

Elbow Mini - Masterclass

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BEST meeting 2023





PROUD

to
care

NHS

Barnsley Hospital
NHS Foundation Trust

ELBOW



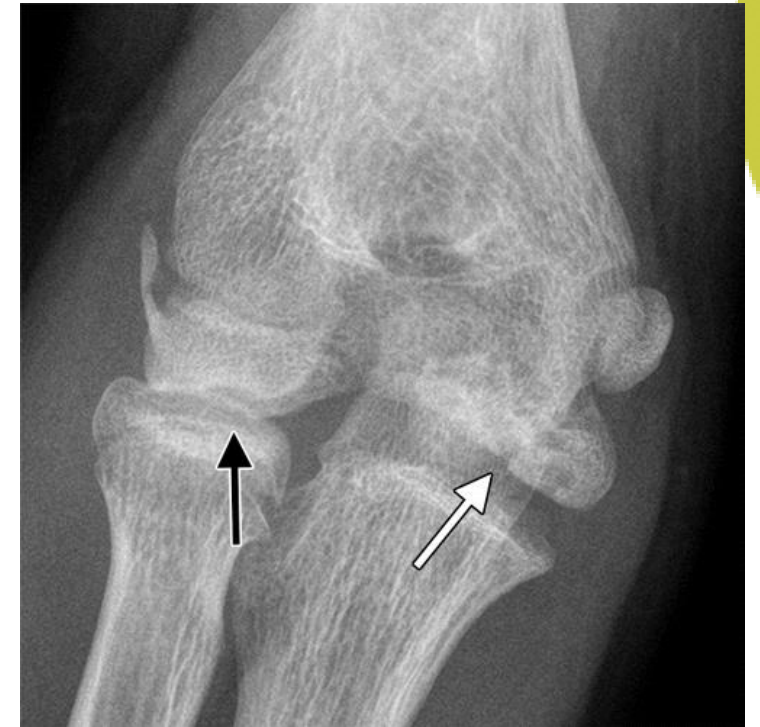
Lateral Epicondylitis – “Tennis Elbow”

- 1-3% adults every year
- Most resolve spontaneously
- Physio only proven treatment to help!
- - AAOS Program - [Therapeutic Exercise Program for Epicondylitis - Orth](#)
- **Not improving: X-ray first!**
- Injections/needling/PRP/surgery... all the same



Medial epicondylitis – “Golfer’s Elbow”

- Much more rare
- Most resolve spontaneously
- Physio only proven treatment to help!
- First step: XRAY
- Often require further imaging (MRI) to rule out other causes

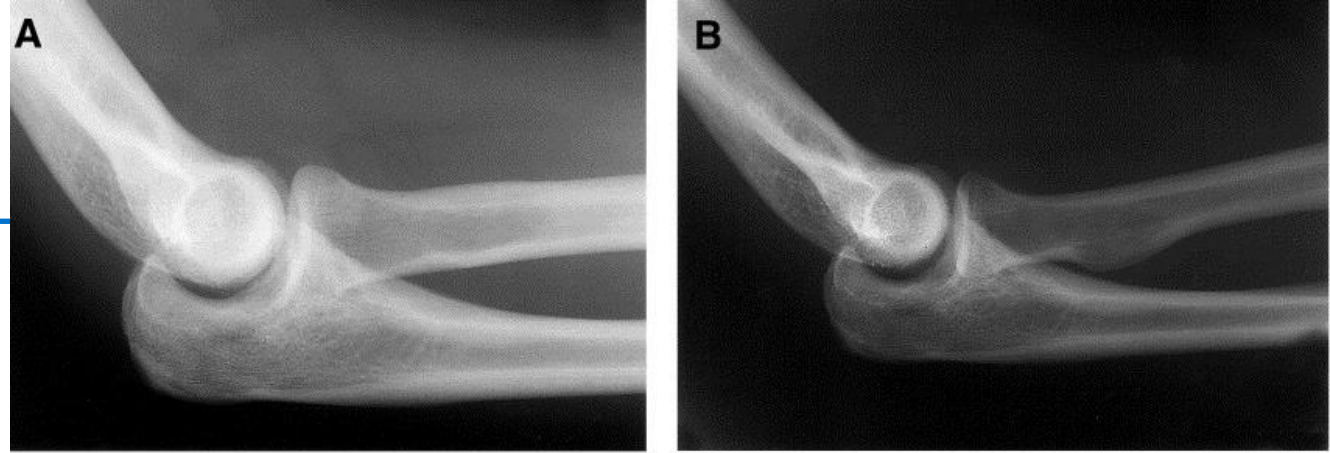


Cubital Tunnel syndrome – Ulnar Nerve

- First step...
- Physio helpful in less severe cases
- EMG useful
- Refer if atrophy or significant changes on EMG



