

By James Nitka, MD
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Do you have a question related to this column or a general orthopedic question you would like to have answered in a future issue? Send an e-mail to AskPiedmont-Ortho@sosbonedocs.com.

Q. My husband is a plumber who is having pain near his elbow, especially on days when he replaces pipes. His pain sounds like the tennis elbow my sister had a few years ago when she was playing a lot of tennis. Could a plumber have tennis elbow?

A. Yes, we actually see more “tennis elbow” in non-tennis players than in players. Tennis elbow, or lateral epicondylitis, is a painful condition that typically develops from repetitive twisting or pulling with the forearm. This repetitive motion creates micro tears and inflammation in the tendon that attaches muscle to the bone on the outside of the elbow. We see this condition often in plumbers, who have to do the pulling motions you describe in your question, as well as in electricians, painters and even parents who repeatedly move car seats in and out of a vehicle.

Tennis elbow usually is a chronic problem that develops over time. Ice, rest and anti-inflammatory medicines often will provide relief. If the pain continues, your husband should see an orthopedic surgeon. We will take a history and do a physical examination.

If the exam suggests tennis elbow, the first step typically is prescription-strength anti-inflammatory medicines. Often transdermal medications that you rub onto the skin in the painful area provide the best relief. We also will teach your husband stretching and strengthening exercises and suggest that he wear a tennis elbow strap to relieve tension across the joint.

About 75 to 80 percent of patients improve with the treatments above. Others may respond to a cortisone injection. Generally, we try conservative treatments for at least 6 months before considering surgery. If pain is persistent, then a short outpatient procedure can be done under local anesthesia to release the area causing pain.

Q. I am having tingling and numbness in the ring finger and little finger on my right hand when I hold my cell phone up to my ear. After I put the phone down, those sensations gradually go away. I also wake up sometimes and feel that same tingling and numbness in my hand. Is this anything to worry about?

A. It sounds like you may have cubital tunnel syndrome. This develops when the ulnar nerve – which extends from the upper arm through the elbow to the palm side of your wrist – is stretched and compressed at the elbow.

With the increased use of cell phones, this condition has become more common – and some actually call it “cell phone elbow.” Most people don’t need to see a doctor if the problem occurs occasionally and goes away promptly after straightening the arm. However, you should consult an orthopedic surgeon if the tingling and numbness linger after you straighten your arm, if the sensations continue to recur, if you are having problems at night time (as you mention), or if you have weakness in your hand muscles. These symptoms can indicate ongoing ulnar nerve entrapment.

Initial treatment for cubital tunnel syndrome typically is the use of an elbow pad and anti-inflammatory medications, along with simple positional changes. Your night-time symptoms may be related to sleeping with your elbow bent. Try rolling and taping a towel around your arm at bedtime to keep it straight. Switch to a hands-free device for your cell phone.

If those steps don’t provide relief, you may need surgery. Long-term compression of this nerve can lead to permanent damage, including difficulty with pinching actions and fine motor skills. A simple 30-minute outpatient procedure can take pressure off the nerve, saving you a lifetime of trouble.