The patient was a 22-year-old man who was currently serving in a military special operations training program. He was referred to a physical therapist by a primary care physician for a chief complaint of left elbow pain that currently prevented him from performing routine upper extremity exercise activities (eg, push-ups, pull-ups). Symptom onset occurred 6 days earlier after a fall directly onto his left elbow during a training exercise.

Visual observation revealed ecchymosis of the left elbow. Physical examination revealed limitations in active and passive range of motion due to pain for left elbow flexion and extension and forearm pronation and supination. During range-of-motion assessment, crepitation was present at the radioulnar joint. Sharp tenderness to palpation was also noted over the radial head.

Due to the traumatic nature of the patient’s injury, inability to fully extend his elbow, and palpation findings, there was concern for a radial head fracture. Therefore, the physical therapist ordered radiographs of the left elbow (anterior-to-posterior and lateral views), which revealed an intra-articular fracture involving the radial head that extended through the neck of the radius (FIGURE). The patient was referred to an orthopaedic surgeon, who recommended conservative management, which consisted of relative rest, ice, and a pain-free progressive therapeutic exercise program focusing on regaining full range of motion, strength, and function. At 7 weeks following the injury, the patient successfully returned to full, unrestricted military training activities without pain or residual deficits.

FIGURE. Anterior-to-posterior (left) and lateral (right) radiographic views demonstrating an intra-articular fracture involving the radial head that extended through the neck of the radius (arrows).

Fracture of the Radial Head

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Reference


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