

Self-Diagnosis for Climbers

Part 2 – The Elbow

I introduced self-diagnosis last issue. It is an important part of engaging with the process of rehabilitation and recovery as well as performance improvement. The idea that there is a quick fix-it approach is one that often brings people to my clinic but this is not often the case and it is more important to take control. Conversely I have heard stories where someone visits the doctor and says something like, “I have a herniated disc. Can I have an MRI?” The GP dutifully obliges and two months pass before it happens. They are then told they do *not* have a herniated disc and need to do some exercise and in fact, should have been exercising the last couple of months.

What follows is an attempt to remove the haphazard way we determine what injury we have acquired which is normally by searching on the internet for a term such as ‘painful elbow and picking the best match. By being systematic and organised we can improve our knowledge of our anatomy, physiology, the healing process and exercise to maximise our recovery. There are lots of terms such as ‘probably’ and ‘might be’ as only a full clinical picture will give the right information and no real attempt has been made to suggest rehabilitation options except where rest is probably the best course.

(Usual caveats apply regarding the need for seeing a Physio).

So you have pain in your elbow. What now?

Is it Golfer’s Elbow or Tennis Elbow?

Golfer’s is a chronic strain of the Common Flexor Tendon (CFT) so pain on the inside of the elbow and Tennis is a strain of the Common Extensor Tendon (CET) – the outside of the elbow.

There are a number of reasons for acquiring these and the incidence of Golfer’s is high in the climbing community but it is unlikely that this is the only problem so before you enthusiastically engage in an *eccentric rehab programme* carry on reading.

Mechanism of injury

Did you strain a ligament in an awkward press or perhaps a tumble onto the mats? The elbow is an inherently strong joint when being pulled on due to its hook shape but force it sideways or back it is prone to straining. Also worth noting is that a posterior (backwards) dislocation of the elbow is a fairly common injury at modern bouldering walls. Virtually unheard of until recently it occurs due to the arms being automatically thrust behind us in the event of a short fall. Ensure you train your beginners how to fall properly onto mats. Were you performing a jam or powerful lock off while climbing past your arm? You have probably caused damage to the ligaments holding your elbow together. Does twisting your wrist cause pain at the elbow? You might have damaged your radial head or its annular ligament.

Fig 1 Testing for Tennis Elbow



If you have caused yourself damage then follow the P.O.L.I.C.E protocol: *protection, optimal loading, ice, compression, elevation*. You will see it is like P.R.I.C.E. but with the ‘rest bit’ replaced by ‘optimal

loading'. We know that tissues heal faster and better when correctly loaded i.e. bones need to be compressed, ligaments pulled longitudinally (not stretched). However, getting the 'optimal load' is not always straightforward.

Fig 2 Testing for Golfer's Elbow



Eliminate anything problematic

It is rare for elbow pain to be the symptom of something more sinister and there are very few spontaneous syndromes to be wary of. If you have left elbow pain when exercising be wary of angina – a precursor to a heart attack and often affects the nerves in your left arm. Also if you develop pain and swelling over the back of your elbow then you might have bursitis – inflammation of a bursa; a protective sac of fluid that sits under your tendon. Go and see your GP.

Arthritis can present in the elbow but not normally before

anywhere else. If you have a stiff thumb or big toe and/or stiff knees you might be developing it in the elbow as well.

Pain

Do you have pain of the CFT when gripping? Most likely cause is Golfer's Elbow.

Does the pain spread into your hand? This could also be a neuropathy, possibly as a result of increased wrist and finger flexor strength and subsequent increase in bulk. Consider your recent training patterns – have you been 'Krafting' hard and need to take a break?

Does the pain get worse when working at a computer? Is it across the top/back of the arm? It might be that you're suffering from an inflamed radial nerve or something called WRULD (work related upper limb disorder). Normally rest is required and a work place ergonomic assessment.

What about when twisting your arm as in using a screw driver or when punching something? Does this cause deep elbow pain? It might be that you have strained your radial, annular pulley. This might cause pain on the outside and hurts when your opposite thumb is pushed deep into your muscle bulk.