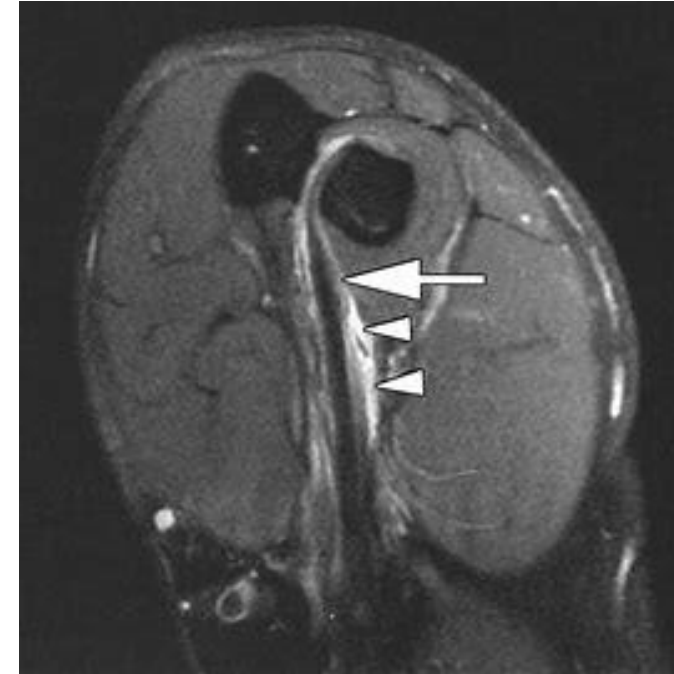
Instability



- Traumatic or atraumatic
- Often innocuous (clicking/clunking/unsure of elbow)
- If unsure → refer. Often needs further imaging and specialised clinical tests
- Post-op: Physio absolutely paramount. Overhead supine programme without varus torque

