

Lateral Elbow Pain

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Conditions to Consider

- Traumatic; fractures, dislocations, instability, post traumatic arthritis
- Degenerative; “tennis elbow”, OCD RCJ, osteoarthritis and associated conditions e.g. ganglia
- Plica
- Radial nerve entrapment.

Fractures

- Radial Head
- Displaced fractures causing secondary incongruency of RC or PRUJ +/- secondary arthritis. Loose bodies, non union.
- Fixation v Excision v Replacement
- Beware Essex Lopresti injury.

Fractures

- Capitellum
- RC incongruency, cartilage shearing, loose bodies.
- Ligamentous injury as part of elbow dislocation.

Capitellum Fracture



RCJ Incongruency



Lateral Instability

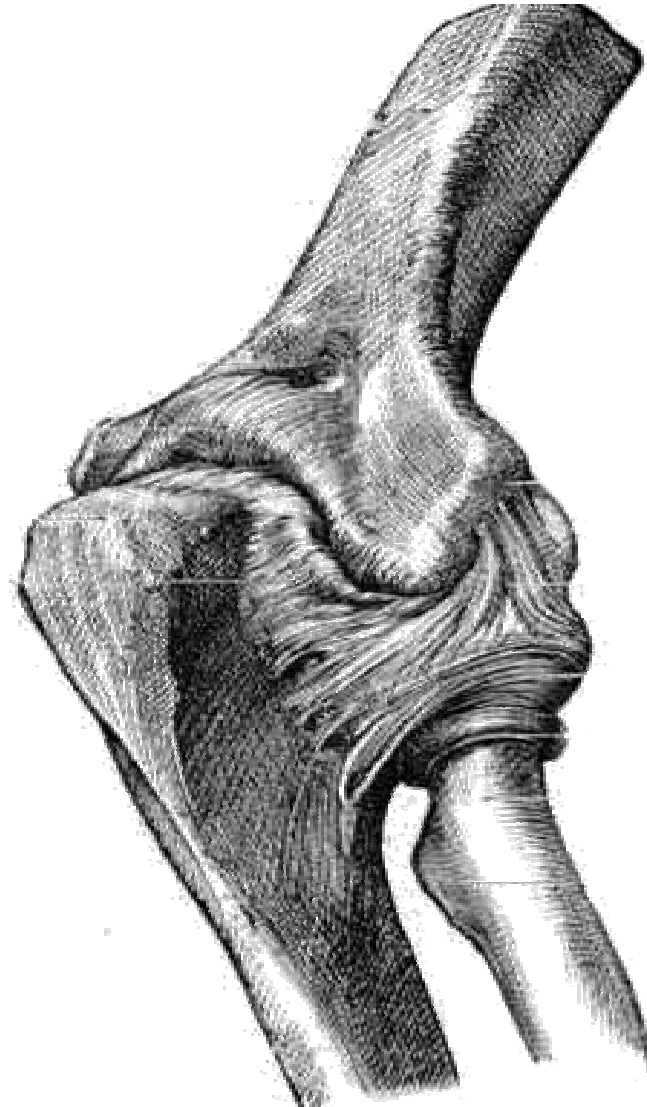
- Usually a painful clicking or clunking with elbow in extension and supination.
- Suspect ++ if previous dislocation.
- Also suspect if previous surgery to radial head or tennis elbow release i.e. iatrogenic.

Lateral Instability

- Several clinical tests, difficult to elicit.
- Lateral Pivot shift. Supine, arm overhead, axial compression with valgus stress in supination. +ve with apprehension or subluxation seen. Reduces with flexion.
- Postero-lateral rotatory draw test. (think Lachman)
- X-ray, CT PL capitellum impaction (“Hill Sachs of elbow”) EUA/Screening.

Lateral Instability

- Ulnar part of lateral collateral ligament is the critical structure disrupted.
- Reconstruction with free tendon graft (usually Palmaris Longus)
- Complex condition, commoner than thought due to diagnostic difficulty. Refer.



