

LITTLE LEAGUER'S ELBOW **(MEDIAL EPICONDYLAR APOPHYSITIS)**

DESCRIPTION

Inflammation of the growth plate of the inner elbow. The medial epicondylar growth plate of the elbow becomes inflamed due to repetitive injury from muscular contraction. The muscles that bend the wrist attach to the medial epicondyle. The growth plate is an area of relative weakness and injury to it occurs due to repeated stress or vigorous exercise. It is a temporary condition of the medial epicondyle that is uncommon after age 16.

FREQUENT SIGNS AND SYMPTOMS

- A slightly swollen, warm and tender bump of the inner elbow
- Pain with activity, especially bending the wrist against force (curls, lifting, throwing) and/or following an extended period of vigorous exercise in an adolescent. In more severe cases, pain occurs during less vigorous activity.
- Inability to throw at full speed
- Inability to fully straighten the elbow

CAUSES

Stress or injury of the medial epicondyle growth plate (which is still developing during adolescence) from overuse or fall. Repeated stress or injury interferes with development, causing inflammation.

RISK INCREASE WITH

- Throwing sports such as baseball
- Overzealous conditioning routines, such as weight lifting
- Overweight
- Male between 11 and 18
- Rapid skeletal growth
- Poor physical conditioning (strength/flexibility)

EXPECTED OUTCOME

Mild cases can be resolved with slight reduction of activity level, while moderate to severe cases may require significantly reduced activity for 3 to 4 months.

POSSIBLE COMPLICATIONS

- Bone infection
- Growth plate pulls off the arm bone, resulting in a fracture
- Persisting loss of full straightening of the elbow

GENERAL TREATMENT CONSIDERATIONS

Initial treatment consists of medications and ice to relieve pain, stretching and strengthening exercises (particularly the muscles that bend the wrist) and modification of activities. Specifically, throwing and heavy lifting should be avoided. The exercises can all be carried out at home for acute cases. Chronic cases often require a referral to a physical therapist or athletic trainer for further evaluation or treatment. Uncommonly, the affected elbow may need to be immobilized for a few weeks (brace, cast or splint). A counterforce brace (tennis elbow brace) may help relieve symptoms. Surgery is rarely needed (if conservative treatment fails) in the growing patient, however, surgery is necessary if the growth plate separates completely and moves away from where it should be.

MEDICATION

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take if surgery planned in 7 days or less), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact him/her immediately if any bleeding, stomach upset or an allergic reaction occurs.
- Cortisone injections are rarely, if ever, indicated. Cortisone injections may weaken tendons, so it is better to give the condition more time to heal than to use them.

HEAT AND COLD:

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 - 15 minutes every 2-3 hours for inflammation and pain, and immediately after any activity which aggravates your symptoms. Use ice packs or an ice massage. Use a towel between the ice and your elbow to reduce the chance of injury to the ulnar nerve at the inner elbow.
- 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:

- Symptoms get worse or do not improve in 4 weeks, despite treatment
- Fever above 101⁰F