



## **Case-Base Discussion – 22<sup>nd</sup> November 2022 (Ref 273)**

*Today's case comes from Laura*

The patient is a 47-year-old female primary school teacher. She is fit and well, taking HRT, occasional headaches. Hobbies include swimming and gardening.

Symptoms began 5 years ago, with pain in her forearm and elbow. The GP diagnosed tennis elbow and no further action was taken. The pain gradually spread distally to her hand, proximally to her shoulder and neck. A 2<sup>nd</sup> visit to the GP led to referral for CT, MRI scans and nerve conduction tests (all reporting insignificant findings). She is on the waiting list to see a neurologist but has since seen a physio who prescribed nerve flossing exercises which did not help.

The most concerning symptom for the patient is the "electric" type pain shooting down the upper extremity, and in a distinct line across the posterior aspect of the wrist. Aggravating factors are movements of the neck and arm. She has found nothing helps alleviate the wrist pain. She has tried Gabapentin but this did not help.

On examination, the practitioner found lesions at ribs 4/5, and several trigger points, notably around the rotator cuff and sub-occipital region. There was no obvious restrictions of the carpal bones. Treatment so far has been aimed at trigger points, largely massage and manipulation.

Discussion of the possible causes of her symptoms included Thoracic Outlet Syndrome, subscapularis trigger points, cysts in the wrist (possibly associated with the Menopause), Kleinböck's Disease, shoulder hand syndrome, or osteoporosis.

It was agreed that further assessment of the elbow joint, and posture as a whole was needed, and discussion around posture at work. Specific techniques such as minimal leverage thrust at the elbow or balanced ligamentous tension at the radio-ulna joint and shoulder were suggested.

In this case, the radiology reports would be helpful, and we were reminded that you can contact the Radiology Disclosure Officer at your local hospital's Radiology Department; MRIs/reports can then be sent direct to you via Centrica 360, provided you have the patient's permission.

As always, communication skills are key here, especially given the patient's 5-year history of pain. If you haven't seen it, the Communication Skills lecture by Chris Chippendale is well worth a look, with tips on reflective listening, and how to work in partnership with the patient to agree the way forward.