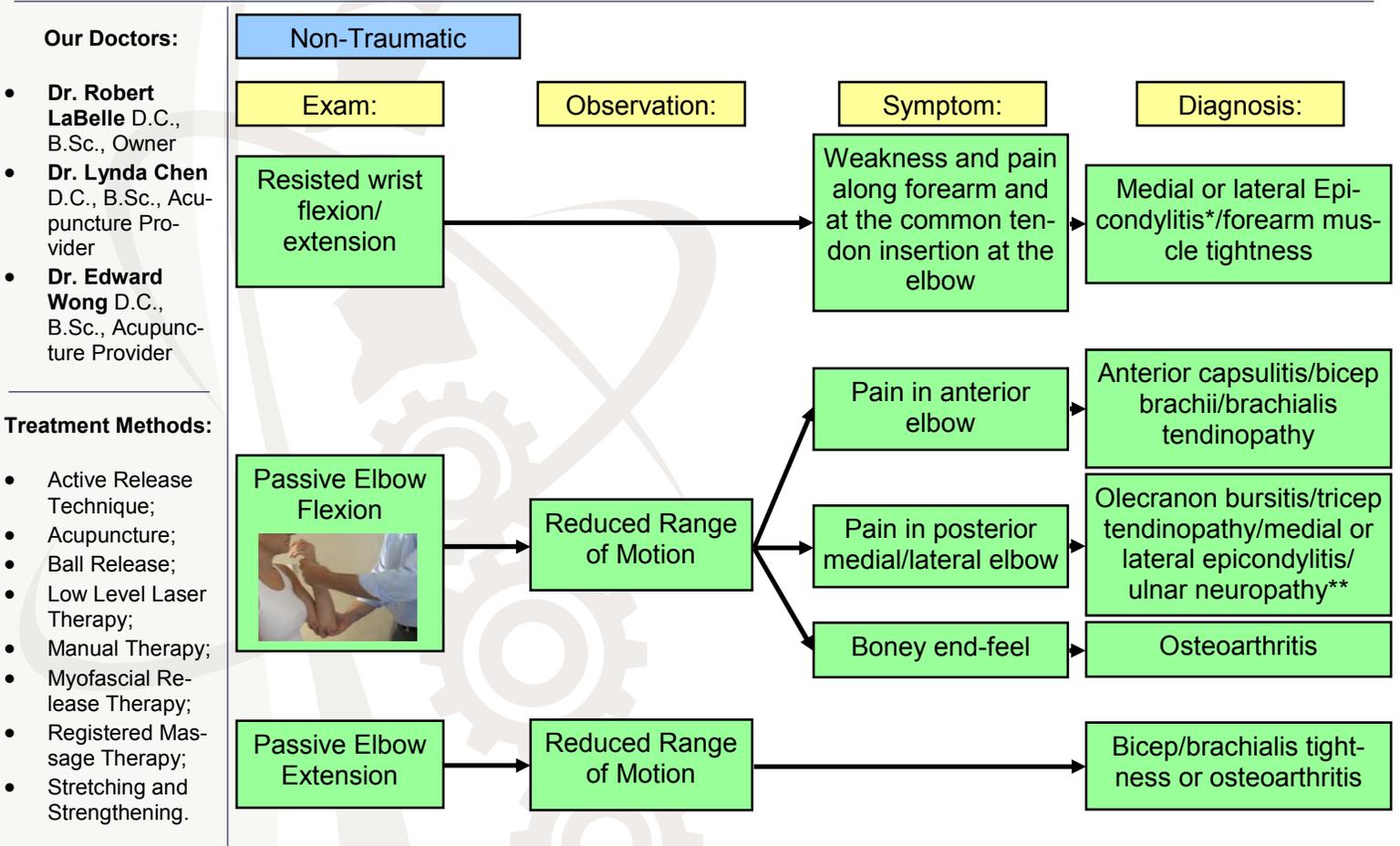


The Elbow: Examination and Treatment

The elbow is mainly a hinge joint, meaning that it flexes and extends. It plays a large role in the upper kinetic chain of injuries; for example, most wrist tendonitis' start as muscle tension in the forearm flexors/extensors—which also causes epicondylitis.



***Clinical Pearl:**

The most common elbow condition seen in our practice is epicondylitis. It manifests from overuse of the wrist in flexion and extension; therefore, weakness and pain arise from resisted muscle testing of the wrist. Once the affected tissues have been manually treated, wrist/elbow eccentric strengthening exercises are prescribed for a more complete rehabilitation of the area.

****Clinical Pearl:**

Ulnar neuropathy often occurs due to pressure/compression of the ulnar nerve by the flexor carpi ulnaris at the cubital tunnel of the elbow. Patients experience paresthesia in the cutaneous distribution of the 4th and 5th digits as well as weakness with digital flexion. Nerve flossing and soft tissue therapy to the surrounding structures (tricep and flexor carpi ulnaris), can be very effective in treating this condition.

Patients are tested regularly throughout treatment to ensure that we stay on the right track with their condition. They are later provided with in-home rehabilitation programs in order to help them reduce or even discontinue treatment and self-manage their conditions.

Studies of manual therapy indicate the necessity of 10-20 treatments in order to rebuild damaged tendons. The more damaged the tendon (e.g. tendinosis), the longer the treatment process. Even patients with chronic pain associated with arthritis report relief because much of their pain comes from the surrounding soft tissues as a result of their arthritis-ridden joints.