

A PROFESSIONAL VOLLEYBALL PLAYER WITH ELBOW PAIN

An atypical presentation of cervical disc protrusion.

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A 28 year-old male professional indoor volleyball player presented with right elbow pain that he states has been present for 4-6 months. He points to the olecranon region as the primary site of pain. The patient states that his right arm feels “tired”, and that the spike velocity is slower than it should be. He states that he gets elbow pain mostly in his follow- thru of hard spikes. The patient also reveals a history of chronic neck soreness.

Evaluation: Myotomal examination of the upper extremity revealed 5-/5 strength of the right triceps, and extensor digitorum. There was tenderness to palpation of the olecranon region, particularly at the olecranon fossa and triceps insertion. MRI of the cervical spine reveals right lateral disc protrusion with marked foraminal stenosis at the C3-C4 level.

Differential Dx:

1. Cervical radiculopathy
2. Ulnar neuropathy
3. Olecranon bursitis
4. Brachioplexopathy / neuropraxia

Discussion: Myotomal examination revealed muscular weakness suggesting C7 radiculopathy. The tenderness at the olecranon region suggested that there was perhaps weakness of the biceps muscle; weakness of the biceps would make more difficult the normal slowing down of a rapid elbow extension which is a major component of a volleyball spiking motion. The biceps must eccentrically contract in order to decelerate the elbow as it goes into extension and the olecranon closes into the olecranon fossa.

An epidural injection at the C3-C4 region was administered, and the patient reported a decrease in elbow pain. A second epidural 6 weeks later also proved helpful in reducing elbow pain.

Poster presentation
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