

DO YOU HAVE PAIN OVER YOUR ELBOW?



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Lateral epicondylitis (“tennis elbow”) is a painful overuse injury affecting the tendons of the extensor muscles of the forearm.

A research project is being conducted at the Technikon Witwatersrand Chiropractic Clinic, where you can receive **FREE TREATMENT!**

For more information, please contact the researcher, Nicole Puchner on:

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Appendix B: TECHNIKON WITWATERSRAND
CHIROPRACTIC DAY CLINIC
CASE HISTORY

Date: _____

Patient: _____ File No: _____

Age: _____ Gender: _____ Occupation: _____

Intern: _____ Signature: _____

FOR CLINICIANS USE ONLY

Initial visit clinician: _____ Signature: _____

Case History: _____

Examination:

Previous:	TWR	Current:	TWR
	Other		Other

X-ray studies:

Previous:	TWR	Current:	TWR	Other
	Other			

Clinical Pathology Laboratory:

Previous:	TWR	Current:	TWR	Other
	Other			

Case Status:

PTT: Conditional: Signed Off: Final Sign Out:

Recommendations:

Intern's Case History

1. Source of history:
2. Chief complaint: (patient's own words)

3. Present illness:

Location

Onset

Duration

Frequency

Pain (character)

Progression

Aggravating factors

Relieving factors

Associated symptoms and signs

Previous occurrences

Past treatment and outcome

4. Other complaints:

5. Past history:

General health status

Childhood illnesses

Adult illnesses

Psychiatric illnesses

Accidents/injuries

Surgery

Hospitalisation

6. Current health status and lifestyle

Allergies

Immunizations

Screening tests

Environmental hazards

Safety measures

Exercise and leisure

Sleeping patterns

Diet

Current medication

Tobacco

Alcohol

Social drugs

7. Family history (immediate family):

Cause of death

DM

Heart disease

TB

HBP

Stroke

Kidney disease

Cancer

Arthritis

Anemia

Headaches

Thyroid disease

Epilepsy

Mental illness

Alcoholism

Drug addiction

Other

8. Psychosocial history

Home situation

Daily life

Important experiences

Religious beliefs

9. Review of systems:

General

Skin

Head

Eyes

Ears

Nose/sinuses

Mouth/throat

Neck

Breasts

Respiratory

Cardiac

Gastro-intestinal

Urinary

Genital

Vascular

Musculoskeletal

Neurologic

Haematologic

Endocrine

Psychiatric

Appendix C: Subject Information and consent form

Dear participant

The purpose of this study is to determine whether chiropractic manipulative adjustments of the wrist or elbow, or a combination of the two will be beneficial in the treatment of tennis elbow.

You must be between the ages of twenty and fifty five years of age to be able to participate in this study. After you have been selected to participate in this study, you will be divided into one of three treatment groups. You are requested to receive no other treatment for your condition.

At the first consultation, you will be required to undergo a physical examination and a regional examination of the elbow, wrist or both. Before each treatment, you will be required to complete a pain scale and a pain questionnaire. In addition, your grip strength will be measured three times on both sides and the pressure required to cause pain will be measured three times on the affected elbow.

The potential benefits of this study are to improve the function of the elbow and wrist and thereby decrease pain and add quality to your life. It is important that you are aware that as a participant in this study you will contribute to medical knowledge, resulting in greater efficacy in the pain management of tennis elbow.

Participation in this study is voluntary and you are free to refuse to participate or to withdraw your consent and discontinue participation at any time. A signed copy of this consent form will be made available to you. I have fully explained the procedure and have explained their purpose. I have asked whether any questions have arisen regarding the procedures and have answered these questions you have had.

Date: _____ Researcher: _____

I have been fully informed as to my rights and as to the procedure to be followed in this study. In signing this consent form understand that I am free to withdraw my consent and discontinue any participation into this study at any time. I know that any questions, which I may have, will be answered.

