The patient was a 23-year-old man who was seen in a direct-access capacity by a physical therapist for a chief complaint of severe left elbow pain following a fall on an outstretched left hand 2 hours prior. At the time of the initial evaluation by the physical therapist, the patient was supporting his left forearm with his right hand in a position of 90° of left elbow flexion. The patient stated that his current resting level of pain was 1 on a scale of 0 to 10, with 0 being “no pain” and 10 being “the worst imaginable pain.” Using the same pain-rating scale, the patient reported that his pain was a 9 with any movement of the left elbow.

Visual examination revealed moderate effusion of the left elbow. Active range of motion and resistance testing of the left wrist and hand were within normal limits, and sensation was intact for the distal left upper extremity. The distal radial and ulnar pulses were intact and capillary refill was normal in all digits. Active range of motion of the left elbow was limited due to pain, and extreme tenderness to palpation and deformity were noted along the posterior aspect of the left elbow.

The physical therapist ordered radiographs of the left elbow, which revealed a posterior dislocation (FIGURE 1).1,2 Immediate closed reduction of the elbow dislocation was performed in the emergency department (FIGURE 2). The patient was referred to an orthopaedic surgeon, who recommended physical therapist management and the use of a hinged elbow brace for 4 weeks. At 8 weeks following the injury, the patient successfully returned to full, unrestricted activity without any functional limitations.

References