

The Physio Movement

OLECRANON BURSITIS

WHAT IS OLECRANON BURSITIS?

Olecranon bursitis, otherwise known as primary teachers elbow or students elbow is defined as an inflammation to the olecranon bursa which is located on the point of the elbow.

ANATOMY:

The elbow joint is where the humerus (upper arm bone) and ulna (forearm bone) join together. The tip of the ulna is known as the olecranon and serves as the attachment point for the triceps muscle tendon. Protecting this tendon from rubbing on the bone is a small fluid filled sac known as the olecranon bursa.

CAUSES OF OLECRANON BURSITIS:

- Compression of the bursa by constantly leaning on the elbows which students constantly do whilst studying;
- A fall onto the elbow point e.g. basketball players and snowboarders;
- Repetitive contraction of the triceps muscle which may occur during weight training e.g. dips;
- Patients with certain arthritis pathology may be at an increased risk including rheumatoid arthritis.

DIAGNOSIS:

A thorough subjective and objective examination will look at the current history of the condition. The physiotherapist will look for pain when using the triceps, stiffness into the elbow and pain over the bursa on palpation. Ultrasound scan is very accurate in assessing thickening of the bursa.

SIGNS AND SYMPTOMS:

- Pain when leaning on the elbows;
- Swelling at the back of the elbow;
- Weakness in the triceps;
- Elbow stiffness and aching;
- Large thickening or lump on the end of the elbow;
- Pain on activities involving consistent bending and straightening of the arm.





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BOXERS FRACTURE

PHYSIOTHERAPY TREATMENT **OPTIONS:**

- Exercise and strengthening programs
- Dietary and supplement advice
- > Inflammation advice
- Bracing and taping

- Dry NeedlingEducation
- > Pain relief strategies
- > Electrotherapy
- Facial releases
- > Joint mobility techniques

OTHER INTERVENTIONS:

An initial course of anti-inflammatory medication is useful during the initial treatment. Cortisone injection therapy can have significant benefits and in more severe cases where a conservative approach hasn't achieved it's goals surgery may be indicated. Surgery will usually involve the removal of the olecranon bursa.