Date: _____ Participant: _____

Appendix D: Pertinent Physical

(Note: This form may only be used when you have completed 35 new patients)

Student name: _____ Signature: _____

Sector name: _____ Signature: _____

Patient Information

Name: _____ Occupation: _____

Age: _____ Sex: _____

Vitals:

Height: _____ Weight: _____

Pulse rate: _____ Respiratory rate: _____

Blood Pressure: _____

	<u>Inspection</u>	<u>Palpation</u>	<u>Percussion</u>	<u>Auscultation</u>
<u>Thorax</u>				
<u>Abdomen</u>				
<u>Cardio- Vascular system</u>				

	<u>Cranial Nerves</u>	<u>Motor system</u>	<u>Sensory system</u>	<u>Cerebellar system</u>
<u>Neurologic System</u>				

Appendix E: Hand and Wrist Regional Examination

Patient: _____ File No: _____ Date: _____

Intern: _____ Signature: _____

Clinician: _____ Signature: _____

OBSERVATION

1. Bony and soft tissue contours _____
2. Hand posture _____
3. Vasomotor changes _____
4. Scars, skin, creases, and muscle wasting _____
5. Fingernails _____
6. Dominant hand: right _____ left _____

PALPATION

Posterior surface

1. Anatomical snuff box _____
2. Carpal bones _____
3. Metacarpal bones _____
4. Phalanges _____
5. Pulses and capillary refill _____
6. Radial styloid _____
7. Radial (lister's) tubercle _____
8. Ulnar styloid _____
9. 6 extensor tendon muscles
 - i. Abd poll long _____
Ext poll brevis _____
 - ii. ECRB _____
ECRL _____
 - iii. Ext poll long _____
 - iv. Ext digit _____
Ext index _____
 - v. Ext digiti mini _____
 - vi. ECU _____

Anterior surface

1. Tendons (Lat to med)

- a) Flexor carpi radialis _____
- b) Flexor poll longus _____
- c) Flexor digit super _____
- d) Flexor digit profound _____
- e) Palmaris long _____
- f) Flexor carpi ulnaris _____

2. Palmar fascia and intrinsic muscles _____

ACTIVE MOVEMENTS

- Pronation (85-90°) _____
- Supination (85-90°) _____
- Ulnar deviation (15°) _____
- Radial deviation (30-45°) _____
- Wrist flexion (80-90°) _____
- Wrist extension (70-90°) _____
- Finger movements _____
- Thumb movements _____

PASSIVE MOVEMENTS

- Tissue stretch _____
- Tissue stretch _____
- Bone-bone _____
- Bone-bone _____
- Tissue stretch _____
- Tissue stretch _____

RESISTED ISOMETRIC MOVEMENTS

Functional movements:

GROSS GRIP STRENGTH

- Fist grip _____
- Cylinder grip _____
- Hook grip _____
- Sphere grip _____

PRECISION GRIP STRENGTH

- Pinch _____
- Chuck _____
- Key _____

Special tests:

1. Finkelstein's test _____
2. Tinel's _____
3. Phalan's test _____
4. Reverse Phalan's test _____
5. Allen's test _____
6. Froment's sign _____
7. Watson's test _____
8. Scaphoid compression test _____
9. Lunatotriquetral ballottment test _____
10. Bunnel littler test _____
11. Tight retinacular test _____
12. Ligament stability _____

Joint play movements:

- | | |
|------------------------------|-----------------------------------|
| I. Hand and fingers | II. Wrist |
| A. MCP and PIP+DIP | A. Long axis extension _____ |
| 1. Long axis extension _____ | B. AP glide _____ |
| 2. AP, PA glide _____ | C. Carpal extension _____ |
| 3. Rotation _____ | D. Ulnar deviation _____ |
| 4. Side glide _____ | E. Radial deviation _____ |
| B. Distal inter-metacarpals | F. Ul-men-tiq AP+PA glide _____ |
| 1. AP, PA glide _____ | G. Inf radio ulnar rotation _____ |
| 2. Rotation _____ | 1. AP, PA glide _____ |
| | 2. Rotation _____ |

Radiographic examination: _____

Diagnosis: _____

Treatment: _____

Appendix F: Elbow Regional Examination

Patient: _____ File No: _____ Date: _____

Student intern: _____ Signature: _____

Clinician: _____ Signature: _____

OBSERVATION:

- Posture and willingness to move _____
- Carrying angle (anatomical position) _____
- Colour and texture of skin _____
- Bony and soft tissue contours _____
- Swelling _____
- Position of function (triangle sign) _____

PALPATION:

Anterior:

Cubital fossa _____

Bicep tendon _____

Brachial artery _____

Coronoid process _____

Radial head _____

Bicep and brachialis _____

Medial:

