Musculoskeletal Treatment Guideline Elbow

ELBOW	Signs & Symptoms	Risk factors	Treatment	Consider onward referral	Diagnostic tests/ investigation prior to referral	Indication for surgery/ secondary care referral
Tennis Elbow	Pain over the lateral epicondyle; may radiate to the dorsum of the wrist; local tenderness. Pain on resisted wrist extension with elbow extended Worse on ADL such as gripping and lifting	Repeated flexion / extension of wrist Repeated pronation /supination of the forearm Overuse of finger extensor muscles	Physiotherapy rehab Explanation & advice on ADL clasps Steroid Injection 1-2x Topical NSAID gel	Not responding to conservative treatment and 1- 2x steroid injection **NB** **Steroid injection** for symptomatic relieve, no beneficial effect on long term outcome. Inflammatory Arthritis MUST be ruled out and a referral made to rheumatology if any doubt about diagnosis.	X-ray elbow if signs & symptoms suggest OA	Surgery when severe symptoms, not responding to conservative treatment Up to 30% no better post surgery
Golfer's Elbow	Pain localised to the medial epicondyle during rest Local tenderness Pain on resisted wrist flexion and pronation	Constant overstrain of wrist and finger flexors	Physiotherapy rehab Explanation & advice on ADL Steroid Injection 1-2x Topical NSAID gel Immobilize	Not responding to conservative treatment and 1- 2x steroid injection Inflammatory Arthritis MUST be ruled out and a referral made to rheumatology if any doubt about diagnosis.	X-ray elbow if signs & symptoms suggest OA	as above

NHS Bournemouth and Poole
NHS Dorset

Musculoskeletal Treatment Guideline — Elbow

ELBOW	Signs & Symptoms	Risk factors	Treatment	Consider onward referral	Diagnostic tests/ investigation prior to referral	Indication for surgery/ secondary care referral
Ulna Nerve Entrapment	Paraesthesia / numbness in medial aspect of hand. Muscle weakness or atrophy Atypical symptoms and paresthesia in the forearm ulna aspect	Idiopathic Previous elbow trauma Resting on elbow May occur with OA elbow **consider** Pancoast's tumour or Cervical spine	Physiotherapy (Cx as source?) Mild symptoms –try night elbow extension splint	Onward referral If not responding to treatment Inflammatory Arthritis MUST be ruled out and a referral made to rheumatology if any doubt about diagnosis.	Nerve conduction studies-all patient Plain X-ray of elbow including cubital tunnel if OA If ulna nerve subluxes – cubital tunnel view Flexion/ extension Chest X-ray	Direct referral For patients with permanent sensory loss, muscle weakness or atrophy + refer for NCS at the same time
OA	Limited ROM Swelling Painful elbow Painful locking	RA Post trauma OA	Steroid injection Physiotherapy rehab Advise ADL	Severe ↓ ROM, signs of loose body or osteophytes For pain relief Inflammatory Arthritis MUST be ruled out and a referral made to rheumatology if any doubt about diagnosis.	Plain X-ray	Removal of osteophytes Elbow replacement (max.5lb weight post
Loose Body	Intermittent symptom of pain and limited ROM, locking	Post trauma			Plain X-ray. CT / MRI arthrogram if OA, symptoms mechanical of locking – suspect loose bodies not seen on X-ray	Direct referral If ROM severely restricted and severely functionally limited

Musculoskeletal Treatment Guideline Elbow

ELBOW	Signs & Symptoms	Risk factors	Treatment	Consider onward referral	Diagnostic tests/ investigation prior to referral	Indication for surgery/ secondary care referral
Bursitis	Swelling over the Olecranon		Steroid inject if no definite infection Aspirate/ Advise	Not responding to treatment and 1-2x steroid injection		Excision if large or symptomatic or any discharge from