

Nursemaid's Elbow: Unlocking the Secrets of this Mysterious Ailment

By Leon Scott Baxter

(The Santa Barbara Independent - September 1, 2005)

She took her first steps the day before she turned nine months, and I've been chasing my daughter, Maya, ever since. Before she was one, she'd already traversed Mt. Living-Room-Bookcase. Shortly after, she'd ripped the four-foot, Plexiglas door from our living room CD rack's hinges. And, more recently, she's mastered the famous Houdini Crib Escape.

With all of her daring adventures, came the compulsory carpet rash, noggin lumps, and table corner bruises. And, as with any active toddler, after one of her mishaps, Maya would cry and ask for some TLC and climb up on my cuddling lap, only to start surveying a dining room chair as if she were a rock climber envisioning her ascent up the Linoleum Cliffs to the Stainless Steel Ridge of Kitchen Sink, USA.

That's why I was so concerned last month when I came home from work to find that Maya had been crying on and off for two hours. Her caregiver told me that after spinning herself to the point that would make a carousel horse rush to fill an airsickness bag, my little eighteen month old had dizzied herself and fallen on her right arm. When she stood back up, she wailed protecting her arm, keeping it bent and close to her tummy.

There was no swelling, redness, nor was it misshaped. Yet, there was my little Evil Knievel, every five minutes or so, attempting to use her arm, only to immediately bring it back to its protective position, tears skiing down the slopes of her cheeks, and her whining to me, "Papa... hand."

Worried, I rushed Maya to her pediatrician's office. She was x-rayed and examined, and it was determined that my little girl had become a victim of nursemaid's elbow. I'd never heard of this affliction. The doctor rotated Maya's wrist a few times. And, after a couple of screams and a pop, she was back to using her arm like nothing had happened.

Two days later, after her older sister grabbed her hands to pull her to a stand, Maya was back to her uncharacteristic, long-term tears and now held the left arm in the familiar nursemaid's elbow position. Her mom took her in this time. Sure enough, the other arm had now become a victim of this mysterious condition.

What was this ailment? Who was this nursemaid? And, why was she so interested in my daughter's elbow? I asked the parents in our circle of friends if they could shed some light on nursemaid's elbow. Funny thing is, half were

in the same boat as my wife and I; they'd never heard of it. The other half knew it all too well, because their children, like Maya, had also been on the receiving end of the ailment.

It turns out that nursemaid's elbow is a pretty common condition in children between the ages of one and three. But, because it's apparently rarely discussed (at least in my circle of friends), when a child shows the symptoms, parents may fear an arm break, elbow dislocation, or are just plain confused.

What Is Nursemaid's Elbow?

Nursemaid's elbow is the subluxation of the radial head, which basically means the radius (a bone in the forearm) slips past the annular ligament (connected at the elbow) because the bone's end is like a headless nail; it's too narrow. This position is painful, and the more the elbow is used, the more it hurts. Worse yet, once a child is diagnosed with nursemaid's elbow, there's an incredibly high tendency that it will return.

"It comes on somewhat suddenly," says pediatrician, Dr. Rea Goumas, who's been treating children for fifteen years at Sansum Medical Foundation in Santa Barbara, California. "The child will hold his arm bent, up close to the body. He doesn't want to use it. He finds it painful to rotate the elbow." Yet, there's rarely any outward signs of injury (such as discoloration, swelling, or warm to the touch).

Although a simple spill or rolling over in bed can cause nursemaid's elbow, it generally occurs when the child's forearm, hand, or wrist is pulled. Because toddlers have "skinny-headed bones" the radius slides out of the ligament. "But as children get older," explains Goumas, "the head of the radius gets thicker and wider and won't get pulled out so easily."

Don't lift, swing, or pull your child by the hands, wrists, or forearm. If the condition reoccurs often, you might consider avoiding letting your child play on monkey bars or hang from tree limbs. Dr. Goumas even recommends, instead of holding your child's hand as you walk together, pick her up or hold her arm above the elbow. "Toddlers have a tendency to become Jell-O when they don't get their way. They collapse to the ground during tantrums, and, if you're holding their hand at this time, it may spark another bout of nursemaid's elbow."

There are many parents who have children that have had dozens of occurrences of nursemaid's elbow in relatively short spans of time. Can parents pop these ligaments and bone heads back to their proper positions, or should we leave it to the professionals?

Most pediatricians recommend parents learn the technique to reduce nursemaid's elbow, because once it starts, odds are, it'll continue. My wife

learned on Maya's second visit to the doctor. It's a simple twist here and turn there; then, you feel a pop and your child is back to flinging Lego's with the arm. But, ask your pediatrician to demonstrate it live and in person before attempting a reduction. And, if it doesn't work, professionals say that often, the child's natural movement will pop the ligament back to where it belongs, anyway.

So, don't fret if your seemingly indestructible toddler shows signs of wear in the elbow joint. It's probably nothing to worry about. Nursemaid's elbow has no long-term ill affects, and your child will outgrow it soon enough. As soon as you turn your back, he'll be climbing the refrigerator again a la Indiana Jones, searching for the Holy Grail of Sippy-Cup on the top shelf.