

**Secondary**

**Urgent Secondary Care Pathway**  
(Refer the following)

History of or suspected malignancy, investigate and refer as appropriate. Consider red flags of unexplained weight loss, night pain and high inflammatory markers.

Suspected fracture, dislocation or infection, refer to A&E

Suspected inflammatory condition, investigate and refer to Rheumatology

Acute Distal Biceps rupture: Urgent referral to Orthopaedic Surgeon **WITHIN 2 WEEKS OF INJURY**

Severe OA or nerve entrapment with marked limitation of function: Refer to Orthopaedic Surgeon.

**Primary Care**

**Tennis or Golfer's Elbow**

**Investigations**

NOT indicated

**Management**

Consider simple analgesia and topical NSAID initially. Consider a short course of oral NSAID if necessary and possible use of an epiclasp for 6 weeks, to assist the patient to maintain function, e.g. to remain at work.

Injections are not indicated

Refer to Physiotherapy, if not resolving after 6 weeks.

If no improvement with 3/12 rehabilitation (including stretching and an eccentric loading programme) will be referred to MSK CATS

Self help/patient education leaflets available from

<http://www.therotherhamft.nhs.uk/orthopaedics/>

[www.shoulderdoc.co.uk](http://www.shoulderdoc.co.uk)

**Arthritis Research**

**Stiff Elbow**

**Investigations**

X-ray A-P and lateral elbow views.

If x-ray shows gross OA changes with gross limitation of function, refer directly to Orthopaedic Surgeon

**Management**

Consider simple analgesia and topical NSAID initially. Consider a short course of oral NSAID if necessary

Injections are not indicated

If no improvement with 6 weeks of conservative management, refer to Physiotherapy

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[www.cks.nhs.uk](http://www.cks.nhs.uk)

[www.shoulderdoc.co.uk](http://www.shoulderdoc.co.uk)

**Arthritis Research**

**Loose Body**

**Investigations**

X-ray AP and lateral elbow views

Injection is not indicated

If loose body evident on x-ray and patient has pain and locking refer on to MSK CATS

Self help/patient education leaflets available from

<http://www.therotherhamft.nhs.uk/orthopaedics/>

[www.shoulderdoc.co.uk](http://www.shoulderdoc.co.uk)

**Arthritis Research**

**Nerve Entrapment at the Elbow**

Exclude the possibility of referral of symptoms from the Cervical Spine

Investigations are not indicated

**Management**

Consider simple analgesia and topical NSAID initially. Consider a short course of oral NSAID if necessary

Injections are not indicated

If mild symptoms refer to MSK CATS

If subluxing ulna nerve or severe intrinsic wasting please refer directly to Orthopaedic Surgeon

Self help/patient education leaflets available from

<http://www.therotherhamft.nhs.uk/orthopaedics/>

[www.patient.co.uk](http://www.patient.co.uk)

**Arthritis Research**

**Unstable Elbow**

History of injury/previous surgery with a history of clicking or elbow giving way

**Investigations**

X-ray AP and lateral elbow views

**Management**

Consider simple analgesia and topical NSAID initially. Consider a short course of oral NSAID if necessary

Injections are not indicated

If obviously unstable: Refer to Orthopaedic Surgeon.

If mild signs or symptoms: Refer to Physiotherapy

Self help/patient education leaflets available from