

# Argus Orthopaedic Zone

## Elbow Pain

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*Transforming patient information into patient understanding.*

### What Is It?

Most elbow pain just happens. The person did not have any elbow injury in the past that caused it. There is no sign of infection and no recent trauma, arthritis or swelling.

The majority of elbow pain is like this. Pain is more common on the lateral or outer side than the inner or medial side.

The pain comes from tiny tears in tendons that attach to the elbow.

### The Cause

Overuse of the forearm muscles causes tiny tears in the tendon attachment near the bone. I'm oversimplifying somewhat, but pain is caused it seems from the inflammation that results.

Any activity that requires rotating the arm and extending the wrist can lead to the condition.

### Tennis Elbow

Technically the condition is called epicondylitis, but everyone knows it by its common name, tennis elbow.

Most people who get tennis elbow don't even play tennis! It is also common in golfers, baseball pitchers, gardeners and others who make a repetitive motion with one of their arms.

If you don't give those tiny tears time to heal the tendon becomes painful and inflamed. Tennis elbow usually affects adults between 35 and 50 years.

### Signs and Symptoms

- Pain is centered around the bony prominence on the outer side of the elbow.
- Golfers more commonly feel the pain on the part of the elbow closest to the body.
- Pain radiates down into the forearm.
- Gripping or lifting makes the pain worse.
- Some patients describe it as burning pain.

### Treatment

- Stop doing whatever caused it (if you know).
- Give the tendons time to heal.
- Take Advil or similar for pain and inflammation.
- Apply an ice pack over a cloth on the skin for 10 minutes twice a day.
- Apply Theragesic ointment to the painful area 2 to 3 times per day.

### Doctor Treatment

After examining your elbow and getting an x-ray, if your treatment didn't work I might do this.

- Prescribe an elastic Velcro brace worn just below the elbow.

- Arrange for a Physical Therapy appointment.
- Inject the painful area with a steroid.
- Adjust the activities causing it.
- Suggest surgery if the condition is disabling and nothing has helped over time.
- Continue strengthening exercises to prevent a recurrence.

#### **Office Website and Argus Orthopaedic Archive**

I hope what you have read has raised questions. No problem!

Please log onto [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It has a huge amount of musculoskeletal information in the Website and the Archive of all previous Argus articles.

Check it out and be amazed what you can learn.

Good health. Good life. All the best to you. Be well.

Dr. Haverbush