

ELBOW DISLOCATION

DESCRIPTION

Injury to the elbow joint so that adjoining bones are displaced from their normal position and no longer touch each other. An elbow dislocation is usually an orthopaedic emergency because damage to nerves and blood vessels may occur and has many potential significant risks and disabilities. A subluxation of this joint is uncommon, but is where the joint surfaces still touch but are not in a normal relationship to each other.

FREQUENT SIGNS AND SYMPTOMS

- Severe pain at the elbow at the time of injury
- Loss of elbow function
- Severe pain when attempting to move the elbow.
- Tenderness, obvious deformity, swelling and bruising at the elbow
- Numbness or paralysis in the forearm and/or hand below the dislocation from pinching, stretching or pressure on the blood vessels or nerves
- Decreased or absent pulse at the wrist because of blood vessel damage.

CAUSES

- Direct blow or twisting injury to the elbow
- Fall onto an outstretched hand
- End result of a severe elbow sprain
- Congenital (born with) abnormality, such as a shallow or malformed joint surface
- Powerful muscle contraction

EXPECTED OUTCOME

With appropriate reduction (repositioning of the joint) and immobilization, complete healing of ligaments requires a minimum 6 weeks. Stiffness of the elbow joint nearly always occurs after healing and some residual stiffness may persist.

POSSIBLE COMPLICATIONS

- Damage to nearby nerves or major blood vessels as well as associated fracture or joint cartilage injury due to the dislocation or reduction of the dislocation.
- Prolonged healing or recurrent dislocation if activity if activity is resumed too soon
- Excessive internal bleeding in the elbow and/or forearm causing pressure and injury to nerves and blood vessels (rare).
- Heterotopic ossification (calcification of the soft tissues about the elbow)
- Unstable or arthritic elbow following repeated injury



GENERAL TREATMENT CONSIDERATIONS

After immediate reduction (repositioning of the bones of the joint) by trained medical personnel, treatment usually consists of ice and medications to relieve pain. Though reduction can be performed without surgery, surgery is occasionally necessary to restore the joint to its normal position, as well as to repair ligaments. Elevating the injured elbow at or above heart level helps in reducing swelling. Immobilization by splinting, casting or bracing for 1-8 weeks is may be recommended to protect the joint while the ligaments heal. After immobilization, stretching and strengthening of the stiff, injured and weakened joint and surrounding muscles (due to the injury and the immobilization) is necessary. This may be done with or without the assistance of a physical therapist or athletic trainer. Surgery to repair or reconstruct elbow ligaments is occasionally necessary for recurrent dislocations (rare).

MEDICATION

- General anesthesia or muscle relaxants may be used to help make the joint repositioning possible
- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen, are often recommended to reduce inflammation. Take these as directed by your physician. Contact him/her immediately if any bleeding, stomach upset or an allergic reaction occurs. Other minor pain relievers, such as acetaminophen, may also be used.
- Strong pain relievers may be prescribed as necessary. Use only as directed and only as much as you need.

HEAT AND COLD:

- Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10 15 minutes every 2-3 hours for inflammation and pain after injury. Use ice packs or an ice massage.
- Heat may be used prior to performing stretching and strengthening activities prescribed by your physician, physical therapist or athletic trainer. Use heat pack or a warm soak.

NOTIFY OUR OFFICE IF:

- Pain, tenderness or swelling worsens despite treatment
- You experience pain, numbress, or coldness in the elbow
- Blue, gray or dusky color appears in the fingernails
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

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