

Bucks MSK

Elbow pathway GP management

Tennis elbow

Assessment

- Pain over the lateral aspect of the elbow/lateral epicondyle. Overuse.
- Localised pain and possible thickening over lateral epicondyle.
- Full range of elbow and wrist available (no restriction)
- Functional pain on carrying bags, computer mouse use, twisting movements of the wrist and gripping.
- Tests: resisted strength testing of wrist extension and middle finger extension (in extended elbow position) reproduces symptoms.
- Palpation at CEO/lateral epicondyle site can be very painful

Early management

(must be attempted prior to any referral to iMSK)

- RICE, analgesic ladder and NSAIDS as appropriate
- Relative rest: 1-2 weeks and start forearm extensor stretches
- Functional soft splinting specific to lateral epicondylitis can be helpful (Epiclasp from local pharmacy)
- Ergonomics: computer/DSE assessments at work, mouse adaptations
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 12 weeks with severe pain or occupational problems
- Refer to iMSK everyone if pain persists more than 6 months after early management
- Refer: GP referral, via e-RS

Bucks MSK

Elbow pathway GP management

Golfers elbow

Assessment

- Pain over the medial aspect of the elbow/medial epicondyle.
- Overuse
- Localised pain and possible thickening over medial epicondyle
- Full range of elbow and wrist available (no restriction)
- Functional pain on lifting and bending arm and wrist, grasping and gripping
- Tests: Pain on resisted wrist flexion and pronation
- Palpation of flexor origin/medial epicondyle site can be very painful

Early management

(must be attempted prior to any referral to iMSK)

- RICE, analgesic ladder and NSAIDS as appropriate
- Relative rest: 1-2 weeks, modification of aggravating factors
- Functional soft splinting specific to medial epicondylitis can be helpful (Epiclasp from local pharmacy)
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 12 weeks with severe pain or occupational problems
- Refer to iMSK everyone if pain persists more than 6 months after early management
- Refer: GP referral, via e-RS

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Ulnar Neuritis

Assessment

- Symptoms in Ulnar Nerve distribution of the affected hand (Little finger and ulnar border of the ring finger): paraesthesia/numbness/loss of sensation
- Intrinsic muscle wasting/atrophy: weaker grip
- Overuse: Aggravated by prolonged periods of elbow flexion, functional pain on lifting and bending arm and wrist: grasping and gripping
- Usually worse throughout the night especially if sleeps with elbows flexed
- Tests: Pain on resisted wrist flexion and pronation
- Palpation of flexor origin (ulnar groove at the elbow) and medial epicondyle site can be very painful.

Early management

(must be attempted prior to any referral to iMSK)

- RICE, analgesic ladder and NSAIDS as appropriate
- Relative rest: 1-2 weeks, modification of aggravating factors
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website
- Early referral to MSK if severe/constant symptoms, weakness, functional loss.
- Evidence suggest it can take up to 6 months for mild cases to recover
- Physiotherapy not really helpful

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 months unless loss of sensation and power or in doubt of diagnosis
- Refer: GP referral, via e-RS

Bucks MSK

Elbow pathway GP management

Elbow osteoarthritis

Assessment

- Varying limitation of elbow range of movement especially terminal extension
- Some stiffness in the joint after periods of immobility, early morning stiffness
- Common: History of previous trauma and/or strenuous manual work
- Crepitus can be felt through range of movement
- May report locking if osteophytes or disruption of articular surfaces

Early management

(must be attempted prior to any referral to iMSK)

- Analgesic ladder and NSAIDs as appropriate
- Consider direct access X-ray with AP, lateral view for suspected severe elbow joint OA or loose bodies/locking
- Provide patient information leaflet: Bucks MSK and/or Arthritis Research UK and NHS choices website

Referral to Bucks MSK:

- On-going pain and dysfunction; failure to respond after attempting early management > 6 weeks in duration
- Refer: GP referral, via e-RS