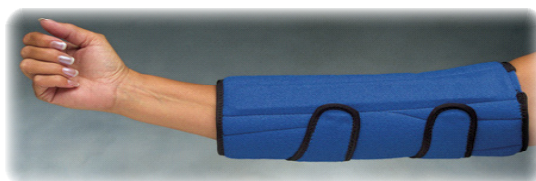
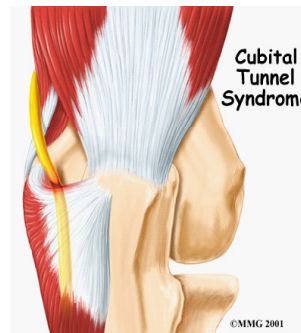


## 3 Common Overuse Injuries in the Elbow

There are many overuse injuries in the forearm. A lot of the time the injuries occur due to poor ergonomics at work and play. This newsletter will cover a few of the more common overuse injuries such as cubital tunnel syndrome, medial epicondylitis and lateral epicondylitis.

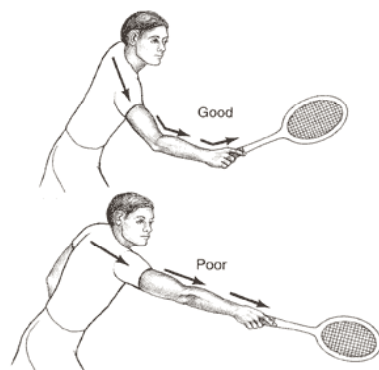
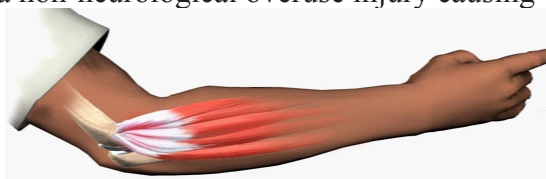
**Cubital Tunnel Syndrome** is an ulnar nerve entrapment injury at the “Funny Bone” that can occur from sleeping with the elbow flexed, leaning on elbows or medial forearm, and/or from repetitive elbow motion such as supination/pronation. Cubital Tunnel Syndrome can present symptoms of vague aching at the medial elbow, decreased sensation of ulnar 4th & 5th digits and/or possible ulnar hand distribution only. A late sign may also be weak intrinsic muscles of the hand. Passive overpressure to full elbow flexion with manual compression on the nerve should elicit symptoms as well as having a positive Tinel’s at the medial elbow. Treatment of



cubital tunnel syndrome begins by resolving compression at the medial elbow (i.e. resting on elbow, sleeping with flexed elbow, or repetitive elbow flexion) by modifying the aggravating activity and/or wearing a night sleeping splint.

Anodyne infrared light therapy over the ulnar nerve helps to improve the conductivity of the nerve and is greatly effective when used in conjunction with inflammation reducing modalities (such as iontophoresis) over the cubital tunnel. Nerve glides also help to reduce neural tension.

**Lateral Epicondylitis** (Tennis Elbow) is a non-neurological overuse injury causing pain at the lateral epicondyle. Other signs and symptoms may be an increase in pain with extended elbow grip (especially while pronated), pain with resisted wrist extension and pronation, and a possible decrease in wrist flexion. Tennis Elbow is usually caused by activities that involve excessive grasping with an outstretched arm, reverse “wrist curls” and one handed backhand in tennis. Treatment usually begins with pain and inflammation reducing modalities such as: ultrasound, light therapy, iontophoresis, and cryotherapy. Lengthening of the extensor carpi radialis (ECR) and extensor tendons by stretching and myofascial release to the muscles are effective ways of reducing the tension on the tendon and epicondyle, helping to reduce the cause of the problem. Isometric and eccentric strengthening of the ECR and extensor muscles is also a good way of lengthening the muscles while increasing



**Humboldt Hand and Foot Therapy** specializing in the care of the hand, upper extremity, foot and ankle.

**Services Offered:**

- Evaluation
- Rehabilitation
- Custom splint
- Custom orthotics
- Personal Training
- Pilates exercise classes
- Balance programs

**Frequently Seen**

**Diagnoses:**

- Tendon and nerve lacerations
- Fractures
- Arthritis
- Cumulative Trauma
- Crush Injuries
- Amputation
- Tendon transfers
- Joint replacements
- Fusions
- Balance training
- Conditioning
- Strengthening
- Rotator cuff injury
- Frozen shoulder
- Plantar fasciitis
- Tendonitis of the ankle

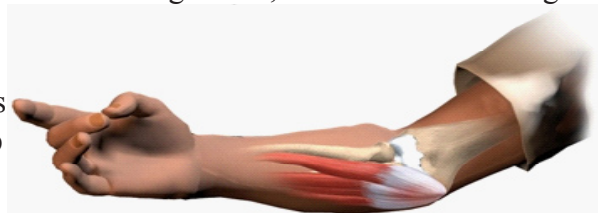
**Treatment May Include:**

- Home programs
- Range of Motion
- Strengthening
- Edema control
- Scar remodeling
- Desensitization

For more information or to make a referral, please call: (707) 441-1931

their strength. Patient education regarding avoidance of exacerbating activities and proper ergonomics is key for keeping the tendon and epicondyle from being irritated by overuse. If conservative treatment is ineffective, a possible Cortisone injection may be warranted and possibly even platelet concentrate growth factor injections.

**Medial Epicondylitis** (Golfer's Elbow) is characterized by pain at the medial epicondyle and flexor muscles of the forearm. Patients generally have pain with resisted wrist flexion and may possibly present a decrease in wrist extension. Golfer's elbow may be elicited by activities that require repetitive wrist flexion/gripping or tight gripping. Other activities that may cause or exacerbate this condition are repetitive activities with the wrist fully extended (i.e. push-ups), pronation with wrist snap into flexion during tennis, lack of follow-through with golf swing, and static supination. Treatment of medial epicondylitis is generally the same as lateral epicondylitis with the focus moving to the flexor group of muscles.



## IT IS THAT TIME AGAIN! Save the date

The Holidays are approaching and so is our annual Christmas Party.

You are invited to join us on December 9th, 2010 from 4:00pm - 7:00pm for holiday cheer, great food and spiked egg nog.

The event will be catered by Comfort of Home Catering.

See you there!



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