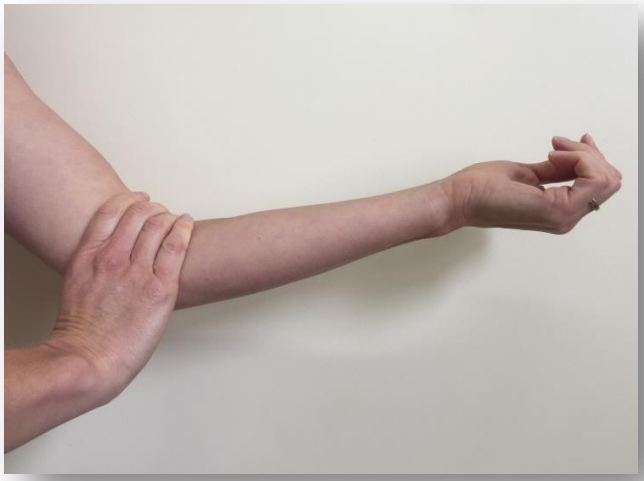
Medial Elbow Pain

Patient Information



What is the Medial Elbow?

This is the inside of your elbow, primarily where one of your forearm bones (the Ulna) meets your upper arm bone (the Humerus), creating a hinge joint. Your other forearm bone (the Radius) can be found on the outside of your elbow.

The bones of the medial elbow have several strong ligaments and tendons attached on to them, and a nerve called the Ulnar nerve runs through a small groove on this side of your elbow. It is often referred to as the 'funny bone' due to the nerve being so close to the surface and prone to being aggravated if you hit your elbow on something.

One of the most common disorders in this area is Medial Epicondylalgia (or medial epicondylopathy), which is often referred to as 'Golfer's Elbow', and this will be the focus of this leaflet.

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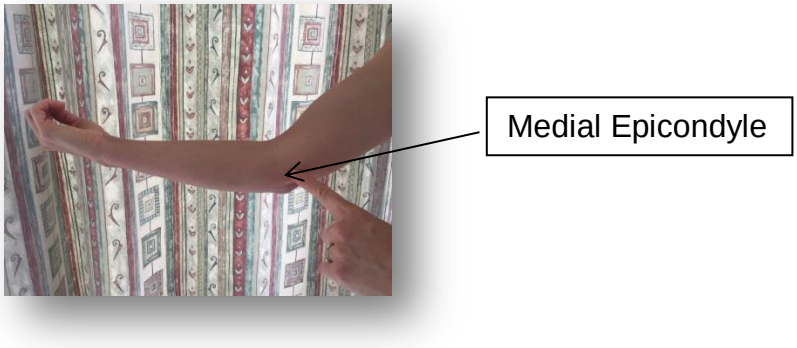
What is Medial Epicondylalgia?

This is a condition which causes pain within the large tendon on the inner aspect of your elbow where all of your flexor muscle tendons converge, which attaches onto the bone. This bone is called the medial epicondyle, hence the name 'medial epicondylalgia'. It can cause pain only when you undertake certain activities, however for some people there may be more of a constant pain which worsens with activity.

The pain is often worse when you flex your wrist (palm towards forearm) particularly when rotating the forearm and turning the palm downwards (pronation). You may also feel like your elbow is a little stiffer than normal or that your grip is weaker.



What makes you more susceptible to medial epicondylalgia?

It is more common among people aged 45 to 64, with more cases in women than men, and the majority being in the dominant arm. It is often associated with repetitive activities and therefore more common in people who undertake activities such as throwing sports, racquet sports, golf, rock climbing, or weight lifting, as well as those who have occupations involving heavy, repetitive work such as carpentry or utility workers for example. You may also be more susceptible if you have type 2 diabetes mellitus or are a smoker.

How long will it last?

In the majority of people, this condition will slowly improve, although recovery may take from several weeks to several months.

Things you can do to help yourself

Activity Modification – it is important to try and adjust your daily activities in order to reduce the discomfort in your elbow. You do not have to stop doing your normal activities, however try to modify them and take regular breaks. If you are experiencing increased pain for over an hour after activity, especially the next day, this is an indication that you are doing too much and you need to adjust your activity.

If you find that your occupation is causing you a lot of pain, try to find ways to alter your daily work in order to reduce the pain. This may involve using lighter tools, using tools with larger handles, using a mouse instead of a laptop track-pad, etc. In many work places you can ask for a referral to occupational health to assist with this.

If you have pain due to undertaking sporting activities, you may find it useful to seek some coaching advice to improve your technique or adjust the equipment you are using (appropriate size/grip etc.). You can also discuss this with a physiotherapist. Learning good technique and using appropriate equipment can also help to prevent medial epicondylagia.

Cold Therapy – You may want to try using an ice pack on the affected area to help reduce the pain. You can use a bag of frozen peas (or similar) for approximately 10 minutes, a maximum of every 2 hours. Make sure you cover the bag in a damp cloth before applying to the skin and check your skin regularly. Do not use ice if you have circulation problems, damaged skin or altered sensation in the area.

