# Vale of York MSK Service Elbow Tendinopathy Pathway

Pre-contact

### MSK and CCG co-working on public health

Media campaign promoting positive lifestyle change and MSK health and role of regular activity for low grade tendon symptoms.

Promotional materials at strategic locations

Appropriately targeted community initiatives particularly in relation to work related upper limb disorders (WRULD)

SEO of web hub

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Patient presents to primary care with elbow tendon pain

Primary care team to optimise pre MSK management using the MSK web hub for patient education and management or alternative offline resources.

Non - pharmacological management strategies:

Check BMI/ smoking/ exercise status:

If lifestyle factors highlighted discuss as risk factors for MSK ill health/ tendon pain. Refer to MSK web hub for lifestyle advice.

Reccomend relative rest if acute onset.

Refer to MSK tenis elbow/ golfers elbow pages

#### Pharmacological management

For acute onset or chronic presentations where there is evidence of ongoing inflammation (e.g. night pain) consider NSAIDs + PPI or topical NSAIDS

Consider a corticosteroid injection only in conjunction with other treatment e.g physiotherapy as a corticosteroid injection will not on its own resolve the patients tendon dysfunction.

Exercise caution if considering a second corticosteroid injection- evidence exists that suggests repeated injection may be linked to persistent symptoms.

#### **Onward referral options:**

X ray not required prior to referral unless diagnostic uncertainty

Understand/manage expectations prior to referral- what are the goals of onward referral?

Physiotherapy: patients will be offered 1:1 physiotherapy intervention.

Patients should trial at least 6 months of conservative treatments (specifically exercise based therapies) prior to consideration of treatment options i.e PRP/ secondary shockwave.

Referrals for secondary interventions to be initiated by ESP team following clinical

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Physiotherapy team to assist primary care in management of patients where web hub information and primary care strategies have not helped, where patients have self referred, or where patient is experiencing flair up.

#### All patients regardless of access point should have a discussion of expectations and functional goals to support planned management pathway.

#### 1:1 treatment:

Should include patient education on tendinopathy, and lifestyle factors that can contribute to tendon disorders. Activity modification strategies and a review of working practices should be included where a Work Related Upper Limb Disorder (WRULD) is suspected.

For patients with clinically suspected medial or lateral epicondylitis management should consist of a progressive eccentric loading program over a minimum period of 3 months AND provision of an

Landmark guided corticosteroid injection may be considered as part of a package of care, although the evidence base suggests caution in ofering this treatment for this condition.

#### **Onward referral Options:**

Medication management: refer to primary care team or Physio independent prescriber if medication optimisation required.

Lifestyle management: Consider local referral options- smoking cessation, weight management, HEAL programme, water based exercise oppertunities.

Complex condition management/ failure to respond to treatment: refer to MSK ESP team in cases of diagnostic uncertainty, or if guided injection, or secondary care management is to be considered

### **Elbow tendon pain**

Diagnose clinically without investigation if a person-

Is 40 or over AND Has activity related elbow pain AND Has no restriction of flexion/extension AND no morning stiffness OR morning stiffness that persists for >30 minutes

No history of trauma

Symptoms are located over the common flexor or common extensor origin

## York Teaching Hospital NHS



**NHS Foundation Trust** 

To support primary care and physiotherapy teams in managment and diagnosis of complex case presentations. To support patients in their decisions regarding surgery and ensure alternative treatment options have been explored and optimised.

#### Diagnostic uncertainty:

to utilise clinical skills and experience supported by diagnostic imaging and procedures to propose a primary diagnosis or diagnoses for patients with complex upper limbpresentations or advanced disability.

#### Assurance of optimised conservative management:

To ensure conservative management pathways have been fully optimised for patients with elbow tendon pain: medication, exercise, pacing, and lifestyle factors AND ensure expectations have been discussed.

#### **Extended Scope treatment options:**

Consider role of ultrasound guided injection Consider role of shockwave therapy for recalcitrent tendinopathy

Consider role of PRP injection

#### **Onward referral options:**

Medication management: refer to primary care team or Physio independent prescriber if medication optimisation

Condition management: refer to MSK Physiotherapy

Lifestyle management: Consider local referral options- smoking cessation, weight management, HEAL programme.

Shockwave therapy- refer to CTC physiotherapy department.

PRP refer to Simon Boyle at tertiary centre with PRP capability.