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Cubital Tunnel Syndrome

What You Need to Know

What Is Cubital Tunnel Syndrome?

Cubital tunnel syndrome is the second most common nerve compression syndrome in the upper extremity, after carpal tunnel syndrome. It occurs when the ulnar nerve — which travels through a narrow channel (the cubital tunnel) on the inner side of the elbow — becomes compressed or stretched. This causes numbness, tingling, and weakness in the hand, particularly in the ring and little fingers.

The ulnar nerve is the nerve responsible for the tingling "funny bone" sensation when you bang your elbow. In cubital tunnel syndrome, that sensation becomes chronic and can progress to permanent numbness and weakness if not treated.

What Does It Feel Like?

- Numbness and tingling in the ring finger and little finger — often worse at night
- Symptoms that worsen when the elbow is bent — holding a phone, sleeping with a bent elbow, driving
- A feeling that the hand "falls asleep" frequently
- Weakness in pinch grip and fine motor tasks — buttoning, writing, picking up small objects
- Pain on the inner side of the elbow
- In advanced cases: wasting (atrophy) of the small muscles between the fingers

What Causes It?

- Prolonged elbow bending — sleeping with elbows flexed, leaning on elbows at a desk
- Repetitive bending and straightening of the elbow at work or during sport
- Direct pressure on the inner elbow — leaning on hard surfaces
- Elbow arthritis or prior fracture causing bony changes around the nerve
- Cubitus valgus — a structural carrying angle that stretches the nerve

Surgery vs. Conservative Management

Mild to moderate cases often respond to conservative treatment — nerve gliding exercises, activity modification, and night splinting to keep the elbow straight during sleep. Surgery (nerve decompression or transposition) is considered when symptoms are severe, progressive, or have not improved with conservative care.

When Should I Be Concerned?

- Rapid worsening of numbness or weakness
- Visible wasting of the hand muscles
- Dropping objects or inability to use the hand normally
- Constant numbness that does not vary with elbow position

The Good News

When caught early, cubital tunnel syndrome responds well to physical therapy — nerve gliding exercises, postural education, ergonomic modifications, and activity changes can significantly reduce or eliminate symptoms. Night splinting to prevent elbow flexion during sleep is often the single most effective early intervention.

Early treatment is key — the sooner cubital tunnel syndrome is addressed, the better the outlook for full nerve recovery.