Simple tests

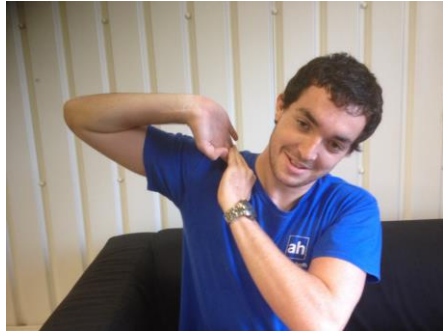
These tests should recreate your pain, if not then it is likely to be a more complex problem.

- Tennis Elbow – put your palm face down on a surface and try to raise your middle finger against resistance (Fig 1). If this is painful then it is a 'positive' test – i.e. it is Tennis Elbow.
- Golfer's Elbow – pronate (turn your arm all the way inwards) and flex the wrist done with a clenched fist (Fig 2). Positive if painful.
- De Quervain's – this is inflammation of the tendons controlling the thumb and can cause pain into the elbow. Grab said thumb and tip your wrist away (Fig 3). Again, positive if painful.
- Do you have pain of the CFT after climbing hard but not at the time? Does holding your phone to your ear give you pins and needles? Put your hand upside down, by your ear and using the other hand pull your hand in and down whilst lifting your elbow and tipping your head to the side (Fig 4). Does this recreate your pain? You might be suffering from inflammation of the ulnar nerve, possibly due to tight shoulder muscles.

Fig 3 testing of thumb tendonopathy (De Quervain's)



Fig 4 Testing the Ulnar Nerve



Secondary problems

Being aware of neurological symptoms will help you decide whether the problem is with your neck. First thing do you get pain on both sides? An identical injury in both elbows is unlikely, we all favour one side so tension in the neck might be to blame.

Consider whether you get pins and needles or numbness into your hand or forearm or do you get cold hands easily. This might be any number of things (not least of which – cold hands) but can also point to a nerve being squashed in your neck.

Anywhere where a nerve becomes irritated due to damage to the surrounding tissue or inflammation causing compression of the nerve can cause pain. A shoulder strain can develop into elbow pain due to pressure on the brachial plexus; a bundle of nerves in your shoulder. As can general stress and tension; your neck muscles become tight and you run the risk of pulling up your ribs and putting pressure on the brachial plexus from below.

Another way to damage a nerve can be to compress it from below such as when hanging in an ill-fitting or improvised chest harness. This generally causes radial nerve damage and you might feel pins and needle, numbness or pain on the outside of your elbow as far down as your wrist – often masquerading as Tennis elbow.

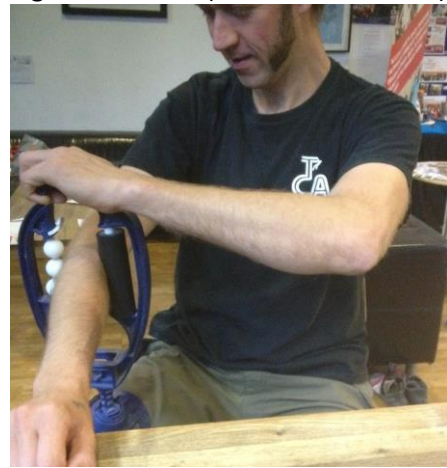
What about 'Armaids'?

These are impressive looking bits of kit and effectively allow you to deliver a powerful self-massage (Fig 5). It this is what you need i.e. you are recovering from a work out or have muscle strain then they are perfect and less to buy than the cost of three trips to the Physio and in general it will help with injury recovery and rehabilitation. However if you have an inflamed nerve or ligament problem they won't help at all – so get checked out.

Remember

Most climbers I know have some sort of elbow pain. Differentiating between problem pain and occupational aggravation is difficult and may not be necessary. The elbow is not a complex joint and whatever your pain it will get better with good rehab and changing your 'game'.

Fig 5 An Armaid (available from TCA)



Next month – the shoulder.

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