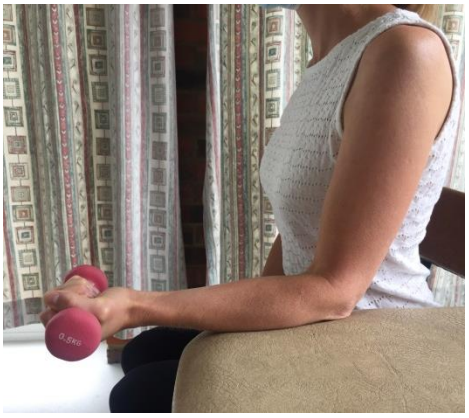
Medication – Your GP may prescribe medication to help you manage the pain. If so, take any medication regularly, as prescribed. If you feel it is not helping despite taking it at regular intervals, discuss this with your GP. If you are not currently taking any pain medication but would like some advice on what may help you, speak to your GP or a pharmacist.

Elbow Strap / brace – These are often called ‘tennis elbow’ or ‘golfers elbow’ straps/braces and are designed to unload the tendon. These do not help everyone however some people do find them useful whilst undertaking activity. Normally these should be placed approximately 2cm down your forearm from your medial epicondyle, not directly over it, however each strap will come with specific instructions. You can ask a physiotherapist or your GP for advice if needed.

Exercises

1. Static (isometric) exercise – Start with just this exercise if you're elbow is quite irritable and easily aggravated by activity. You can use a light exercise band, light weight or other light-weighted household object to do this exercise.

If using an exercise band, place one end under your foot and hold the other end in your hand, with your elbow bent and arm resting on a stable surface. Hold this position for 30-60 seconds. Repeat this 3-5 times with 2 minutes rest in between each hold, once a day.



If using a light weight or other light weight object, hold it as pictured with your elbow bent and arm resting on a stable surface. Hold this position for 30-60 seconds. Repeat this 3-5 times with 2 minutes rest in between each hold, once a day.

If you are managing the static exercise without any issues, you can progress this by increasing the weight a little and/or by undertaking the exercise with your elbow in a less flexed (bent) position, as shown above. Gradually reduce the amount of bend you have in your elbow over several sessions rather than changing the position significantly in one session. Repeat this 3-5 times with 2 minutes rest in between each hold, once a day.
If you are managing well with this exercise you can add exercise 2 to your program.

2. Flexor strengthening exercise – If you're pain is low and less irritable then you can add in this exercise to your rehabilitation immediately. Again, you can use a light exercise band, light weight or other light-weighted household object to do this exercise.

Hold a light weight, light household object or an exercise band (as shown in the previous exercise). Bend the wrist up slowly, as far as comfortable, over approximately 4 seconds and then lower slowly over approximately 4 seconds. Complete 10-15 repetitions of this and then rest for 2 minutes. Repeat this 2-3 times, once a day.

This can be progressed by increasing the weight a little and/or by undertaking the exercise with your elbow in a less flexed (bent) position, as shown in the previous exercise. Gradually reduce the amount of bend you have in your elbow over several sessions rather than changing the position significantly in one session.

Mild discomfort during exercise is acceptable, however if you are experiencing higher pain levels for over an hour after stopping the exercises or activity, or worsening the following day, then you may need to reduce the exercise to a more tolerable level.

These exercises often need to be undertaken on a regular basis for a minimum of 3-4 months. Some people do not experience significant improvements within the first 6 weeks, however it is important to persevere. Consult a physiotherapist if you are uncertain if you are undertaking your exercises correctly or if you need to alter them.

Other treatments that may be offered

- You may be referred to Physiotherapy. A Physiotherapist will assess you and may adjust your exercises or provide alternative exercises appropriate to your individual case, and they may use taping or mobilisations should this be appropriate.
- In **very rare** cases, you may be referred to an orthopaedic consultant to assess the need for surgical intervention.

Safeguarding

Wiltshire Health and Care has a strong commitment to care that is safe, of a high quality and that upholds our patients' rights. All our patients have the right to live lives free from abuse or neglect and, where they are able, to make or be supported to make informed decisions and choices about their treatment, care and support. Where patients are not able to make their own decisions, Wiltshire Health and Care staff are committed to ensuring that treatment, care and support is undertaken in accordance with the person's best interests. In order to fulfil these commitments, Wiltshire Health and Care follow the Safeguarding principles and responsibilities laid out in Sections 42-46 of the Care Act (2014) and are informed by, and apply, the guiding principles and provisions of the Mental Capacity Act (2005).
If you or your carer have any concerns about abuse, neglect or your rights in relation to care provided by Wiltshire Health and Care or any other agency or individual, please raise this directly with any Wiltshire Health and Care staff or contact the Safeguarding Adults Team by telephone on: 0300 4560111.
Regarding children, WHC is responsible for providing services in accordance with Section 11 of the Children's Act (1989) and works under the principles of Working Together to Safeguard Children (2018).

Patient Advice and Liaison Service (PALS)

If you have any questions, or concerns, suggestions or compliments about our service, please speak to a member of staff.

This information sheet is available in other languages and formats. If you would like a copy, please contact us on 0300 1237797 and PALS.wiltshirehealthandcare@nhs.net

Patient and Public Involvement
We value your opinions which will help us to further develop our services.
If you wish to provide feedback or get involved in our patient participation groups, please email the Patient and Public Involvement Officer at ask.wiltshirehealthandcare@nhs.net or telephone 01249 454386.