ELBOWS

1. Support the client’s arm and inspect the lateral and medial aspects of the elbow.
   - The elbows should be symmetrical.

2. Palpate the lateral and medial aspects of the olecranon process.
   - Use your thumb and middle fingers to palpate the grooves on either side of the olecranon process.
   - The joint should be free of pain, thickening, swelling, or tenderness.

3. Test the range of motion of each elbow.
   - Instruct the client to perform the following movements:
     - Bend the elbow by bringing the forearm forward and touching the fingers to the shoulder (see Figure 23.23). The elbow should flex to 160 degrees.

   >>> Swelling, deformity, or malalignment requires further evaluation. If there is a subluxation (partial dislocation), the elbow looks deformed, and the forearm is misaligned.
   >>> In the presence of inflammation, the grooves feel soft and spongy, and the surrounding tissue may be red, hot, and painful.
   >>> Inflammatory conditions of the elbow include arthritis, bursitis, and epicondylitis. Rheumatoid arthritis may result in nodules in the olecranon bursa or along the extensor surface of the ulna. Nodules are firm, nontender, and not attached to the overlying skin. Lateral epicondylitis (tennis elbow) results from constant, repetitive movements of the wrist or forearm. Pain occurs when the client attempts to extend the wrist against resistance. Medial epicondylitis (pitcher’s or golfer’s elbow) results from constant, repetitive flexion of the wrist. Pain occurs when the client attempts to flex the wrist against resistance.