



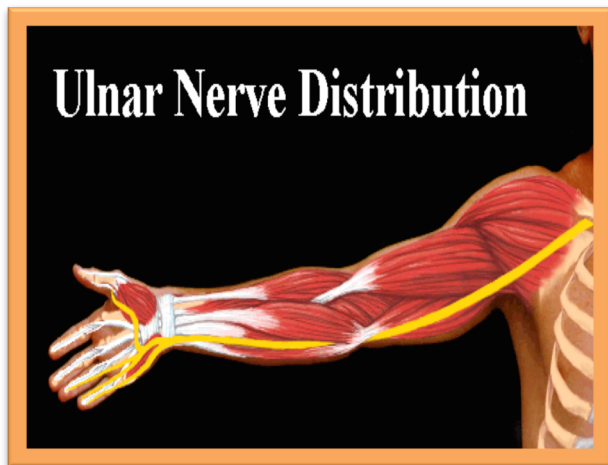
# ULNA NERVE COMPRESSION

## WHAT IS ULNA NERVE COMPRESSION?

Ulna nerve compression occurs where there is pressure being placed on the ulna nerve along its pathway, which usually occurs as it hooks underneath the elbow.

## ANATOMY:

The Ulna nerve originates from the spinal nerves of at the cervical/thoracic junction (C8-T1) and descends down the posterior medial aspect of the upper arm hooking underneath the funny bone and making its way towards the 5<sup>th</sup> digit (little finger). The ulna nerve is responsible for supplying sensation to the inner part of the forearm, hands and medial 2 fingers. It also innervates muscles of the forearm and hand to move.



## CAUSES OF OLECRANON BURSITIS:

- Direct impact of the nerve as it hooks under the elbow, usually after a fall e.g. cyclists
- Prolonged compression of the nerve by leaning on it e.g. on the arm chair whilst watching TV
- Repetitive tasks that require forceful traction on the nerve occurring in throwing sports
- In association with other conditions or muscle imbalances such as tightness or excessive bulk with weight training

## DIAGNOSIS:

A thorough subjective and objective examination will look at the current history of the condition. The physiotherapist will complete a neural examination looking for altered reflexes, muscles weakness and sensation changes.

A nerve conduction study is often valuable as it can measure the neural activity travelling along the nerve and assess any discrepancy.

## SIGNS AND SYMPTOMS:

- Pins and needles, numbness and/or burning sensation along the ulna nerve distribution
- Pain into the medial forearm and into the hand
- Night pain in the forearm, hand or fingers;
- Pain, stiffness into the shoulder, neck and/or thoracic spine
- Muscle atrophy



The  
Physio  
Movement

# ULNA NERVE COMPRESSION

## PROGNOSIS:

More acute ulna nerve compression tends to settle in 2 weeks. More sinister injuries where the nerve compression has been ongoing and there are obvious compensatory strategies and neural deficits require longer recovery periods.

## PHYSIOTHERAPY TREATMENT OPTIONS:

- Massage
- Exercise and strengthening programs
- Kinesio taping
- Activity reduction
- Splinting, bracing
- Neural glides
- Anti-inflammatory advice
- Dry Needling
- Education
- Electrotherapy
- Facial releases
- Joint mobility techniques
- Mobilisation with movements
- Strengthening and stretching programs

