

Musculo-Skeletal Care Pathways **ELBOW**

ELBOW	Signs & symptoms	Risk factors	Treatment	Consider referral	Diagnostic tests/ investigation prior to referral	Indication for surgery / Secondary care referrals
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's / gel	Not responding to conservative treatment and 1-2x steroid injection NB Steroid injection for symptomatic relief, no beneficial effect	Xray 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	Physio rehab. Advice on ADL Steroid Injection (1-2x) Topical NSAID's / gel Immobilize	on long term outcome Not responding to conservative treatment and 1-2x steroid injections		as above

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Ulnar Nerve Entrapment	Paraesthesia / numbness in medial aspect of hand. Muscle weakness or atrophy Atypical symptoms and paraesthesia in the forearm (ulnar aspect)	Idiopathic Previous elbow trauma Resting on elbow May occur with OA elbow consider Pancoast's tumour or Cervical spine	Physiotherapy (cervical spine as source?) Mild symptoms – try night elbow extension splint	<u>Onward referral</u> If not responding to treatment	Nerve conduction studies-all patients. Plain Xray of elbow including cubital tunnel if OA. If ulnar nerve subluxes – cubital tunnel view Flexion/ extn. Chest Xray	<u>Direct referral</u> 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	Plain Xray	Removal of osteophytes Elbow replacement (max.5lb weight post)
Loose Body	Intermittent symptom of pain and limited ROM.	Post trauma			Plain xray. CT / MRI arthrogram if OA, symptoms mechanical of locking – suspect loose bodies not seen on xray	<u>Direct referral</u> If ROM severely restricted and severely functionally limited
Bursitis	Swelling over the Olecranon		Steroid inject if no definite infection Aspirate/ Advise	Not responding to treatment and 1-2x steroid inj.		Excision if large or symptomatic or any discharge from

