

Elbow Care Pathway

GP assessment of pain & function, Consider GALS examination

[Examination of the elbow | Versus Arthritis](#)
<https://www.elbowdoc.co.uk/elbow-examination/>

History of trauma or significant injury or loss of function?

Signs of instability or impingement in throwing athletes?

Consider immediate MSK R/F

Positive "Elbow Extension Test"

Refer for XR

No Hx trauma
conservative advice and self-management, NSAIDs/Analgesia, Standard Physiotherapy

Symptoms >6/52 or Progressive?
Non-responsive to remedial measures
Diagnosis unclear

For Signs of Septic Elbow joint/Septic Olecranon Bursitis/possible inflammatory condition

Urgent Referral

Refer to Pennine MSK Partnership for specialist review
Choose & Book triage within 48 hours. Clinical Specialist Ax <4/52

Tendon issues

Lateral and medial Epicondylitis

Distal Biceps

Snapping Triceps

Biceps rupture

Consider USS?

Soft Tissue

Ligamentous-MCL/LCL

Olecranon Bursitis

Chronic Exertional Compartment syndrome (CECS)

Differential Diagnosis

Cervical/Shoulder with brachalgia
RA
Jt infection/Sepsis
Ca/Pancoasts

Refer to appropriate Pathway

Intra-articular

OA
OCD-Loose body
Synovitis
Plica Syndrome
Posteromedial impingement
Posterolateral impingement
Radial Head Instability
Consider XR

Neural/ Entrapment

Cubital tunnel (mandatory)
Radial Tunnel
Anterior&posterior Interosseous
Median nerve
Nerve Conduction?
[Nerve entrapment](#)

INJECTION THERAPY

PHYSIOTHERAPY REFERRAL

SELF REFERRAL PATHWAY BASED ON PT CHOICE/SHARED DECISION

Non-responsive to Intervention, Pain and functional disability persisting. Progressive pathology?

ORTHOPAEDIC REFERRAL

ONLY at this point review diagnostic orthopaedic requirement pre-operative checklist (Ortho MSK checklist doc)

SURGICAL INTERVENTION WITHIN 18/52 PATHWAY

Arthroscopic or Open debridement/ fasciectomy/ spur excision/ contracture release
Instability/ Ligament reconstruction/ Total Elbow Replacement
Tendon Decompression
Bursectomy/ PRP Injection for epicondylitis