Cubital Tunnel Syndrome

The numb little finger that is not carpal tunnel

Tips from your physiotherapist at Ace Sports Medicine

ACE SPORTS MEDICINE
UPPER MOUNT GRAVATT

Numbness in the little and ring finger usually points to the ulnar nerve at the elbow, not the wrist. It is called cubital tunnel syndrome, and many people with milder symptoms improve without surgery.

WHAT TO KNOW ABOUT CUBITAL TUNNEL SYNDROME

1 WHAT IT IS

Compression or irritation of the ulnar nerve where it runs behind the bony bump on the inside of the elbow, the spot you know as your funny bone.

A NERVE PROBLEM AT THE ELBOW, NOT THE WRIST.

2 WHICH FINGERS

The ulnar nerve supplies the little finger and the little finger side of the ring finger. Carpal tunnel affects the thumb, index and middle finger instead.

LITTLE FINGER NUMB POINTS TO THE ELBOW.

3 HOW COMMON

Reported as the second most common entrapment neuropathy of the upper limb after carpal tunnel syndrome, with an incidence of around 30 cases per 100,000 person-years.

FAR MORE COMMON THAN MOST PEOPLE REALISE.

4 WHY IT FLARES

Bending the elbow narrows and stretches the space the nerve travels through, so symptoms show up on the phone, at a keyboard, driving, or sleeping curled up.

WATCH HOW LONG YOUR ELBOW STAYS BENT.

5 WHAT HELPS

Activity changes, a night splint or soft wrap to stop the elbow curling during sleep, nerve gliding exercises, and strength work for the shoulder, forearm and grip.

MANY PEOPLE IMPROVE WITHOUT SURGERY.

6 THE 60 SECOND CLUE

Hold the elbow fully bent for about a minute. If the pins and needles come on or get worse, that is a useful clue to bring to your assessment.

TRY IT, THEN GET IT CHECKED PROPERLY.

DO I NEED A SCAN?

Not usually as a first step. Cubital tunnel syndrome is largely a clinical diagnosis based on your symptom pattern and examination. Nerve conduction testing or imaging is arranged through your doctor where the picture is unclear or symptoms are progressing.

WHEN TO SEEK HELP

- Numbness or pins and needles that keep returning
- Waking with a dead hand most nights
- Dropping things or a noticeably weaker grip
- Symptoms steadily getting worse over weeks
- Visible muscle wasting in the hand
- A wrist brace has not helped at all

Persistent numbness or weakness is worth reviewing promptly.

WHAT CAN A PHYSIOTHERAPIST DO?

- Work out which nerve is actually involved
- Assess how irritable the nerve is
- Advise on splinting and sleep positions
- Teach nerve gliding exercises
- Build grip and forearm strength
- Advise when a specialist opinion is worth arranging

WHAT HELPS DAY TO DAY?

Most early management is about reducing how long the elbow spends fully bent. A simple order to work through:

Change phone and desk habits — **Stop the elbow curling at night** — **Add nerve gliding work** — **Build grip and shoulder strength**

A physiotherapist can tailor this to your job, sleep and sport.

Helping You Perform at Your Best

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Need support with a numb hand or elbow nerve pain?

Book your appointment today

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