Elbow Pathway (V9) – 16.07.2019

SELF-CARE AND SELF-MANAGEMENT

Integrated MSK Service Website: https://sussexmskpartnershipcentral.co.uk/

OUTCOME MEASURES

- MSK-HQ
- Oxford Elbow Score

	Elbow pain
Referral reason / Patient presentation	**Elbow pain – Non-traumatic Lateral / Medial tendinopathy**
Primary Care Management (including Assessment and Diagnostics)	**Assessment**: history - mechanism of onset, focal location of pain, examination. No diagnostic at this stage. Pain relief in line with agreed formularies /guidance. . Patient education, activity modification and relative rest, use of tennis elbow strap. Injection not recommended. http://sussexmskpartnershipcentral.co.uk/wp-content/uploads/2016/11/161125-Lateral-elbow-tendinopathy-V5.pdf http://sussexmskpartnershipcentral.co.uk/wp-content/uploads/2016/11/161125-Medial-elbow-tendinopathy-V5.pdf **Management**: Pain relief in line with agreed formularies /guidance. . Patient education, activity modification and relative rest, use of tennis elbow strap. Injection not recommended.
Thresholds for Primary Care to initiate a referral	Refer to physio with 6 weeks of symptoms consistent with a diagnosis of lateral/medial elbow tendinopathy.
Management Pathway for the Integrated MSK Service ***Outcome tools: MSK HQ, Oxford Shoulder score***	Persistent symptoms despite 3 months of rehabilitation consider ONLY 1 injection with severe symptoms ensuring patient education on risk vs benefit and evidence base on outcomes.
Management within co-located clinic (seen by an AP with a consultant present) or secondary care	Consider referral to secondary care if symptoms persist despite conservative management
Thresholds for referral to Specialist In-patient care ***(Choice)***	PRP injections may be considered as part of a trial. Tendon release -• Persistent pain • Condition limiting function • Symptoms persist • Patient wants and is fit for surgery Risk / benefit information for ECRB release ECRB Release.docx
Management pathway for Specialist In-patient care	Secondary care surgical guidelines ECRB release SE Pathway Guidelines Secondary

Referral reason / Patient presentation	Elbow pain – Non-traumatic Olecranon bursitis
Primary Care Management (including Assessment and Diagnostics)	**Assessment**: history - mechanism of onset (to exclude traumatic triceps injuries), focal location of pain/swelling, Elbow examination. No diagnostic at this stage. **Management**: Management (including condition-specific self-care options): If evidence of infection – antibiotics and rest If large and non-infected bursitis – aspirate If aspiration is not effective then consider steroid injection
Thresholds for Primary Care to initiate a referral	Non resolving or unconfirmed diagnosis refer to secondary care. Consider 2WW referral according to guidelines.
Management Pathway for the Integrated MSK Service ***Outcome tools: MSK HQ, Oxford Shoulder score***	**N/A**
Management within co-located clinic (seen by an AP with a consultant present) or secondary care	
Thresholds for referral to Specialist In-patient care ***(Choice)***	**N/A**
Management pathway for Specialist In-patient care	

Referral reason / Patient presentation	Elbow pain – Non-traumatic Ulnar Neuropathy
Primary Care Management (including Assessment and Diagnostics)	**Assessment**: history - mechanism of onset, location of symptoms. Neural symptoms in ulnar distribution. Elbow examination - often positive tinels sign over cubital tunnel. No diagnostic at this stage. **Management** (including condition-specific self-care options): Patient education Avoid sustained elbow flexion especially at night. Avoid local elbow pressure. Refer to physio for mild sensory symptoms that persist despite following leaflet advice. Hyperlink leaflet http://sussexmskpartnershipcentral.co.uk/wp-content/uploads/2016/09/Elbow_Ulnar_Neuropathy.pdf
Thresholds for Primary Care to initiate a referral	Progression of intrusive symptoms - refer iCATS Fixed sensory loss – loss of two point discrimination at 3mm Hypothenar muscle wasting and weakness. Clawing of ring and little finger
Management Pathway for the Integrated MSK Service ***Outcome tools: MSK HQ, Oxford Shoulder score***	Consider investigations with NCS. Consider XR to exclude Elbow bony pathology. Consider excluding C8 nerve root, MRI for clinical correlation.

Management within co-located clinic (seen by an AP with a consultant present) or secondary care	**Urgent referral to secondary care** for presentation of severe nerve compromise e.g. clawing of the little and ring finger.
Thresholds for referral to Specialist In-patient care *(Choice)*	**Risk / benefit information Cubital Tunnel Decompression** Cubital Tunnel Decompression.docx
Management pathway for Specialist In-patient care	**Secondary care surgical guidelines Cubital Tunnel Decompression** SE Pathway Guidelines Secondary

	Elbow pain **Distal biceps rupture**
Primary Care Management (including Assessment and Diagnostics)	**Assessment**: history - traumatic mechanism of onset, location of pain to anterior elbow. Possible distal bunching of biceps. **Management**: Urgent referral to iCATS
Thresholds for Primary Care to initiate a referral	
Management Pathway for the Integrated MSK Service *Outcome tools: MSK HQ, Oxford Shoulder score*	Urgent MRI scan.
Management within co-located clinic (seen by an AP with a consultant present) or secondary care	Urgent referral to secondary care with confirmed diagnosis.
Thresholds for referral to Specialist In-patient care *(Choice)*	**N/A**
Management pathway for Specialist In-patient care	Secondary care surgical guidelines distal biceps rupture SE Pathway Guidelines Secondary

Referral reason / Patient presentation	**Elbow** **Osteoarthritis**
Primary Care Management (including Assessment and Diagnostics)	**Assessment**: history, location of pain, Elbow examination. **Management**: Pain relief in line with agreed formularies /guidance. Patient education and activity modification.
Thresholds for Primary Care to initiate a referral	Persistent symptoms for 6 weeks or more.

Management Pathway for the Integrated MSK Service ***Outcome tools: MSK HQ, Oxford Shoulder score***	Diagnostics at the point of triage (x-ray). Patient education and discussion around self-management. Consider a physio referral. Discuss secondary care opinion for intrusive symptoms with significant impact on function. Consider referral for surgery.
Management within co-located clinic (seen by an AP with a consultant present) or secondary care	Based on the level of symptoms and x-ray results, refer for surgical opinion through SDM process.
Thresholds for referral to Specialist In-patient care ***(Choice)***	Debridement versus total elbow replacement. Risk / benefit information elbow replacement Elbow Replacement.docx
Management pathway for Specialist In-patient care	Secondary care surgical guidelines elbow replacement SE Pathway Guidelines Secondary

Referral reason / Patient presentation	**Elbow joint pain – query differential diagnosis**
Primary Care Management (including Assessment and Diagnostics)	**Assessment**: history - mechanism of onset, location of pain, examination. No diagnostic at this stage. **Management**: Pain relief in line with agreed formularies /guidance. Patient education and activity modification.
Thresholds for Primary Care to initiate a referral	Persistent symptoms for 6 weeks or more.
Management Pathway for the Integrated MSK Service ***Outcome tools: MSK HQ, Oxford Shoulder score***	Consider investigation (MRI or x-ray) to correlate considered differentials - plica, OCD, loose bodies etc.
Management within co-located clinic (seen by an AP with a consultant present) or secondary care	
Thresholds for referral to Specialist In-patient care ***(Choice)***	Structural findings on imaging requiring surgical intervention with SDM with patient
Management pathway for Specialist In-patient care	

Shoulder and Elbow service 2019