



DISEASES & CONDITIONS

Nursemaid's Elbow

Nursemaid's elbow is a common injury of early childhood. It is sometimes referred to as "pulled elbow" because it occurs when a child's elbow is pulled and partially dislocates. The medical term for the injury is "radial head subluxation."

Because a young child's bones and muscles are still developing, it typically takes very little force to pull the bones of the elbow partially out of place, making this injury very common. It occurs most often in children ages 1 to 4, but can happen any time from birth up to age 6 or 7 years old.

Although the injury may cause initial pain, a doctor or other healthcare professional can easily reset the elbow, quickly relieving any discomfort and restoring arm movement.

Anatomy

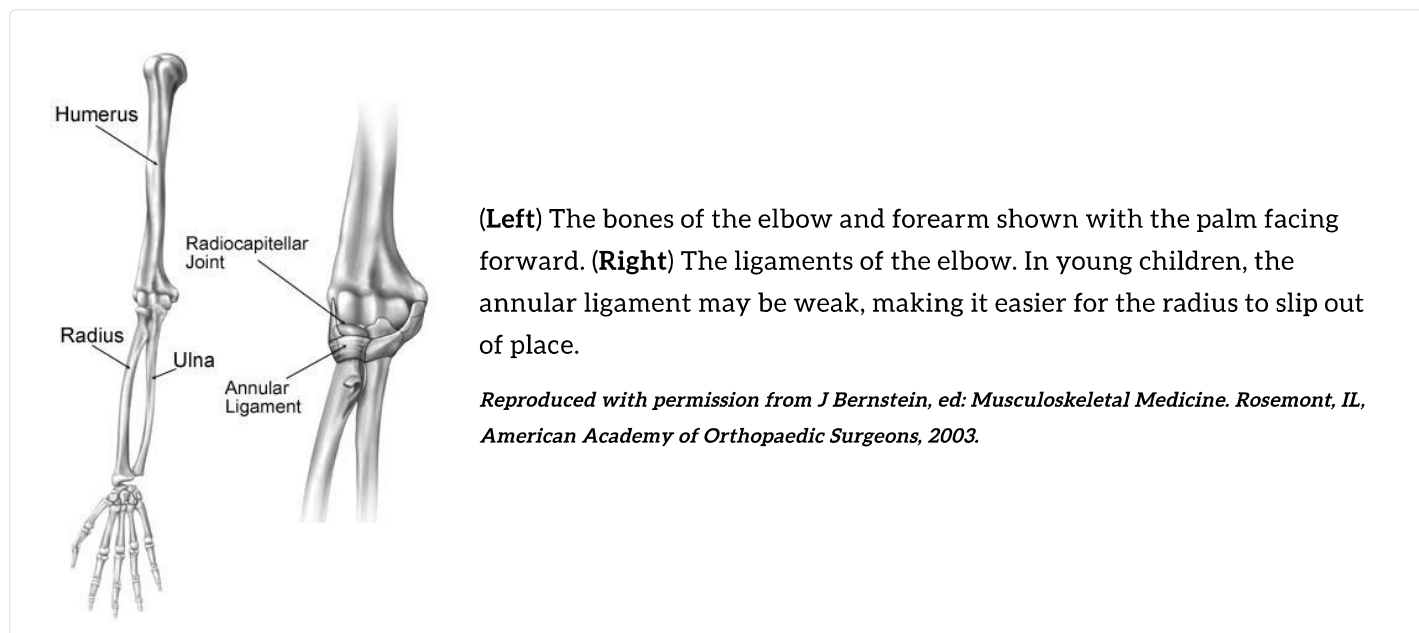
The elbow is made up of the upper arm bone (humerus) and the two bones in the forearm (radius and ulna).

On the inner and outer sides of the elbow, strong ligaments hold the elbow joint together and work to prevent dislocation.

There are two joints in the elbow:

- The humeroulnar joint between the ulna and humerus allows for bending of the elbow.
- The radiocapitellar joint, made up of the radius and part of the humerus, allows for rotation of the forearm so that the hand can be turned palm up or palm down.

The radiocapitellar joint is involved in nursemaid's elbow.



Description

Nursemaid's elbow occurs when there is a partial separation of the radiocapitellar joint. Because a young child's ligaments—the strong tissues that attach bones to each other—are not fully formed, even a mild force on the joint may cause it to shift, or partially dislocate.

The annular ligament surrounds the radius and may be particularly loose in some young children, which may lead to nursemaid's elbow recurring over and over again.

Cause

Nursemaid's elbow often occurs when a caregiver holds a child's hand or wrist and pulls suddenly on the arm to avoid a dangerous situation or to help the child onto a step or curb. The injury may also occur during play when an older friend or family member swings a child around holding just the arms or hands.

Nursemaid's elbow is rarely caused by a fall. If a child injures the elbow when falling onto an outstretched hand or directly onto the elbow, it may be a broken bone rather than nursemaid's elbow.

Symptoms

Because moving the injured arm may be painful, the primary symptom of nursemaid's elbow is that the child will hold the arm still at his or her side, and refuse to bend or rotate the elbow, or use the arm.

Doctor Examination

A pediatrician, family medicine physician, emergency room physician or orthopaedic surgeon can typically make the diagnosis of nursemaid's elbow based on how the injury occurred and the manner in which the child holds his or her arm.

Although an x-ray image is not required for your doctor to diagnose nursemaid's elbow, he or she may order one to make sure there are no broken bones.

Treatment

In most cases of nursemaid's elbow, the doctor will gently move the bones back into normal position. The medical term for this procedure is "reduction."

The doctor will hold the child's wrist or forearm and turn the hand so that it faces palm up. While putting pressure near the top of the radius bone with his or her thumb, the doctor will slowly bend the elbow. A faint pop or click may be heard when the joint goes back into place.

Prevention

It is important for parents to understand that, once a nursemaid's elbow has occurred, there is a high likelihood of recurrence. For this reason—as well as to prevent an initial occurrence—there are guidelines parents and caregivers can follow that may prevent the injury.

- To safely lift a child, grasp gently under the arms. Do not lift children by holding the hands or arms.
- Do not swing a child by holding the hands or arms.
- Avoid tugging or pulling on a child's hands or arms.



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Last Reviewed

January 2019

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