

Medial Elbow Pain

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No Conflicts with this Talk

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Introduction - Medial Elbow Pain

- History
- Physical Examination
- Common causes Medial Elbow Pain
- Evaluation
- Treatment

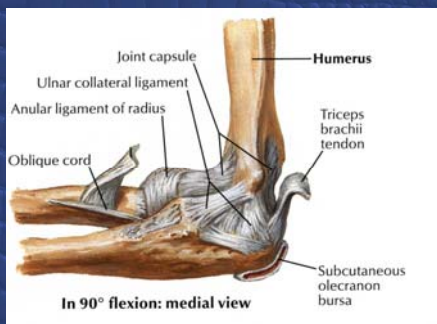
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History

- Traumatic
- Insidious onset
- Atraumatic
- Pain at rest
- Pain with flexion
- Radiation

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Anatomy




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Physical Examination

- Appearance – carrying angle, swelling
- Rom – Pain, popping, flexion/extension
 - Subluxating ulnar nerve – radiates small ring finger
 - Snapping triceps
- Moving valgus stress test – pain MCL
- Pain resisted pronation – medial epicondylitis

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Moving Valgus Stress Test



Valgus Torque
During Extension
Pain max. between 120° - 70°

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Physical Examination

- Synovitis/swelling – inflammatory arthropathy
- Allodynia – medial antebrachial cutaneous neuritis or ulnar neuritis
- Numbness pain – thoracic outlet syndrome
- Tenderness medial epicondyle – medial epicondylitis
- Pediatric traumatic – medial epicondyle apophysis avulsed

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Provocative Tests Medial Elbow

- Static Valgus Stress Test - elbow 60 flexion should not open up > 2 mm
- Pronation, wrist and finger flexion against resistance – medial epicondylitis
- Posterior Medial Extension Overload – Supinate, valgus load and forcibly extend, posterior medial elbow pain, crepitation

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Medial Epicondylitis – Golfer’s Elbow

- Insidious onset - typical
- Overuse
 - Golf back elbow
- Middle aged males most common
- Resisted wrist pronation or flexion – painful
- Tender anterior medial epicondyle
- X-ray – may see ossification in tendon origin
- Pathology - tendinopathy


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Specific Disease Entities

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Medial Epicondylitis

Golfer's Elbow (Medial Epicondylitis)



Tendon
Medial Epicondyle

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Medial Epicondylitis - Treatment

- Rest – avoidance of provocative activities
- Band
- NSAID
- Inject
- Ignore – takes a long time
- Debride

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Cubital Tunnel Syndrome

- Compressive neuropathy ulnar nerve
 - Tinels
 - Positive bent elbow
 - Ulnar nerve subluxation (minority)
 - Radiation to ulnar two digits with numbness
 - Severe - intrinsic atrophy
 - EMG/NCV

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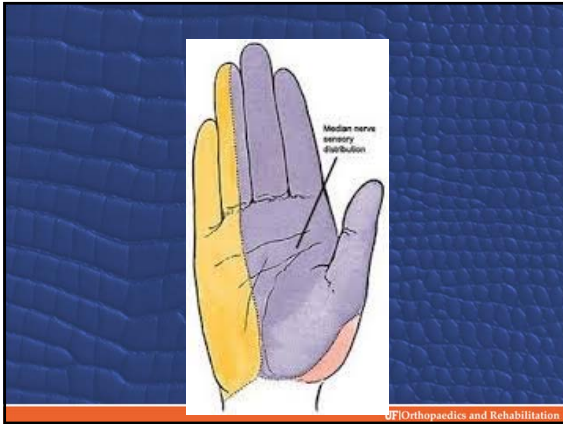
Ulnar Neuropathy



Intrinsic atrophy

Froments

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Cubital Tunnel Syndrome - Treatment

- Rest, heel bow, extension splinting
- EMG/NCV
- Compressive neuropathy
 - In situ release
- Subluxation
 - Medial epicondylectomy – non valgus stress athlete
 - Transposition
 - Sub Q
 - Sub Muscular – preferred if concomitant medial epicondylitis – do not use in valgus stress athletes

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Snapping Triceps

- Big muscular males
- Resisted extension from flexed position – snap

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Snapping Triceps - Treatment

- Rerouting medial head triceps laterally
- Transpose ulnar nerve if irritated and unstable

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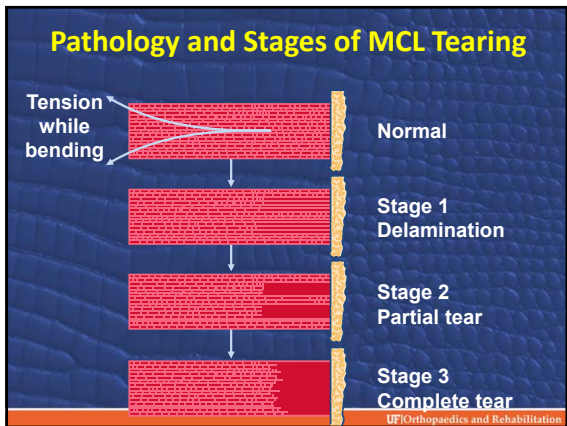
Ulnar Collateral Ligament Injury

- Valgus stress athletes
 - Throwers
 - Golfers
- Acute traumatic, acute on chronic, or chronic

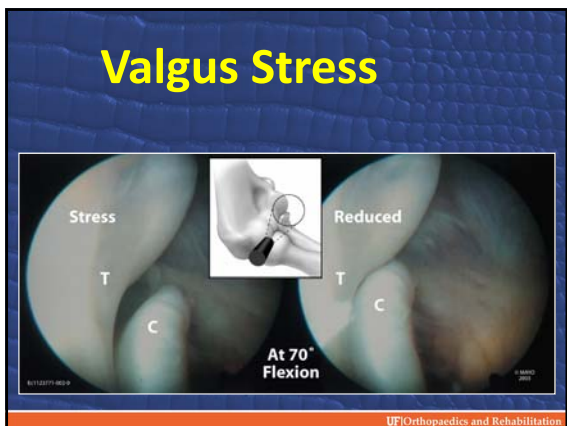
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Generation of Internal Shear Stresses In MCL During Throwing









Inflammatory Arthritis

- Synovitis
- Pain can be manifested medially
- Decrease ROM or unstable
- X-ray periarticular erosions - osteopenia

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Pediatric medial apophysitis

- Acute avulsion with dislocation
– Interposition will block reduction
- Chronic – valgus athletes (throwers)

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Medial Brachial/Antebrachial Neuritis

- Medial elbow laceration or surgery
- Idiopathic

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Olecranon Bursitis



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Referred Pain

- Thoracic Outlet Syndrome
- Medial scapula trigger points

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Conclusion – Medial Elbow Pain

- Common
- Relatively easy diagnose
- Relatively easy treat
- Good outcomes anticipated

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Provocative Test Medial

- Moving Valgus Stress Test – elbow flexed and extended while valgus stress is applied – pain indicates medial collateral ligament pathology

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Moving Valgus Stress Test

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Provocative Test Medial

- **Milking Maneuver – valgus stress applied to flexed elbow while moving – pain indicates anterior band ulnar collateral ligament pathology**

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