

ELBOW PROTOCOLS

Introduction: Diagnostic Triage and Management Guidelines

1. Patient Group

Adults aged 18 years and over with routine elbow problems.
Patients who have had recent surgery should be referred directly to Secondary Care

2. Diagnostic Triage and Management Guidelines

Perform diagnostic triage to exclude serious pathology.
See Section 1 for Triage and Management Guidelines

3. Abbreviations

ESR	Erythrocyte sedimentation rate
FBC	Full Blood Count
MRI	Magnetic resonance imaging
NSAID	Non-steroidal anti-inflammatory drug
O.T.	Occupational Therapy
RSI	Repetitive Strain Injury

Elbow Pain Protocols

Diagnostic Triage and Management Guidelines

Diagnostic Triage	Management Guidelines
<p>Lateral Epicondylitis</p> <p><u>Clinical Features:</u></p> <ul style="list-style-type: none"> • Pain/weakness on resisted wrist/finger extension (tested in elbow extension) • Local tenderness found on/near lateral epicondyle at teno osseos or musculo tendinous junction of common wrist/finger extensors • Onset generally insidious/RSI • Usually self limiting within 2-3 years 	<p><u>Investigations</u></p> <p>X ray not indicated in presence of normal features</p> <p><u>First Line Management</u></p> <ul style="list-style-type: none"> • Advise/explanation – restrict painful activities • Analgesia / NSAIDS • Tennis elbow splint • Steroid injection x3 (if available in primary care) • Physiotherapy post injection <p><u>Second Line Management</u></p> <p>Consider referral to MSK T2 service for further investigation or injection therapy if above measures fail.</p> <p>Liaise with Orthopaedics if symptoms fail to settle and patient willing/fit for surgery</p>
<p>Medial Epicondylitis</p> <p><u>Clinical Features:</u></p> <ul style="list-style-type: none"> • Pain/weakness on resisted wrist/finger flexion (tested in elbow extension) • Local tenderness found on/near medial epicondyle at teno osseos or musculo tendinous junction of common wrist / finger flexors • Onset insidious / R.S.I. 	<p>First and Second Line Management Similar to Lateral Epicondylitis</p>

Diagnostic Triage	Management Guidelines
<p>Olecranon Bursitis</p> <p><u>Clinical Features:</u></p> <ul style="list-style-type: none"> • Acute or chronic presentation • Sustained compression or direct fall / blow to elbow • Pain and tenderness posterior elbow • May have obvious effusion • Pain on passive flexion and some times extension • Pain on resisted extension 	<p><u>Investigations:</u></p> <p>X ray not required if traumatic / acute onset. However, patients under 30 years with a chronic condition consider X ray. Bloods – FBC, ESR, Uric acid, ?RF, aspirate test</p> <p><u>First Line Management</u></p> <ul style="list-style-type: none"> • Consider NSAIDs • Advise rest from painful activity • Aspirate and send off for analysis • Physiotherapy • A direct blow or fall may cause haemorrhagic bursitis which needs immediate aspiration • Tubigrip <p><u>Second Line Management</u></p> <ul style="list-style-type: none"> • If symptoms fail to settle and aspirate/bloods clear, LA and corticosteroid infiltration may be considered. Consider referral to MSK T2 service • Liaise with Orthopaedics if symptoms fail to settle or recur • Refer to Rheumatology if systemic cause suspected
<p>Elbow Joint Capsulitis</p> <p><u>Clinical Features:</u></p> <ul style="list-style-type: none"> • Acute or chronic presentation • Onset maybe insidious or traumatic, occasionally heavy over use i.e. fencing • Pain in and around elbow joint • Passive elbow flexion is painful and more limited than extension • In comparison resisted muscle tests are relatively pain free • May be associated with OA / loose bodies 	<p><u>Investigations:</u></p> <p>X ray diagnostic for OA / loose bodies</p> <p><u>First Line Management</u></p> <ul style="list-style-type: none"> • Consider NSAIDS • Physiotherapy • Advise/rest from painful activities <p><u>Second Line Management</u></p> <ul style="list-style-type: none"> • Consider IA joint injection x 2 max • Consider referral to MSK T2 service for further investigation or injection • Liaise with Orthopaedics if symptoms persist despite above measures