PATIENT HANDBOOK

Looking after your elbow

What tends to help, what tends not to, and when an elbow problem needs a doctor.

NOTTS OSTEOPATHY

How to use this

This handbook is about everyday elbow pain: the kind that follows a season of racquet sport, a week of DIY, or a job full of gripping and lifting.

It explains what generally helps, what tends not to, and the warning signs that mean a doctor should look at you first – those are on page 6.

It is general information for adults, and it is not a diagnosis. A leaflet cannot examine you, so it cannot tell you what is causing your pain.

If a clinician has already given you advice about your own elbow, follow that advice ahead of anything here.

HOW YOUR ELBOW WORKS

The hinge that puts your hand where you need it

Lift a kettle, turn a key, bring a fork to your mouth — every one of those runs through the elbow. Three bones meet there: the upper arm bone and the two bones of the forearm, joined in a hinge that also lets the forearm rotate so your palm can turn up or down.

The elbow's day job is not really bending, though. It is anchoring. Most of the muscles that grip with the hand and steady the wrist start at the elbow, gathered onto two bony knobs you can feel on either side of the joint. Every squeeze of the hand pulls on those anchor points.

That is why elbow pain so often has little to do with bending the arm and everything to do with what the hand has been up to: hours of gripping tools, racquets, secateurs, paintbrushes or a computer mouse. The joint itself is a sturdy, well-fitting hinge, and it is much less commonly the source of trouble than the tendons anchored around it.

Nerves pass close to the elbow too — the one that tingles when you hit your "funny bone" runs directly behind it. Leaning on the elbows for long periods can annoy it, which is worth knowing before assuming every tingle starts in the neck.

> When an elbow hurts, the most useful question is usually: what has the hand been gripping lately, for how long, and how suddenly did that change?

WHAT TENDS TO GO WRONG

Common patterns, and the stories behind them

These are patterns we see often. They are descriptions, and reading one that sounds familiar does not tell you what you have — only an assessment can do that.

The outer elbow that hates gripping

A common story: pain on the bony outside of the elbow that bites when you grip and lift — a kettle, a car door, a handshake — often after a spell of unaccustomed hand work. It is widely known as tennis elbow, though most people who get it have not been near a racquet. The tendons that lift the wrist have been asked for more than they were prepared for, and they respond best to load that is managed, then rebuilt gradually.

The inner elbow's version of the same story

The same pattern happens on the inside of the elbow, where the tendons that curl the wrist and fingers anchor — often after gripping-and-pulling work: rowing, climbing, carrying, screwdriving. It is generally called golfer's elbow, with the same loose relationship to golf. The approach is the same: manage the load, then rebuild it.

The elbow that aches after leaning

Aching, tingling or numbness on the inner elbow and into the ring and little fingers, often worse after long spells leaning on the elbow or sleeping with the arm bent tight. This usually points to the nerve that runs behind the elbow being irritated. Many episodes settle once the habits that press on it change; symptoms that persist or come with weakness in the hand are worth an assessment.

When the elbow is not the whole story

Pain that is really coming from the neck

The neck can refer pain down the arm to the elbow, and an irritated nerve in the neck can tingle in the same fingers as a nerve pinched at the elbow itself. A clue: elbow or forearm symptoms that change when you move your neck, or that come with neck stiffness, may not start at the elbow at all. Sorting out which is which is a routine part of an examination.

The elbow that will not fully straighten

After a knock or a heavy spell, an elbow sometimes stiffens and loses the last few degrees of straightening for a while. Gentle, regular movement through the range you have generally serves it better than forcing the last bit. An elbow that locks solid, or gives way with a clunk you can feel, is worth an assessment.

After a fall

Falling onto an outstretched hand sends the force up through the elbow, and a fracture there can be easy to mistake for a bad sprain. An elbow that swells quickly after a fall, will not bend or straighten, or hurts too much to use should be checked by a doctor first — see page 6. Once serious injury has been ruled out, a gradual return to normal use is the approach with the best support behind it.

Signs that need a doctor, not this handbook

Most elbow pain is not a sign of anything serious. The signs below are the exceptions. If any of them applies to you, put this handbook down and speak to a doctor — they are the reason this page exists.

When to see a doctor

Numbness in the saddle area, or loss of bladder or bowel control — **999 or A&E**

Sudden severe weakness in a limb, or loss of coordination

Chest pain, breathlessness, or pain with sweating and nausea

Pain after a significant fall or accident

Unexplained weight loss, fever, or night pain that wakes you and does not ease

A joint that is hot, swollen and red

None of these means the worst has happened — they mean a doctor should look before anyone else does. If you are unsure whether a symptom belongs on this list, call NHS 111, your GP, or us, and ask.

SITTING AND WORKING

Watch the grip, not just the posture

Elbows at work rarely mind how you sit. What they mind is hours of low-grade gripping and leaning – most of it unnoticed until the day it starts to ache.

At a desk. Many people grip the mouse far harder than the mouse needs, especially in a deadline week. Keeping it close, with the forearm supported along the desk rather than hovering, lets the whole arm off the hook. If the outer elbow is grumbling, a looser hold on the mouse is often the single most useful change.

Leaning. Long spells propped on the elbows – at a desk, a bar, a car window – press directly on the nerve behind the joint. If your ring and little fingers tingle by evening, the elbows on the desk are the first suspects.

Hand tools. Squeezing, twisting and vibrating tools are the classic elbow loaders. Sharper blades, the right-sized grip, power assistance where it exists, and swapping tasks around all reduce the dose. So does simply not doing six hours of one thing in a day when three, twice, would do.