Medial epicondyle _____

Medial collat lig _____

Ulnar nerve _____

Lateral:

Lateral epicondyle _____

Supracondylar ridge (ECRL) _____

Lateral collat lig _____

Rdial head + annular lig _____

Posterior:

Olecranon process _____

ACTIVE MOVEMENTS:

Flexion (140-150°) _____

Extension (0-10°) _____

Supination (90°) _____

Pronation (80-90°) _____

PASSIVE MOVEMENTS:

Tissue approximation _____

Bone to bone _____

Tissue stretch _____

Tissue stretch _____

RESISTED ISOMETRIC MOVEMENTS: (Elbow at 90° flexion and supinated)

- Wrist flexion _____
- Wrist extension _____
- Supination _____
- Pronation _____
- Elbow flexion _____
- Elbow extension _____

JOINT PLAY MOVEMENTS:

- Upward glide of radial head on ulna _____
- Downward glide of radial head on ulna _____
- Rotation of radial head _____
- Medial to lateral side tilt _____
- Lateral to medial side tilt _____
- Distraction of olecranon process on the humerus (90° flexion) _____

SPECIAL TESTS:

- Ligamentous instability Test:
 - valgus/adduction stress (MCL) _____
 - varus/abduction stress (LCL) _____
- Lateral epicondylitis:
 - Cozen's Test _____
 - Mill's Test _____
 - Maudsley's Test (extensor digitorum) _____
- Medial epicondyle Test _____
- Tinel's Sign (ulnar nerve) _____
- Wartenberg's Sign (ulnar neuritis) _____
- Elbow flexion Test (ulnar nerve- cubital tunnel syndrome) _____
- Pronator teres syndrome test (median nerve) _____
- Pinch grip test (ant. Interosseous branch of median nerve) _____

NEUROLOGICAL:

- Reflexes - Biceps (C5/6) R _____ L _____
- Brachioradialis (C5/6) R _____ L _____
- Triceps (C7/8) R _____ L _____

- Dermatomes C4 _____ C5 _____ C6 _____ C8 _____
T1 _____ T2 _____

- Cutaneous distribution - median nerve _____
- ulnar nerve _____
- radial nerve _____

RADIOLOGICAL EXAMINATION:

DIAGNOSIS:

MANAGEMENT PLAN:

Appendix G: SOAP Note

PATIENT:	PAGE:
FILE:	VISIT:
DATE:	CLINICIAN:
INTERN:	(PTT)

S:

A:

O:

P:

Special attention to:

DATE:	VISIT:
INTERN:	CLINICIAN (PTT):

S:

A:

O:

P:

Special attention to:

Appendix H: Numerical Pain Rating scale 101

Patient name: _____ File number: _____

Date: _____ Intern: _____

Please rate your pain by placing a cross in the appropriate block below:

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

No pain

excruciating
pain

Appendix I: Mc Gill Pain Questionnaire

Patient name: _____ Intern: _____

File number: _____ Date: _____

	None	Mild	Moderate	Severe
Throbbing	0)	1)	2)	3)
Shooting	0)	1)	2)	3)
Stabbing	0)	1)	2)	3)
Sharp	0)	1)	2)	3)
Cramping	0)	1)	2)	3)
Gnawing	0)	1)	2)	3)
Hot-burning	0)	1)	2)	3)
Aching	0)	1)	2)	3)
Heavy	0)	1)	2)	3)
Tender	0)	1)	2)	3)
Splitting	0)	1)	2)	3)
Exhausting	0)	1)	2)	3)
Sickening	0)	1)	2)	3)
Fearful	0)	1)	2)	3)
Punishing-cruel	0)	1)	2)	3)

Select the words that most accurately describe your pain at this time. If the word does not apply, it must not be chosen. A maximum of 3 for the most severe symptoms in that particular category can be selected.

Appendix J: Data Capture Form

Patient name: _____ Intern: _____

File number: _____ Date: _____

Grip Strength Measurements

Visit number	1		2		3		4	
	L	R	L	R	L	R	L	R
Attempt 1								
Attempt 2								
Attempt 3								

Pressure Pain Threshold Measurements

Visit number	1	2	3	4
Attempt 1				
Attempt 2				
Attempt 3				