] surgery [that kept my arm bent like this].” “Yeah, but guess what, that probably didn't help anything at the cubital tunnel. You want to keep it mostly straight. So you want from thirty degrees to around here is your range. Yeah, I want it more, typically, a little more straight than bent is what I've always practiced. It seems to work well.” Okay, you're going to continue to look upstream.

Assess Upstream Assess upstream—do that soft tissue mobilization upstream. You're going to do your nerve glides. On our second page, we have our ulnar nerve glides. “Now, Brittany, for our low-level nerve mobilization, you're going to comb your hair back, extend your arm, palm down. That’s fine, okay. Yeah that's fine. Muscles moving is normal, even a little bit of light stretch is normal, okay.”

Ulnar Nerve Flossing—I Dream of Genie We can do our ulnar nerve flossing. This is the I Dream of Genie. “But that feel in the fingers means that it's working. Mm-hmm, so it's nice and light. Again, stopping at discomfort—not going into zing even if you have to keep a little less angle on your hand. Yep, so don't do that, right?”

Ulnar Flossing—Walk Like an Egyptian We then have our ulnar flossing—Walk Like an Egyptian. “Up, out. How's that? Good. This is what we're looking for.” We then have our ulnar floss, ulnar nerve tensioner. It's actually the same exercise, just doing it with the head movement differently. “So starting, put your hand up to your head, fingers down, neck towards you, drop your arm, take your neck away. That's not bad.” Now we're going to do the neck opposite. “We're going to go the neck away, neck towards, is that something different?” Okay, one more that is not on your sheet—the raccoon-mask stretch, yeah. “Make your okay symbol [with your fingers], [put both okay fingers over the eyes].” “That's when I always do this.” “Um-hm, this is also an ulnar nerve mobilization.”