Arthritis



Localised



General

Degenerative Conditions

- Tennis Elbow
- An age related avascular degeneration of the common extensor origin.
- “Tendinosis” not “Tendonitis”
- Age 40-60
- Self limiting
- Treatment for those unable to manage

Tennis Elbow

- Treatment Ladder
- Put up with it, activity modification, pills, Physio, clasp, injection, surgery
- PIN (pain radiating over extensor muscle mass on active supination, release supinator arch). Clinically selected cases only, lx unrewarding, only if risk seems worth it, nerve stimulator.

Tennis Elbow

- An operation with a poor reputation.
- I have found this an effective procedure in carefully selected patients.
- Avoidance of provocative activity is easy provided that activity is not your livelihood!
- No rationale to NSAID, Physio, steroid, clasp, injection (other than needle).
- Platelets?







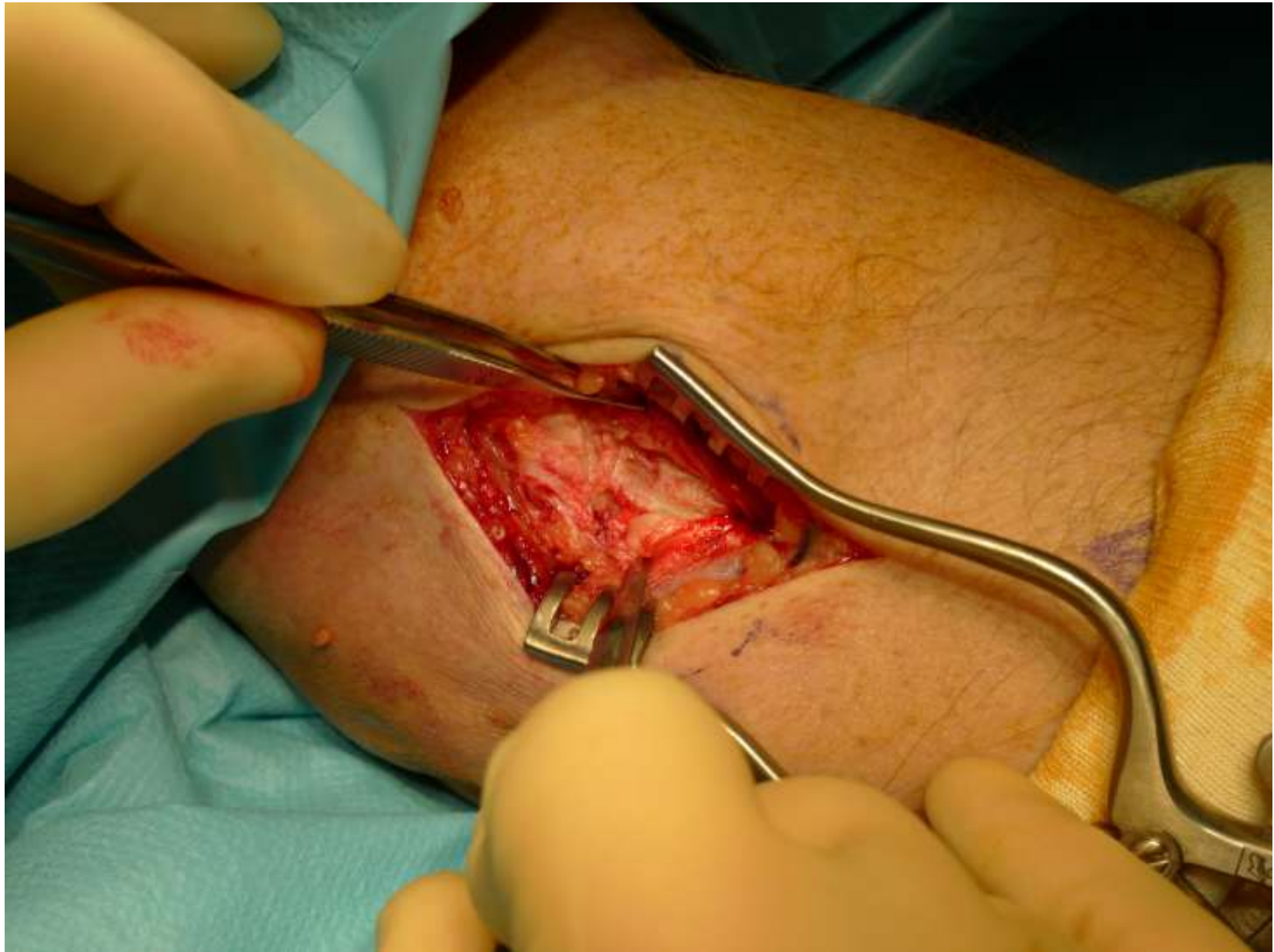


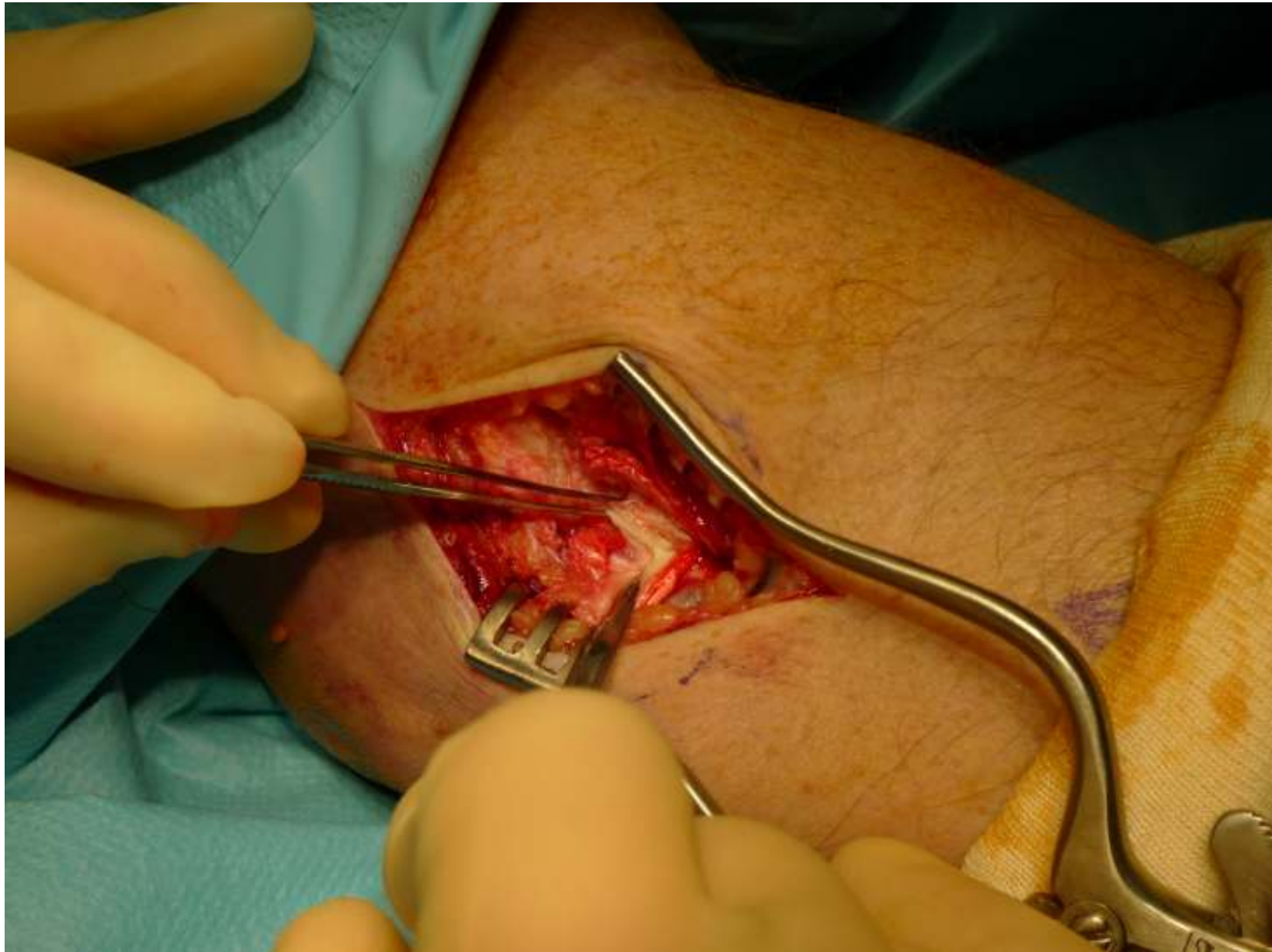


