Learning Objectives
MedBridge

Differential Diagnosis of Lateral Elbow Pain
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Course Description:
- Verbalize the key anatomic structures that could be involved with lateral elbow pain: humeroradial joint, extensor carpi radialis brevis (ECRB), extensor digitorum communis (EDC), lateral ulnar collateral ligament, and radial nerve
- Recognize when special tests are needed to rule out posterolateral rotatory instability
- Perform a systematic clinical examination to determine the pain-generator

Chapter 1: Anatomy of the Lateral Elbow
- Identify key anatomic structures that could be involved with lateral elbow pain: humeroradial joint, extensor carpi radialis brevis (ECRB), extensor digitorum communis (EDC), lateral ulnar collateral ligament, and radial nerve
- Locate the following bony structures: lateral supracondylar ridge, lateral epicondyle, capitulum, radial head

Chapter 2: Pathomechanics of Lateral Elbow Pain
- Identify the muscle most commonly involved with lateral tendinopathy
- Describe how radial head hypermobility and hypomobility can contribute to lateral elbow pain
- Understand the pathomechanics of posterolateral rotatory instability (PLRI)
- Describe the 5 areas of potential nerve entrapment for the radial nerve at the lateral elbow

Chapter 3: Clinical Examination
- Perform resisted tests to determine the difference between an ECRB tendinopathy, EDC tendinopathy and HRJ issue
- Perform special tests to determine radial head hypermobility versus HRJ hypomobility
- Recognize when special tests are needed to rule out posterolateral rotatory instability
- Explain how a positive valgus stress test can contribute to lateral elbow pain
- Perform the upper limb neurodynamic test #2 to evaluate tension on the radial nerve