Distal biceps

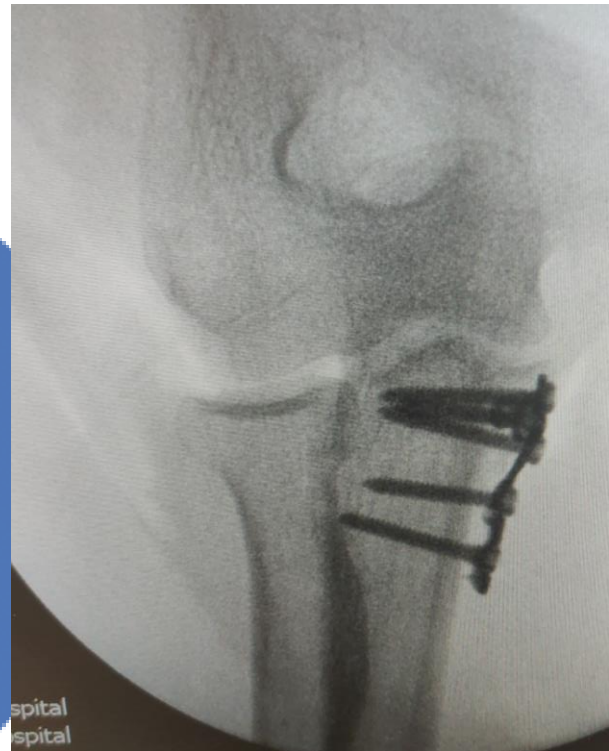
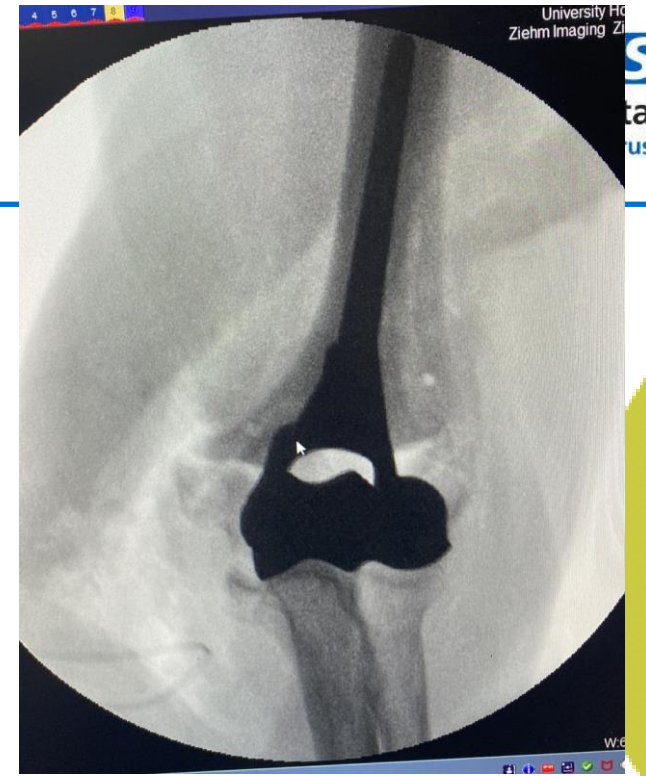
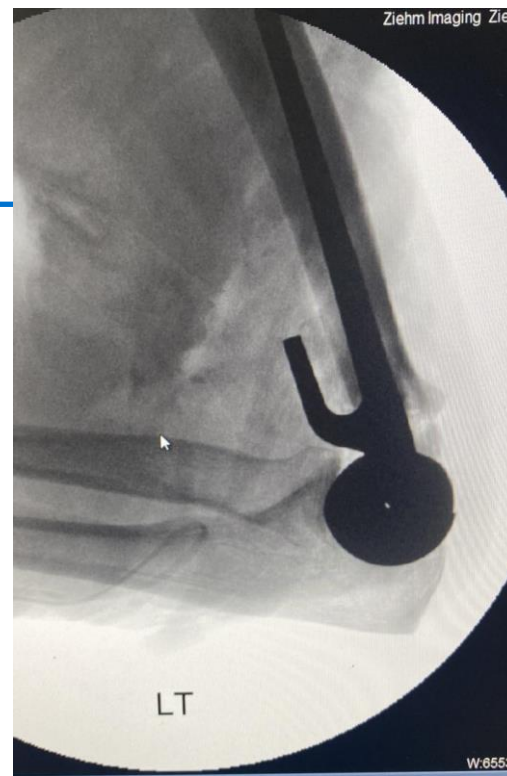
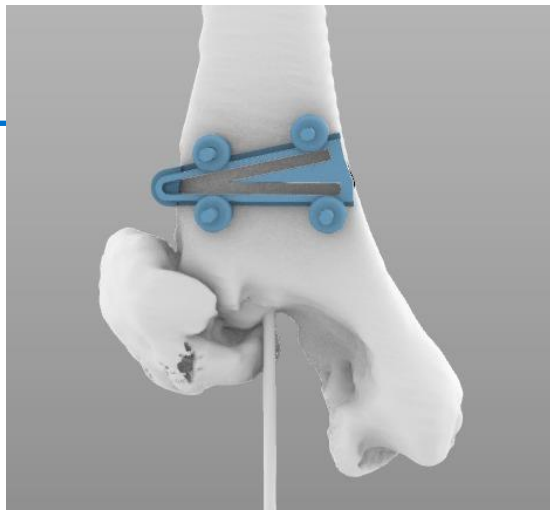
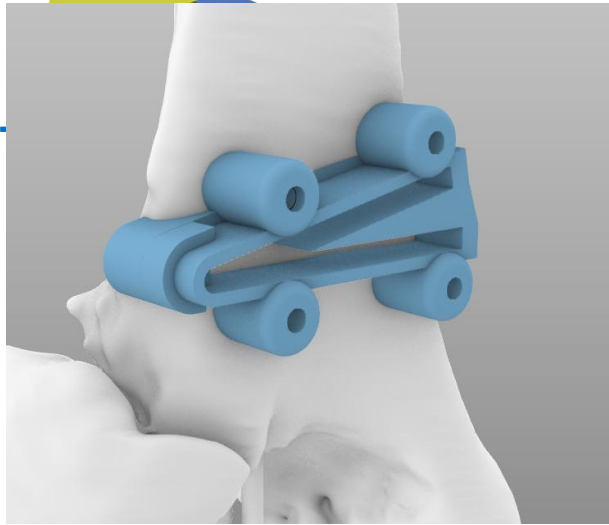
- Full rupture – Often obvious,
 - urgent referral
- Partial rupture – Often more painful
- May benefit from referral if struggling
 - - injections
 - -debridement
 - Take-down & repair



Stiffness

- 100 causes...
- Instability causes stiffness!
- Xray to show posttraumatic injuries or OA







What do Barnsley Patients Have?