



- Baseline assessment with outcome measures (see Appendix F)
- Education on load management, ergonomics, biomechanics
- Strongly consider controlled tendon loading exercise as well as elbow mobilization with movement if effective
- Consider manual therapy for the cervical and thoracic spine if there are signs of dysfunction on assessment\*\*

### Ongoing reassessment

May consider adjunct therapies or medical referrals which can improve outcomes: needling, electrophysical agents, nitric oxide, iontophoresis, frictions and Mill's manipulation

Avoid corticosteroid injections

For more acute symptoms, may consider adjunct therapies: acupuncture, taping, splinting or bracing

### Symptoms improving?

**NO**

**YES**

- Consider requesting further investigation
- Revisit biomechanical and upper quadrant exam
- Progress exercise-focused multimodal treatment

- Progress home-based exercise and work/sport specific activity
- Reassess as needed
- Continue other treatments as indicated

Reassess at 12 weeks using outcome measure

Symptoms substantially improved?

**YES**

**NO**

- Continue exercise-focused treatment
- Consider adding shockwave therapy

.....> After 12 months, counsel regarding surgery, job reassignment

\* Differential diagnoses include: nerve entrapment, neuropathic pain, chronic pain syndrome, referred pain (cervical, neuro-myofascial), synovitis of radiohumeral joint, radiohumeral bursitis, osteochondritis dissecans, generalized inflammatory disorder

\*\* Evaluate response to manual therapy and incorporate into treatment if patient experiences pain-relief