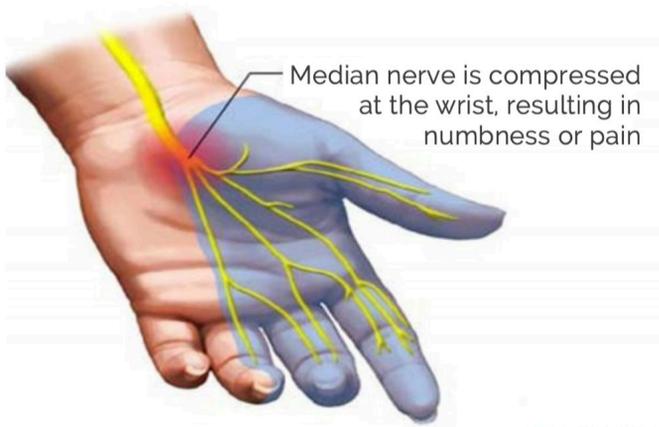


# Numb Hands Are Not Normal

By: Katharine Leppard, MD

There are two main nerves that can cause numbness and tingling in the hand, the median nerve and the ulnar nerve. It is common to find entrapment of both nerves at the same time, which will cause the entire hand to be intermittently or constantly numb.



## THE MEDIAN NERVE - IN THE CARPAL TUNNEL

The median nerve runs through the carpal tunnel at the wrist and goes to the thumb, index, middle and half of the ring fingers. When the median nerve is pinched, it is called carpal tunnel syndrome.

The most common first symptom of carpal tunnel syndrome is numbness in the hand at nighttime. As the condition worsens patients can experience numbness with activity such as driving, reading the newspaper, styling hair or putting on makeup. Carpal tunnel syndrome is most common in the dominant hand, however the nerves do not always do what is expected or follow the rules. The symptoms can be worse in the non-dominant hand or can be present in both hands. I also have had a number of patients who were right

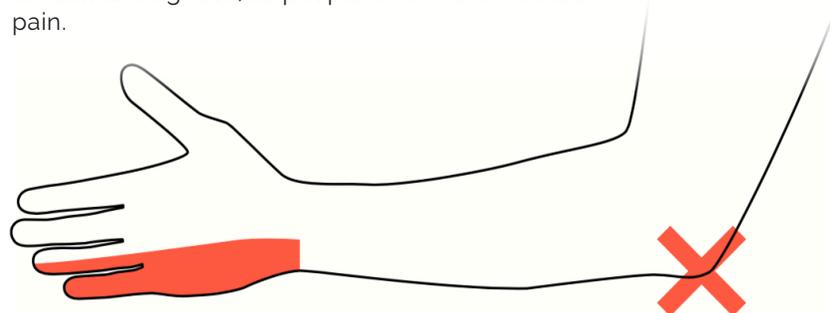
handed, and the first sign of carpal tunnel syndrome was that they woke in the middle of the night with the entire left arm numb extending to the shoulder. They have gone to the emergency room thinking that they have had a heart attack or a stroke.

Most folks believe that carpal tunnel has to be work related, that the person has to do typing or some type of repetitive activity to develop this. This is not true. Carpal tunnel syndrome is the most common pinched nerve in the general population. In most folks it is a general health issue and is not work related.

Mild carpal tunnel syndrome can be treated by wearing a wrist splint at nighttime. The wrist splint holds the wrist in a straight position, this gives the carpal tunnel nerves the most room to rest. Physical therapy and chiropractic treatment are not effective for carpal tunnel syndrome. Definitive treatment is a carpal tunnel release surgery.

## THE ULNAR NERVE - IN THE CUBITAL TUNNEL

The ulnar nerve runs through the cubital tunnel at the inner elbow and goes to the little finger and the other half of the ring finger. Entrapment of this nerve can be difficult to diagnose, as people often have no elbow pain.



Mild cases of cubital tunnel syndrome can be treated with ulnar nerve protection strategies. The ulnar nerve at the elbow has the most room when the arm is

straight. When the elbow is bent, this draws the nerve taught and stresses the nerve. Keeping the elbow as straight as possible both during the day as well as at night can reduce stress on the nerve. Sleeping with the arms curled, and hands held up to the face, is very stressful on this nerve. It is important at nighttime to keep the hands away from the face. Do not place your hand behind your head. Do not hold the phone to your ear for prolonged periods. Avoid leaning on the elbow. Do not rest the elbow on the armrests in the chair or in your car. Also minimize repetitive elbow bending. When lifting weights, stay in a limited range of motion.



Most folks believe that carpal tunnel has to be work related, that the person has to do typing or some type of repetitive activity to develop this. This is not true.

Of course all of this is much easier said than done. Elbows are designed to bend. You may fall asleep in a good position only to wake up with your hand curled beneath your face. You may try wearing an elbow pad at night to keep the arm straight, this typically is not comfortable. At times it is better to proceed with surgery and correct the problem rather than to try to change habits.

Surgery is the definitive treatment for nerve compression at the wrist or the elbow. Often people with mild nerve entrapment will pursue surgery to alleviate symptoms. Surgery should be pursued for moderate to severe cases of nerve compression to avoid nerve damage. Failure to pursue surgery, or waiting too long to do surgery, can result in permanent nerve damage. This results in permanent numbness, muscle loss, weakness and loss of function in the hand.

Other nerve issues can cause numb hands as well, and sometimes a combination of issues is present. Pinched nerves in the neck are other common cause of upper extremity pain and numbness. EMG (electromyography) studies are an important test in diagnosing nerve issues.

Numb hands can originate from a number of sources, and sometimes a combination of issues is important. Accurate diagnosis is critical for accurate treatment. Do not ignore numb hands, to do so risks permanent nerve damage.

#### KATHARINE LEPPARD, MD

Medical Rehabilitation Specialists  
3470 Centennial Blvd., Suite 110  
Colorado Springs, CO 80907  
(719) 575-1800  
www.medical-rehab.com

## Katharine Leppard, MD

- ◆ Specializes in EMG Nerve Testing
- ◆ 20 Plus Years Practicing in Colorado Springs
- ◆ Voted Top Doctor Several Years Running
- ◆ **Board Certified:**  
Electrodiagnostic Medicine  
Physical Medicine & Rehabilitation  
Neuromuscular Medicine



**Medical  
Rehabilitation  
Specialists**



Call for an appointment  
**719-575-1800**

www.medical-rehab.com  
3470 Centennial Blvd, Suite 110, Colorado Springs CO 80907