

4.4 Elbow

- **Most commonly injured after a fall on the outstretched hand**
- **Fractures are** Sometimes difficult to see on xray, especially in children who have multiple epiphyseal growth plates
- Look for an effusion (see fat pad sign or sail sign).
- Always check and document radial pulse. Refer all childrens' elbow fractures to the next Ortho TC.

SITE OF INJ	LOOK OUT FOR	MANAGEMENT	DISPOSAL
"Pulled" elbow		Forced supination, C&C	TRIN
Supracondylar #	displacement, arterial injury, nerve injury	C&C	Ortho 2C
Lateral condyle #	If in doubt, xray other elbow	displaced, Orthos 2C undisplaced, C&C	Ortho TC
Medial epicondyle #	Inclusion in joint? Ulnar nerve injury? Displaced? xray other elbow	displaced, Orthos 2C undisplaced, C&C	Ortho TC
Capitellum #		C&C	Orthos 2C
Olecranon #		C&C	Orthos 2C
Coronoid fracture		Undisplaced - C&C Displaced - Orthos 2C	Ortho TC
Radial head fracture	"Fat Pad" sign Comminution	If comminuted or fragment greater than 1/3 joint surface, or fragment grossly displaced, then Orthos 2C, otherwise C&C	Ortho TC
Radial neck fracture	Degree of tilt	If more than 20°, MUA, C&C	Ortho TC
Radial epiphysis	displaced	C&C	Ortho TC
Elbow dislocation	Nerve injury Associated fractures Vascular injury	Etonox, midazolam, manipulation, POP back slab at 90°, Check xray	Ortho TC
Radial head dislocation	Fracture of ulna	MUA, C&C, check Xray	Ortho TC

Pulled elbow

- A clinical diagnosis, with no need for X-rays (which look normal).
- The child is 6 months to 4 years and has been lifted by the hand / wrist, with subsequent reluctance to use the arm.
- Hold the child's lower humerus in one hand, and hold the child's hand in the other. Push and 'screw' the hand back into the elbow (pronate or supinate, both work), and rotate as far as you can. You will feel a click and the child will object. (So will Mum unless you predict this!) Then allow the child to play, and usually the function returns within 10 minutes.
- No sling or follow up necessary. Not associated with abuse. Advise the parent of the need to avoid direct pulls to the hand and forearm.
- An X-ray is usually not required as it is normal. If the child is not using the arm normally after attempted manipulation then put the arm in a collar and cuff and review the child in RC in 2 days.

Tennis elbow

See 'Golfers elbow'. Similar condition but more common and affecting the lateral epicondyle.

Golfer's elbow

This is medial epicondylitis of the lower humerus, characterised by extreme local tenderness. Steroid injection is appropriate, confined precisely to the tender point.

Olecranon bursitis

- Usually follows minor trauma, or mild repetitive knocks.
- Can appear very hot and very swollen. Don't aspirate or incise. Treat with flucloxacillin 500mg qds and any non-steroidal anti-inflammatory drug for a minimum of 5 days. Most GPs will happily continue follow up.
- If there is systemic upset with fever and tachycardia and appearances of local extensive infection admit for IV antibiotics on to CDU