Driving. A relaxed hold on the wheel with elbows softly bent asks little of the elbow. The white-knuckle grip some of us default to in traffic asks a lot more.

> A useful habit: a few times a day, let the arms hang, shake the hands out, and notice how hard you were gripping whatever you just put down.

SLEEPING

What your elbow does while you sleep

Elbows get into trouble at night in two ways: being slept on, and being held bent tight for hours – tucked under the pillow, or curled with the hand under the chin. Both can leave the inner elbow and the ring and little fingers aching or tingling by morning.

If you wake with tingling fingers. Try falling asleep with the arm looser and straighter – resting on a pillow beside you rather than folded underneath. Some people loosely wrap a towel around the elbow for a while, only to stop it curling up tight overnight; that is a habit-breaker, and a clinician can advise whether it is worth trying in your case.

If the sore elbow is being slept on. The other side, or your back, will usually buy a better night while things are irritable. Rolling onto it in your sleep is a comfort problem rather than a safety one.

Pillows and mattresses. These are comfort decisions. No particular pillow or mattress prevents or fixes elbow pain, and the right choice is the one you sleep well on.

Broken sleep makes pain of every kind harder to live with, so anything that buys a more comfortable night earns its keep. A stiff, achy elbow on waking that loosens as the day gets going is common; night pain that wakes you and does not ease is on page 6.

LIFTING AND MOVING

Build up gradually — sudden jumps cause the trouble

Elbow tendons tolerate load well when it arrives gradually, and they are creatures of habit. The classic elbow story is a sudden jump in hand work: the first hedge-cut of spring, a weekend laying a patio, a new racquet season started at full tilt, a fortnight of painting ceilings.

Lifting. Lifting with the palm up, or with two hands, often troubles a sore elbow less than a one-handed, palm-down grab — worth remembering with kettles, pans and shopping bags. Keeping the load close to the body helps the whole arm.

Carrying. Split heavy loads between both hands, swap sides often, and prefer a rucksack on both straps to a heavy bag gripped in one fist. Two lighter trips are kinder than one staggering one.

Repetitive work. The dose makes the trouble: how hard the grip, how long the session, how sudden the increase. Breaking long sessions into shorter spells with different tasks between them changes the dose without changing the job.

Coming back after a flare-up. Elbow tendons generally like being used while they recover — within what they tolerate. Start below what you think you can manage and build in steps, letting each step settle before the next. Some soreness as you rebuild is normal and does not mean you have set yourself back.

WHAT NOT TO DO

Five things that feel sensible and tend to backfire

Resting the arm until it stops hurting

Complete rest feels like the careful choice, and with elbow tendons it usually works against you: they lose tolerance while resting, so the pain returns the moment normal life does. Keeping the arm working within what it tolerates serves most elbows better.

Gripping through sharp pain to toughen it up

The opposite mistake. Ploughing on at full load, ignoring a tendon that is asking for a lighter week, tends to prolong the story. The middle path — keep using it, manage the dose — is less dramatic than either and works better than both.

Buying a strap or clasp and expecting it to fix things

Some people find an elbow strap makes gripping more comfortable, and used that way it is a reasonable comfort aid. What it does not do is fix the underlying problem — a strap is not a substitute for rebuilding the load gradually.

Stretching it hard, many times a day

Aggressively pulling on a sore tendon is another way of overdoing it. Gentle movement through comfortable range is fine; wrenching the wrist back and counting to thirty every hour tends to keep things stirred up.

Assuming you need a scan before anything can help

Scans are for specific questions, usually the warning signs on page 6 or a significant injury. For the common elbow patterns in this handbook, the story and the examination usually say more than a picture would, and a scan rarely changes the advice.

SIMPLE THINGS THAT HELP

General movement, done often

Nothing on this page needs equipment, a programme or a decision about whether you are doing it right. It is ordinary movement, and for most everyday elbow pain that is the point.

Keep the arm in normal life. Dressing, cooking, carrying light things — ordinary use within what the elbow tolerates is the gentlest rehabilitation there is.

Use the movement you have. A few times a day, gently bend and straighten the elbow through its comfortable range, and turn the palm up and down. You are reminding the joint of its range, and range that is used tends to stay.

Vary the hand work. Whatever your hands do for long spells — typing, tools, gardening — interrupt it and mix the tasks. The earlier pages of this handbook are variations on this one idea.

Build activity gradually. As things ease, add back what you normally do a step at a time, letting each step settle before the next.

Look after the basics. Sleep, general activity and stress all influence how much pain you feel. They are unglamorous levers, and they move more than people expect.

> *These are general suggestions, not a treatment plan. If something hurts, stop, and get it looked at properly.*

WHEN WE CAN HELP

What an appointment involves

If your elbow is not settling, or you would rather have it assessed than wonder about it, that is what we are for. Osteopaths work with musculoskeletal problems – joints, muscles, tendons, nerves and the way they behave together – and elbows that object to their workload are a regular part of the week.

A first appointment starts with your story: when it began, what your hands do all day, what you have tried. Then an examination – watching how the arm moves and grips, checking whether the neck is involved, and using our hands to assess the joint and the tissues around it. We explain what we find in plain language, and agree a plan with you before anything else happens.

Treatment, where appropriate, is hands-on work alongside advice on load, work and daily habits. Like any treatment it carries some risk, which we discuss with you beforehand. And if we think your elbow needs a GP or further investigation instead of us, we will say so and help you get there.

NOTTS OSTEOPATHY

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Monday to Thursday 7.00am–7.00pm, Friday 7.00am–6.00pm. Closed at weekends.

All our osteopaths are registered with the General Osteopathic Council.

General information only, not a diagnosis. If you are worried about a symptom, speak to your GP or call us.