

Education a Good Option for Ulnar Neuropathy (Cubital Tunnel S

Physical Therapy in Fremont, Carbon, and Sweetwater for Elbow

Many people have heard of carpal tunnel syndrome, where a nerve going through the wrist to the hand is compressed, numbness. But, although ulnar neuropathy, pressure on the nerve in the elbow, is the second most common nerve entrapment after carpal tunnel, not many people know about it.

The most common cause of ulnar neuropathy in older people is degeneration in the elbow. In younger patients, it's often repetitive motions, much like carpal tunnel syndrome is. It can also be caused by a trauma, such as an elbow dislocation after an injury, doctors may call it tardy ulnar palsy.

The problem usually begins as pain over the middle part of the elbow and down into the forearm. After the pain has been there while, it progresses to weakness in the hand, including the grip and pinch. Treatment may be with surgery or without, depending on the patient, the severity, and the cause. Usually, the more severe the problem, the more likely surgery would be needed. The authors of this article looked into if education would be a good option for affected patients could sometimes be treated without surgery, the authors of this article looked into if education would be a good option.

Researchers investigated 77 patients, with 80 ulnar nerve problems among them. Five had tardy ulnar palsy while the rest had cubital tunnel syndrome, or ulnar neuropathy. Two men and one woman had both arms affected.

The patients were taught the pathophysiology (make up) of the elbow and how to modify their activity to avoid injuries. The patients were taught to avoid:

- pressure on the elbow
- repetitive activities using the elbow
- bending the elbow more than 90 degrees except for essential daily activities (such as brushing teeth)

The researchers also explained to the patients that if they kept their elbows at 45 degrees bend, this would relieve much of the pressure on the elbow. They were then taught how to maintain this position as they went through their day at home and at work. They were taught to keep following these suggestions and activities for at least three months. Every three to four weeks, the patients were followed up. For some patients improved, their follow-up period was made longer. If the patients showed signs of worsening or no change, the treatment was stopped.

To determine patient progress, the researchers looked at x-rays taken before and after the treatment, and nerve conduction studies allowed the researchers to see how well nerve impulses were sent through the ulnar nerve. The patients were followed up on their progress.

The results showed that 66 percent of the patients had excellent or good outcomes from the treatment, despite their severe nerve compression. Interestingly, age, sex, elbow side, diabetes, severity of the problem, and elbow dislocation didn't play a role in how patients responded to this treatment. How much the elbow had degenerated, most often with the older patients, did play a role.

The authors of this study concluded that patient education is a good option for treatment of ulnar neuropathy, even if the problem is severe. The doctors do, however, have to look at if there is degeneration in the elbow as this will give an indication of how much treatment may be needed.

Reference: Kenichi Nakamichi, MD, et al. Patient Education for the Treatment of Ulnar Neuropathy at the Elbow. In *Journal of Hand Surgery*.

Medicine and Rehabilitation. November 2009. Vol. 90. Pp.1839 to 1845.