What is a pulled elbow?

A “pulled elbow” is a common minor injury suffered by children, aged between 1 and 5.

At this age, children’s elbow joints are still immature and it is possible for the radial head to partially or completely slip out of a ring shaped ligament at the elbow. This makes it difficult or painful for the child to move their arm.

Mechanism of injury:

Usually a result of a sharp jerking or pulling action on the child’s hand/arm.

Presentation:

The patient normally presents with:

- no deformity, swelling, bruising,
- no bony tenderness (remember the clavicle)
- their arm held at their side
- reluctance to use their arm
- pain on moving elbow

When there is a clear history of a pull to the elbow and a supporting examination, an x-ray of the elbow is not required. If there is not a clear history and/or an examination that does not support the diagnosis then an x-ray should be performed to rule out bone injury before manipulation is attempted.
**Treatment:**

The treatment of a pulled elbow is to release the trapped ligament and return the radial head to its normal position.

Method 1. Hyper-pronation technique

The arm is held by the clinician with one hand/finger on the radial head and the other grasping the hand, the forearm is then hyper-pronated (turned towards the body).

Method 2. Supination-flexion technique

The arm is held by the clinician with one hand/finger on the radial head and the other grasping the hand, the forearm is then supinated (away from body) and flexed (bent at elbow joint).

If the ligament is released a "click" is often (but not always) felt. The child will feel momentary pain but will shortly begin using the arm again.

The patient can be discharged once seen to be moving the arm normally. They should be discharged with an information leaflet and advice on having regular analgesia for 24 hours and avoiding pulling on the arm in the future.

If the child is still not using the arm after attempted manipulation then discuss with a senior member of the team. An x-ray maybe needed or a period of rest and analgesia at home with an appointment in the Children's Emergency Department review clinic in a few days to ensure that the child is moving the elbow normally.

Sometimes the injury can occur from a minor fall or slip where the arm has been trapped and pulled (e.g. catching an arm behind the back whilst coming down a slide). In this instance an x-ray should be taken to rule out a fracture before manipulation is attempted.

Some triage nurses are able to do this simple manoeuvre. If successfully managed in triage, the patient does not need to be seen by a clinician and can be discharged with advice.
Table A


| RELATED DOCUMENTS AND PAGES | NONE |
| AUTHORISING BODY | Children’s Emergency Department Governance Group. |
| SAFETY | NONE |
| QUERIES AND CONTACT | The Children’s Emergency Department (extension 28666). Speak to a Consultant, Registrar or Emergency Nurse Practitioner (ENP). |