



Tennis Elbow

- Pain described as a dull ache and / or sharp shooting pain over the lateral epicondyle +/- radiation into the forearm
- Pain on gripping activity or when making a “fist”
- Onset of symptoms after repeated activity involving wrist extension e.g. backhand in tennis, using computer keyboard
- No pins and needles are reported
- Tenderness and pain on palpation of the soft tissue mass over the lateral epicondyle rather than the bony epicondyle.
- Increased pain on resisted wrist and middle finger extension
- Reduced and painful wrist flexion as a result of the stretch on the extensor muscles and their attachment
- Elbow and shoulder ROM are usually unaffected.
- Please exclude cervical origin

Golfer’s Elbow

- Pain described as a dull ache and / or sharp shooting pain over the medial epicondyle +/- radiation into the forearm
- Pain on activities that involve flexing the wrist or gripping
- Onset of symptoms after repeated activity involving wrist flexion e.g. playing golf, using screwdriver
- No pins and needles may be reported in the Ulna Nerve distribution of the hand
- Tenderness and pain on palpation of the soft tissue mass over the medial epicondyle rather than the bony epicondyle.
- Increased pain on resisted wrist flexion and passive extension due to the stretch on the flexor muscles and their attachments
- Elbow and shoulder ROM are usually unaffected.
- Please exclude cervical origin



Elbow OA

- Gross pain over the elbow joint with associated swelling primarily at end of range flexion and extension
- Some stiffness in the joint after periods of immobility
- History of strenuous manual work and /or previous trauma to the elbow joint that that disrupted the joint surfaces
- May report locking if osteophytes are present on x-ray
- Clinically reduced Active Range of Movement especially terminal extension
- Crepitus is often felt through range of movement
- Effusion may be present over the lateral aspect of the joint
- Management depends on the patient's ability to cope with symptoms and their effect on their quality of life

Loose Bodies

- Clicking and locking of the elbow which may be painful
- Possible swelling of the elbow joint
- Common in people who undertake sports or occupations that involve repeated overhead activity or heavy lifting (forced elbow extension)
- May have a block to full extension of the elbow

Radial Tunnel Syndrome (Posterior Interosseous Nerve)

- Weakness or paralysis of the wrist and digital extensors.
- Pain may be present, but it usually is not a primary symptom.
- Attempts at active wrist extension often result in weak dorsoradial deviation. These patients do not have a sensory deficit.



Cubital Tunnel Syndrome

- Pain around the medial epicondyle
- Pins and needles or loss of sensation in the Ulna Nerve distribution of the affected hand (Little finger and ulna border of the ring finger)
- Aggravated by prolonged periods of elbow flexion, or direct pressure over the olecranon e.g. Resting elbows on a desk
- Usually worse throughout the night especially if sleeps with elbows flexed.
- Increased symptoms and tenderness on palpation of the ulna groove at the elbow
- Wasting of the intrinsic muscles of the hand
- Positive Froment's sign and positive passive elbow flexion test.
- Positive Tinel's sign at the elbow
- In the case of subluxing Ulna Nerve you may feel a "pop" or "click" over the ulna groove as the elbow is moved. This will be associated with pain and distal symptoms.
- Please exclude cervical and radicular symptoms (C8 nerve root)

Distal Biceps Tendinopathy

- A history of unaccustomed elbow flexion loading (may include a sudden increase in usual activities e.g. an extra gym session) resulting in pain anteriorly in the cubital fossa.
- Patient may have a very manual job or lift heavy weights.
- Localised pain in the area of the distal biceps tendon; no bruising.
- Negative hook test.
- Patient usually have pain and weakness upon resisted elbow flexion and supination.

The logo for 'Connect' is written in a yellow, cursive script font on a dark grey rectangular background.

Distal Biceps Rupture

- A history of forceful contraction involving the biceps resulting in pain and bruising over the anterior aspect of the forearm
- Localised swelling in the area and if the tendon has retracted a lump may be seen in the upper arm.
- Positive hook test.
- Patient may have a very manual job or lift heavy weights.
- More common in males than females.
- Only management is **urgent referral** to Orthopaedics for consideration of repair.