

Abstract

The ulnar nerve is the second most commonly affected peripheral nerve after the median nerve by compression neuropathy. Nerve compression most often occurs in the cubital tunnel. Less often, the nerve is compressed by Struthers' arcade in the arm or in the Guyon's canal in the wrist. The research part of the thesis summarizes the findings of the anatomy, pathophysiology and etiology of ulnar nerve entrapment syndromes. The issue of risk factors is also discussed, including the influence of the work environment and sports activities. Diagnosis consists of a thorough clinical examination and electrodiagnostics in combination with the use of modern imaging methods, especially diagnostic ultrasound and magnetic resonance. Pharmacological, orthotic, and surgical treatment options are briefly described. More space is devoted to physiotherapeutic interventions, which includes the possibilities of kinesiotherapy and physical-therapeutic methods.

The practical part presents case reports of three patients with compression of the ulnar nerve in various anatomical strains. Patients were clinically examined before therapy, 3 days after therapy, and during the follow up after 20 days from the end of therapy. All patients were improved subjectively and sensorimotorically during the study period. All achieved the best results during the examination 3 days after the end of therapy. During the follow up after 20 days, the the obtained values were on average worse than during the examination 3 days after the therapy, but the subjective and objective condition of the patients was still better than before the therapy.