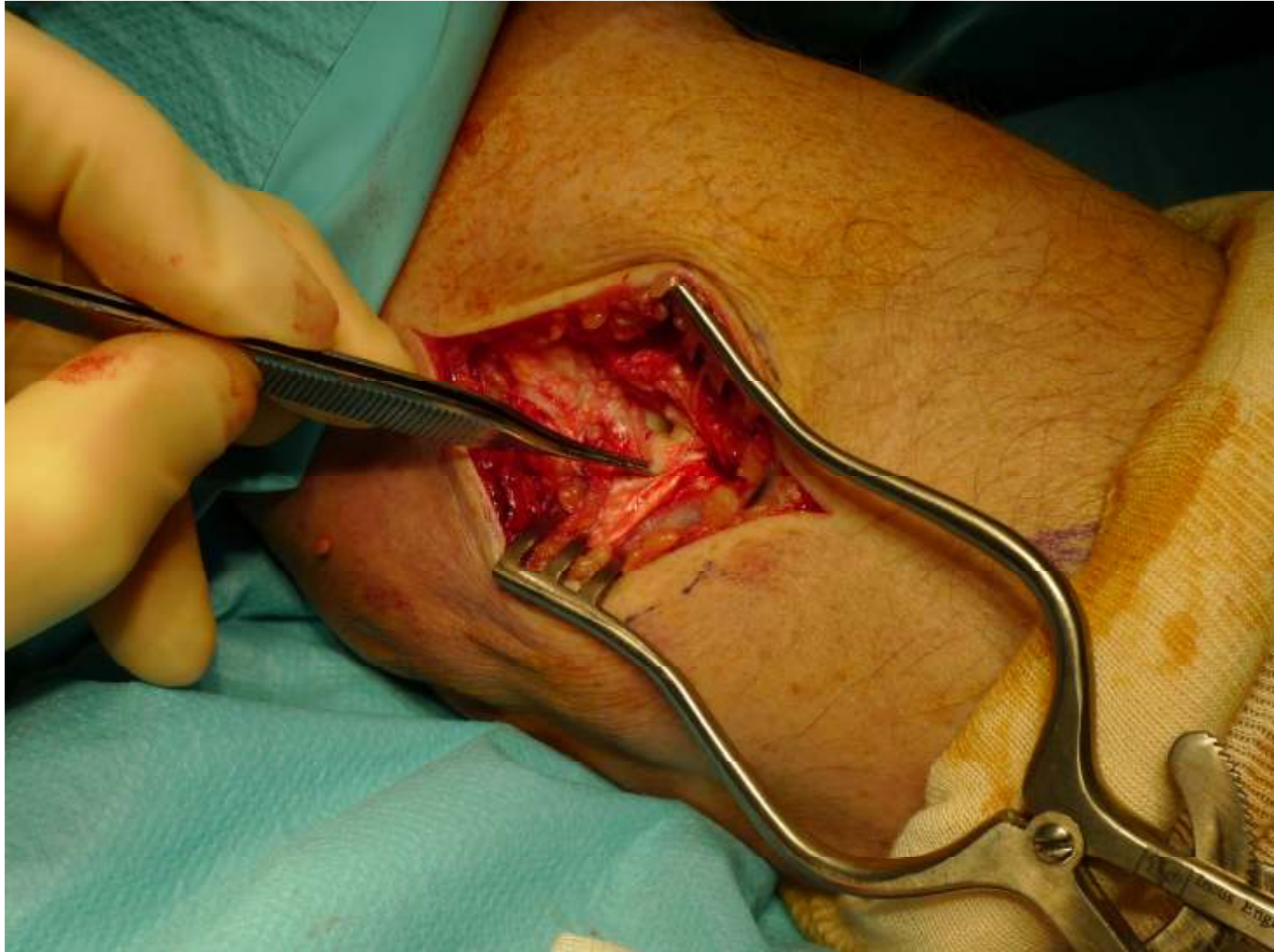




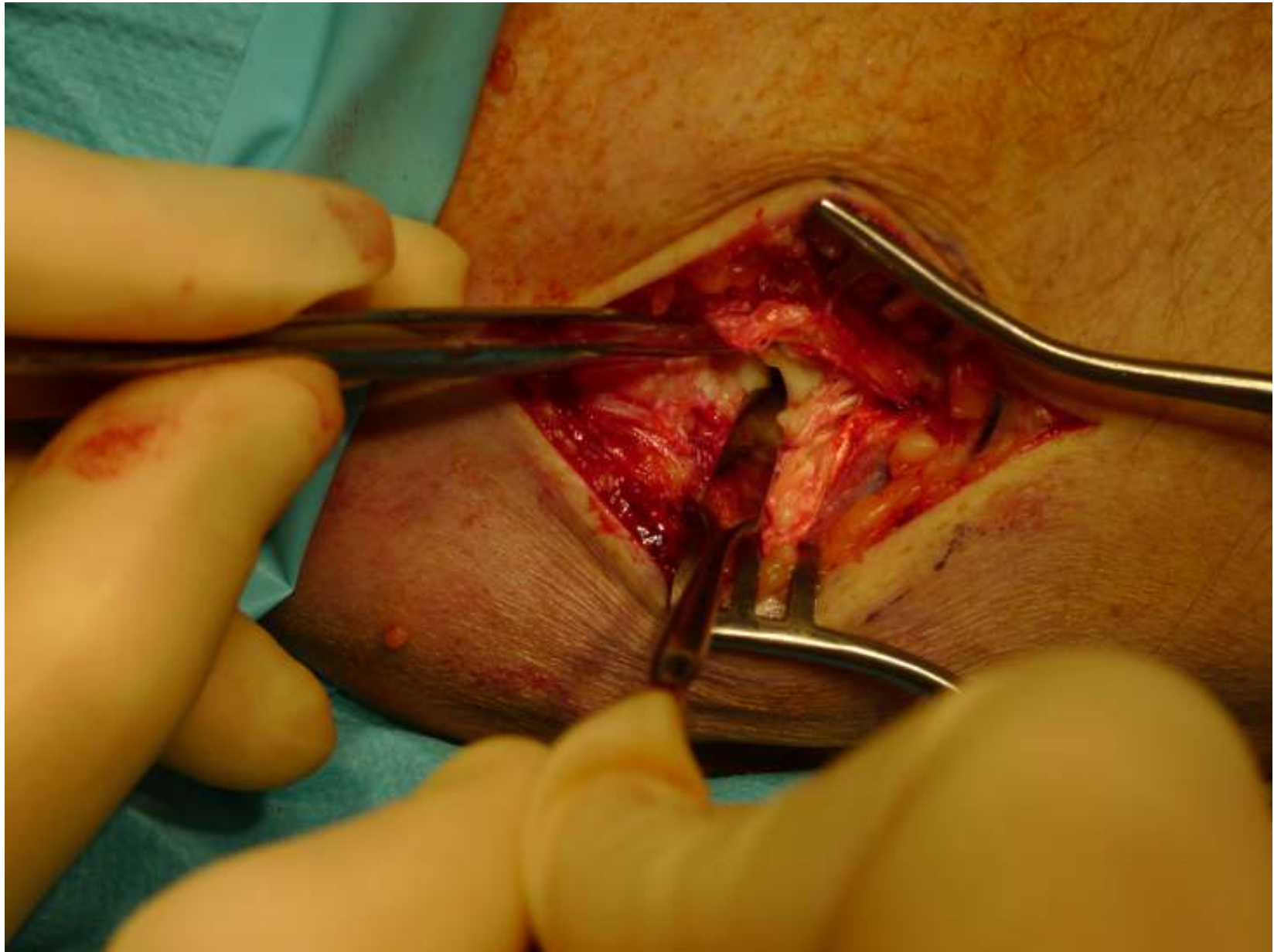




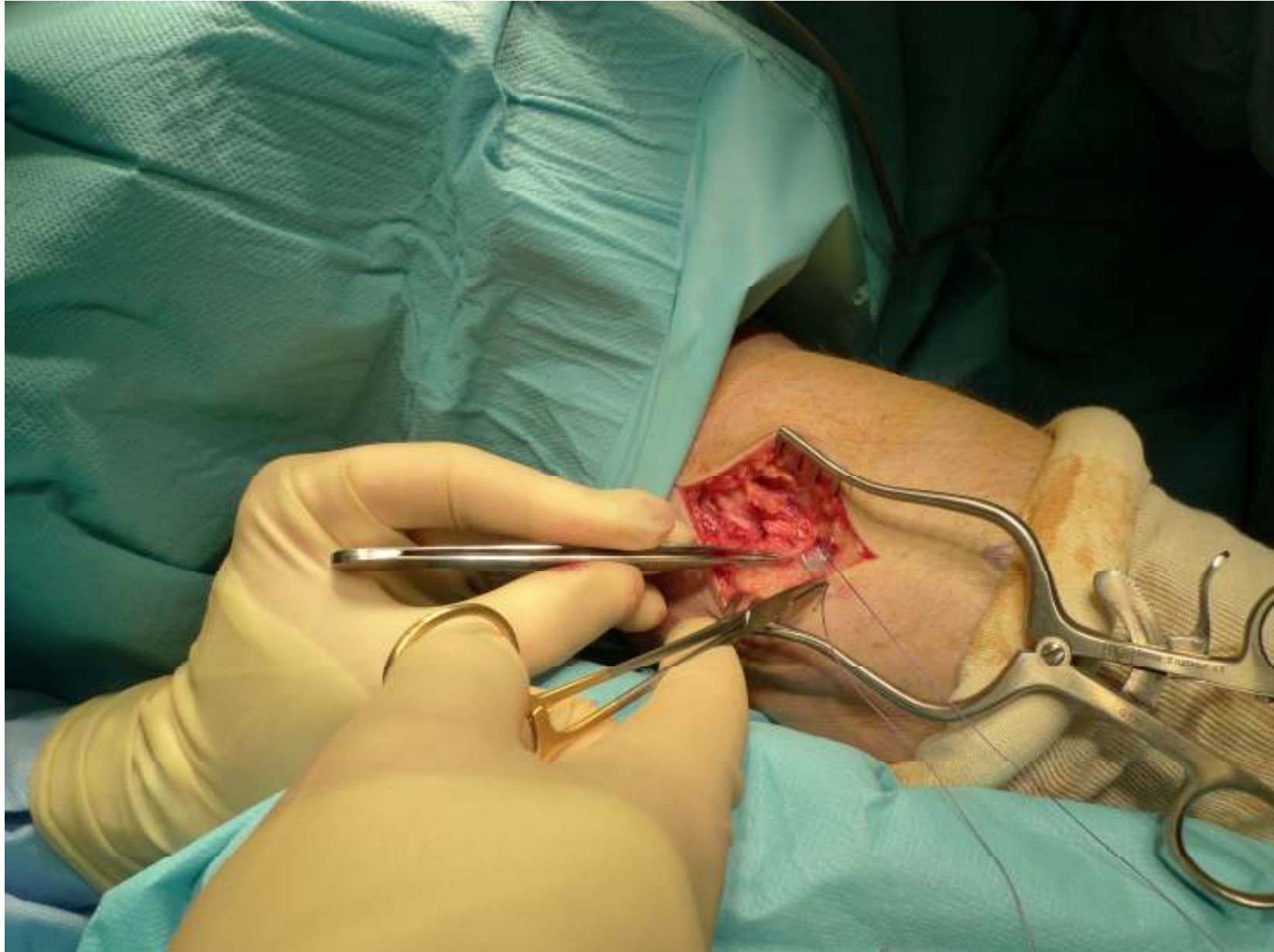


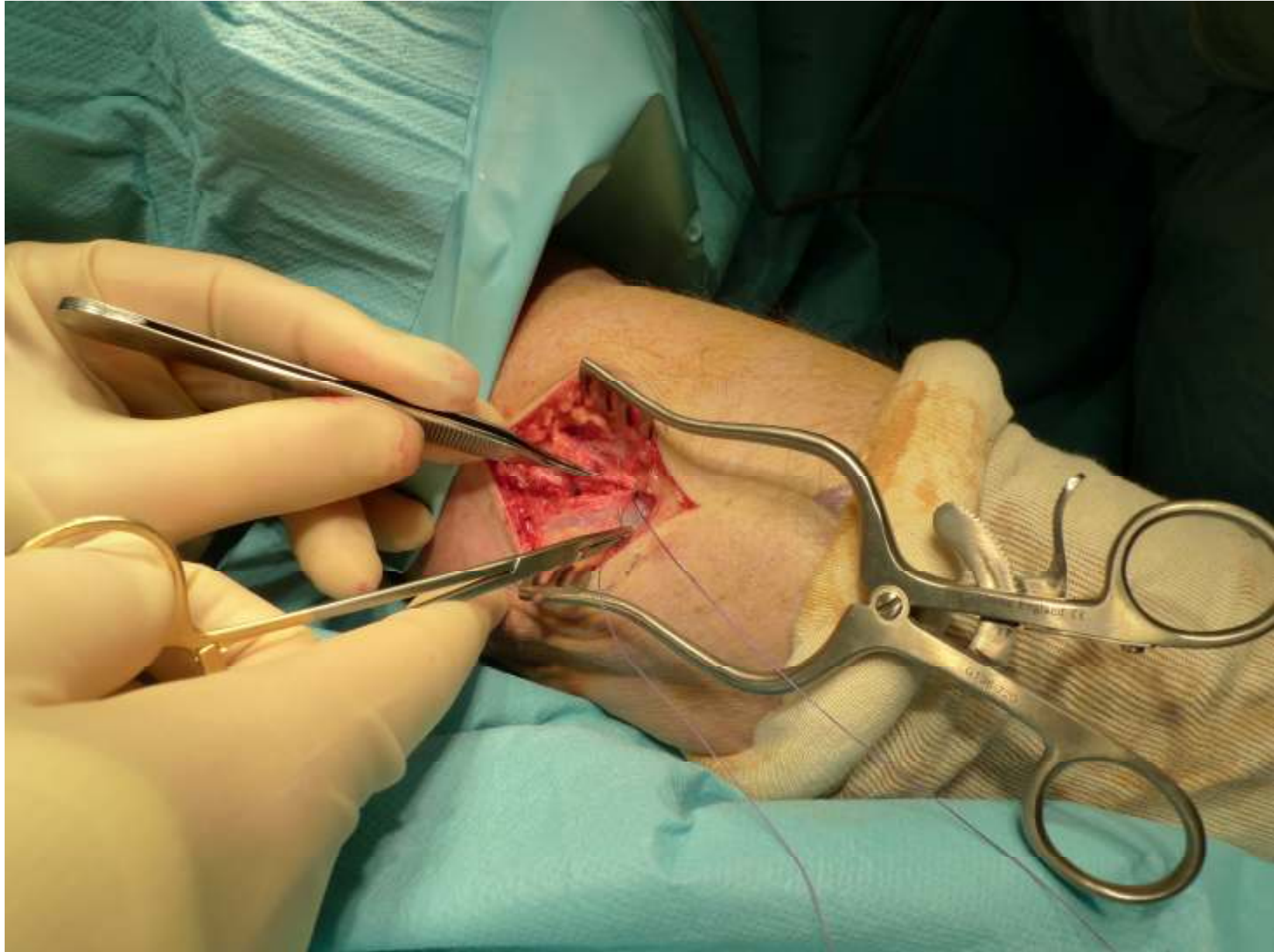


















Thank you