SYMPTOM

Excessive carrying angle of the elbow

An excessive carrying angle means the forearm points farther away from the body when the elbow is straight.

WHAT IT FEELS LIKE
My forearm angles outward when my arm is straight

WHERE IT IS FELT
Elbow and forearm

MOST COMMON CAUSES
Natural body shape, growth pattern, healed childhood elbow injury

WHEN IT IS URGENT
New deformity after injury, especially with pain or numbness

USUALLY LASTS
Long-term unless related to temporary positioning or swelling

SEE A DOCTOR IF
Increasing angle, pain, weakness, numbness, or reduced movement

Overview

The carrying angle is the slight outward angle between your upper arm and forearm when your elbow is straight and your palm faces forward. It helps your forearm clear your hips as you walk or carry something.

An excessive carrying angle, medically called cubitus valgus , means this angle appears larger than expected. It is a visible sign rather than a disease.

Carrying angles naturally differ and can change as children grow. Arm position also affects their appearance, so no single home measurement can confirm a problem. A healthcare professional considers age, body shape, symptoms, and differences between the arms.

A larger angle often causes no pain or loss of function. Sometimes it develops after an elbow injury or strains the ulnar nerve, which passes behind the inner elbow.

What it may feel or look like

Your forearm may point farther away from your body when you straighten your elbow. The

difference may be clearer on one side or when you hold both arms forward with the palms up.

The angle itself usually does not hurt. An associated elbow or nerve problem may cause:

The little and ring fingers can become numb when the ulnar nerve is irritated. Nerve symptoms may appear years after an elbow injury.

- Elbow stiffness, aching, or reduced movement
- Weak grip or hand clumsiness
- Tingling or numbness in the little and ring fingers
- Clicking or a feeling that the elbow is unstable

Common causes

Natural variation and growth: Some people naturally have a noticeable carrying angle. In children, it changes as the bones and joints develop. A painless, stable angle with normal movement may simply reflect body shape.

A previous childhood elbow fracture: An injury near a growing part of the elbow can change bone alignment as it heals. This is associated with some fractures of the outer part of the lower upper-arm bone, called the lateral condyle. A fracture that did not heal fully may allow the angle to increase gradually.

Differences in bone development: The upper-arm or forearm bones may develop differently before birth or during growth. Some inherited or chromosomal conditions are associated with an increased angle, but the angle alone does not indicate such a condition.

A recent injury: A new change after a fall, collision, or twisting injury may be caused by a fracture, dislocation, or swelling. It needs prompt assessment.

When to seek medical care

Arrange a routine appointment if the angle is increasing, clearly differs from the other arm, or occurs with persistent pain, stiffness, weakness, reduced movement, or recurring numbness in the little and ring fingers.

Seek same-day urgent care if the elbow looks newly deformed after an injury, especially with substantial pain, swelling, numbness, or difficulty moving the arm.

Go to an emergency department now if:

These signs may indicate serious damage to a bone, nerve, or blood vessel.

- The hand is cold, pale, blue, or increasingly numb
- There is severe swelling or rapidly worsening pain after an injury
- Bone is visible or there is a deep wound over the elbow
- You cannot move your fingers normally after an injury

How the cause is found

A healthcare professional will ask when you noticed the angle, whether it has changed, and whether you previously injured the elbow. Childhood fractures remain relevant years later.

They will compare both arms with the elbows straight and palms forward. They may measure the angle and check movement, strength, sensation, circulation, and joint stability.

An X-ray can show bone alignment, an old fracture, or a current injury. The other elbow may also be imaged for comparison, particularly in children.

Persistent numbness or weakness may require nerve conduction studies or electromyography. These tests assess the ulnar nerve and related muscles.

Treatment and self-care

A painless, stable angle that does not affect movement or strength may need only monitoring, including follow-up during growth.

Exercises cannot change an angle caused by bone shape, although physiotherapy may improve stiffness, movement, or weakness. Do not force the elbow straighter or use a corrective splint without professional advice.

For mild ulnar nerve irritation, avoid prolonged pressure on the inner elbow and do not rest it on hard surfaces for long periods. Adjusting repetitive activities may also help while you arrange an assessment.

Treatment after a fracture depends on healing, progression, function, and nerve symptoms. Surgery is uncommon for appearance alone. It may be considered for major functional difficulty, worsening deformity, an unhealed fracture, or significant nerve problems. Procedures may realign the bone or relieve pressure on the ulnar nerve.

What to expect

A natural carrying angle usually remains stable once growth is complete. In children, it may change as the arm grows, so follow-up may be recommended when the difference is pronounced or related to an earlier fracture.

Many people have no symptoms and use the arm normally. An angle caused by altered bone alignment is unlikely to change with exercise.

Nerve symptoms should be assessed because ongoing pressure can lead to hand weakness. Seek earlier evaluation if numbness becomes frequent, lasts longer, or affects grip or coordination.

Common questions

Can I measure the carrying angle myself?

A photograph may show a difference, but positioning can alter its appearance. Clinical measurement and, when needed, an X-ray are more useful.

Is an excessive carrying angle always caused by an injury?

No. It may be a natural difference, part of growth, or related to bone development. Previous fractures are another cause.

Can posture cause it?

Shoulder rotation, elbow stiffness, and arm position can change how the angle looks. A true carrying angle reflects the alignment of the elbow and surrounding bones.

Will exercises straighten the elbow?

Exercises can improve flexibility and strength but cannot reshape a healed bone.

Is surgery usually needed?

No. Surgery is generally reserved for significant functional impairment, progression, an unhealed injury, or nerve involvement.

Sources

- National Library of Medicine, StatPearls: Cubitus Valgus
- Pediatric Orthopaedic Society of North America: Lateral Condyle Fractures
- American Academy of Orthopaedic Surgeons: Ulnar Nerve Entrapment at the Elbow



- Royal Children's Hospital Melbourne: Supracondylar Fracture of the Humerus-Emergency Department