

Orthopaedic Connection

The Forgotten Ulnar Nerve

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Transforming patient information into patient understanding.

Everyone has heard of Carpal Tunnel Syndrome which is caused by pressure on the median nerve. Many patients have required surgery to relieve pressure on the median nerve.

There is another large nerve in the arm and hand which has not gotten much publicity. It is called the Ulnar Nerve and I wouldn't be surprised if most of you have never heard of it. That is about to change because you can't get your Masters degree in Musculoskeletal Science from reading these articles if you are not familiar with such an important nerve!

Location

All of the nerves in the arm and hand originate in the spinal cord in the neck.

The Ulnar nerve after originating in the neck comes from deep in the shoulder, passes through the upper arm and crosses the elbow on the inner side. In the forearm and hand it is on the little finger side.

The Problem

Trauma to the arm, elbow or hand like a fracture or dislocation can injure the Ulnar nerve and cause serious trouble in the arm and hand. Although the injury may be anywhere symptoms occur in the hand and fingers because the Ulnar nerve controls movement and function there. Both sensory and motor (muscle) skills are affected.

The Ulnar nerve is especially vulnerable around the elbow where it lies under the skin and next to the bone on the inner side.

Injury to the elbow such as a fracture, dislocation or prolonged pressure on the nerve can badly damage it.

Injury or pressure on the nerve damages the nerve's ability to conduct messages from the brain.

Although the problem is in the elbow area most symptoms occur in the hand and fingers because the Ulnar nerve controls movement and sensation there.

Signs of an Ulnar Nerve Problem

- Tenderness along inside of the elbow
- Tingling and numbness in the ring and little fingers
- Hand numbness when elbow is bent as in driving or holding a phone
- Hand co-ordination goes – can't type or play a musical instrument
- Decreased grip and pinch

Diagnosis

As in most diagnosis the history is often the most important part in diagnosing an Ulnar nerve problem. Your own description of the symptoms is the best and primary source of information.

I will then do a careful examination from the neck to the hand. If you have experienced a fall or other injury to the elbow I will order an x-ray. And lastly I might (not always) need to obtain an electrical stimulation test to see how the Ulnar nerve is working.

I think this would be a good place to stop as there is a lot more to cover about treatment of this important nerve.

Please come back for the conclusion next week. See you next week.

Office Website and Gratiot County Herald Archive

Attention! If my loyal readers want to be as smart as a Treefull of Owls they will fly to www.orthopodsurgeon.com for tons of musculoskeletal information everyone can use.

You get 1) The Office Website and Library 2) Your Orthopaedic Connection 3) GCH Archive of every article I have written for you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush