INFORMATION AND EXERCISES

Upper Limb Nerve Gliding Exercises

For the median, ulnar and radial nerves of the arm

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The nerves in your arm need to slide freely as you move; when one becomes irritated, it can cause pain, tingling or numbness in the arm and hand. This sheet sets out gentle exercises, called nerve glides, for the three main nerves of the arm, and explains how to protect them.

HOW OFTEN	EACH EXERCISE	IT SHOULD FEEL	KEEP GOING
3 times a day	10 slow repetitions	A gentle pull, never pain	At least 6 weeks

Understanding nerve glides

Three main nerves run from the neck down the arm to the hand: the median, ulnar and radial nerves. As you move your arm, each nerve slides back and forth a little. If a nerve becomes irritated, for example where it leaves the neck, it slides less freely and becomes sensitive, which causes the pain, tingling or numbness.

Nerve glides are slow, gentle movements that help the nerve slide again. A ‘slider’ lets one end of the nerve go slack while the other end is lengthened, so the nerve slides with almost no stretch: start with these. A ‘stretch’ lengthens both ends, so the nerve is stretched a little: these are for later, and only when Dr Malik or your physiotherapist advises.

Nerve glides, together with medicines prescribed by Dr Malik, are the mainstay of treatment for nerve-related pain in the arm, including nerve pain that spreads from the neck (sometimes called cervical radiculopathy). Protecting the nerve in everyday life is just as important.

A nerve can also be squeezed in a tunnel at the wrist (carpal tunnel syndrome) or at the elbow (cubital tunnel syndrome). When tests confirm this, an operation to release the nerve is usually needed (see the last section).

Which exercises are for you

- Part 1, the median nerve: pain, tingling or numbness down the front of the forearm, into the thumb, index and middle fingers.
- Part 2, the ulnar nerve: pain, tingling or numbness along the inner side of the forearm, into the ring and little fingers.
- Part 3, the radial nerve: aching on the outer side of the elbow and the back of the forearm, or tingling on the back of the hand near the thumb.
- If your pain spreads from the neck, the part that matches the path of your pain is chosen for you.

> **Your exercises, ticked by Dr Malik or your physiotherapist:** ☐ **Part 1** ☐ **Part 2** ☐ **Part 3**

Protecting the nerve in everyday life

- Keep your wrist straight rather than bent for long periods, for example when typing, using a phone or sleeping. If tingling wakes you at night, a wrist splint worn at night can help; Dr Malik will advise.
- Do not lean on your elbows, for example on a desk, the arm of a chair or a car window.
- Avoid keeping your elbow fully bent for a long time: use a headset or the speaker for long phone calls, and try to sleep with your arms straighter.
- Take short breaks from gripping and repeated tasks, such as typing, using a mouse or tools, and change position often.
- Avoid tight straps, bands or a tight watch around the forearm and wrist.
- Sit and stand tall, with your shoulders relaxed: slumping, with the head pushed forward, can make nerve symptoms worse.

Contact the clinic if

- The numbness is there all the time, or is spreading.
- Your hand becomes weak, you drop things, or the muscles at the base of your thumb or between your thumb and index finger look thinner.
- Your symptoms are getting worse despite the exercises, or are no better after 6 weeks.
- The pain wakes you most nights.
- Your symptoms began after a fall or an injury.

CONTACT THE CLINIC URGENTLY IF

- Weakness comes on suddenly or gets worse quickly, for example if you cannot lift your wrist or fingers, or cannot grip.
- You have numbness, tingling or clumsiness in both hands, especially with unsteady walking.
- You lose control of your bladder or bowels.

Clinic: +91 99197 03477. If weakness or numbness comes on suddenly together with a drooping face or slurred speech, go to the nearest emergency department straight away.

BEFORE YOU BEGIN

- Start only when Dr Malik or your physiotherapist has told you to.
- Move slowly and gently, never forcing or bouncing. A gentle pull, or mild tingling during the movement, is fine as long as it fades within a few minutes of stopping.
- If the tingling or pain lasts more than 30 minutes, or is worse the next day, do fewer repetitions or smaller movements next time, then build up again gradually.
- Stop, and contact the clinic, if the pain becomes sharp or severe, or your hand becomes weak.
- Follow these exercises as they are written unless Dr Malik tells you otherwise.
- This sheet does not replace individual advice. If it differs from what you were told in clinic, follow the advice you were given there.

How to do the programme

- Do the exercises for your nerve 3 times a day, with 10 slow repetitions of each, unless the exercise says otherwise.
- Take any medicines for nerve pain as prescribed by Dr Malik; they work together with the exercises.
- Start with small movements, and make them bigger as they become comfortable.
- Do the sliders first. Start the stretches only when Dr Malik or your physiotherapist advises, usually once the sliders are easy.
- Keep going for at least 6 weeks: nerves settle slowly.

Part 1: The median nerve

The median nerve runs down the middle of the arm and through the carpal tunnel at the front of the wrist, to the thumb, index and middle fingers.

01 Median nerve slider

Sliding the median nerve gently along the arm, without stretching it.

1. Stand or sit tall. Lift your arm out to the side, a little below shoulder height, with the elbow bent and the palm facing up. Let your wrist relax.
2. Slowly straighten your elbow and bend your wrist back, so that your fingers point towards the floor, and at the same time tilt your head towards that shoulder.
3. Then bend your elbow and let your wrist relax, as you tilt your head away to the other side.
4. Keep moving smoothly between the two positions, without stopping at either end.

REPETITIONS	HOW OFTEN	SPEED
10	3 times a day	About 2 seconds each way

02 Hand and wrist sequence

Moving the median nerve gently through the wrist, using a series of hand positions.

1. Sit with your elbow resting on a table, your forearm upright and your palm facing you. Make a loose fist, with your wrist straight.
2. Straighten your fingers and thumb, keeping them together and your wrist straight.
3. Bend your wrist back, keeping your fingers straight, so that your palm faces away from you. Then move your thumb out to the side, away from your fingers.
4. Keeping this position, turn your forearm so that your palm faces up. Finally, use your other hand to ease your thumb gently a little further back.
5. Go back to the loose fist and start again.

EACH POSITION	REPETITIONS	HOW OFTEN
About 3 seconds	5 times through	3 times a day

03 Tendon glides: the fist series

Moving the finger tendons, and the median nerve with them, smoothly through the carpal tunnel at the wrist.

1. Sit with your elbow resting on a table and your forearm upright. Start with your fingers straight, pointing up.
2. Bend the top two joints of your fingers, keeping the knuckles straight, so that your hand makes a hook.
3. Close your hand into a full fist.
4. Open the fist, and bend your fingers only at the knuckles, keeping them straight, like a tabletop.
5. Bend your fingers at the knuckles and the middle joints, so that your fingertips touch the base of your palm, keeping the top joints straight. Then straighten your fingers and start again.

EACH POSITION	REPETITIONS	HOW OFTEN
About 3 seconds	5 times through	3 times a day

04 Median nerve stretch (only when advised)

A gentle stretch of the median nerve, for later, when the slider is easy.

1. Stand tall. Lift your arm out to the side, a little below shoulder height, with the elbow straight and the palm facing up.
2. Bend your wrist and fingers back, so that your fingers point towards the floor.
3. Slowly tilt your head away to the other side, until you feel a gentle pull or mild tingling along the arm, then bring your head back to the middle.
4. Move in and out of the stretch slowly; do not hold it.

REPETITIONS	HOW OFTEN	START
5	3 times a day	Only when advised

Part 2: The ulnar nerve

The ulnar nerve runs down the inner side of the arm, behind the inner side of the elbow, to the ring and little fingers.

05 Wrist movements with the elbow bent

Moving the ulnar nerve gently at the elbow, without stretching it.

1. Sit with your elbow bent to a right angle and resting on a table or a pillow, with your palm facing up.
2. With your other hand, slowly bend your wrist back, then forward, as far as is comfortable.
3. Keep your elbow at a right angle throughout: bending it further can stir up the nerve.

REPETITIONS	HOW OFTEN	SPEED
10	3 times a day	Slowly, without forcing

06 Ulnar nerve slider

Sliding the ulnar nerve gently along the arm.

1. Stand or sit tall. Lift your arm out to the side, a little below shoulder height, with the elbow straight and the palm facing down.
2. Slowly bend your elbow, bringing your hand towards your shoulder, and at the same time let your wrist and fingers curl forward.
3. Then straighten your elbow again as you bend your wrist back, so that your fingers point up.
4. Keep the movement smooth, and within comfort.

REPETITIONS	HOW OFTEN	SPEED
10	3 times a day	About 2 seconds each way

07 Ulnar nerve stretch: the mask (only when advised)

A gentle stretch of the ulnar nerve, for later, when the slider is easy.

1. Make a ring with your thumb and index finger, as in an ‘OK’ sign.
2. Turn your hand over and bring the ring up to your eye, like a mask, with your other fingers resting along your cheek and your elbow pointing out to the side.
3. Stop when you feel a gentle pull on the inner side of the elbow or mild tingling in the little finger, then lower your arm.

HOLD	REPETITIONS	START
2 to 3 seconds	5	Only when advised

Part 3: The radial nerve

The radial nerve winds around the back of the upper arm and passes the outer side of the elbow, to the back of the forearm and hand.

08 Radial nerve slider

Sliding the radial nerve gently along the arm, without stretching it.

1. Stand tall with your arm by your side, the elbow straight and your shoulder relaxed down. Turn your arm inwards, so that your palm faces behind you.
2. Slowly bend your wrist and fingers, tucking your thumb into your palm, and at the same time tilt your head towards that shoulder.
3. Then let your wrist and fingers straighten, as you tilt your head away to the other side.
4. Keep moving smoothly between the two positions, without stopping at either end.

REPETITIONS	HOW OFTEN	SPEED
10	3 times a day	About 2 seconds each way

09 Radial nerve stretch (only when advised)

A gentle stretch of the radial nerve, for later, when the slider is easy.

1. Stand tall with your arm by your side and the elbow straight. Let your shoulder drop gently down, and turn your arm inwards, so that your palm faces behind you.
2. Bend your wrist and fingers, with your thumb tucked into your palm, and move your arm a little behind you.
3. Slowly tilt your head away to the other side, until you feel a gentle pull along the back of the forearm, then bring your head back to the middle.

REPETITIONS	HOW OFTEN	START
5	3 times a day	Only when advised

Work, sport and lifting

You can usually keep working and doing sport, changing the activities and positions that bring on your symptoms. Heavy lifting and sport are built up gradually, and planned separately for each person.

What to expect

Nerve-related pain settles slowly. With the exercises, your medicines and simple changes to how you use your arm, it often eases over a few weeks to a few months. Mild tingling during the exercises should become less as you go on.

If your symptoms are not improving, or are getting worse, contact the clinic. Dr Malik may suggest tests, such as a nerve conduction study, an ultrasound scan or a scan of the neck.

When a nerve is squeezed: surgical release

When tests, such as a nerve conduction study, confirm that a nerve is squeezed in its tunnel, as in carpal tunnel syndrome at the wrist or cubital tunnel syndrome at the elbow, an operation to release the nerve is usually needed. The operation frees the nerve by opening the tight band or tunnel around it, so that the nerve has room again.

It is a short operation, usually done as a day case, so you go home the same day. Dr Malik will discuss whether it is right for you, and what it involves.

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