

Elbow Instability

Ligaments of the elbow — the ulnar and radial collateral ligaments are the main stabilisers.

Kieran Hirpara 4.0



What you're feeling

You may feel like your elbow is slipping out of place or giving way. This sensation often happens when you reach for objects or lift things. The pain can be sharp and sudden, or it might feel like a deep ache that lingers. You might notice the pain is worse after using your arm for daily tasks, such as tucking in a shirt or reaching behind your back to fasten a bra. Some people find that sleeping on the affected side makes the discomfort worse, while others feel stiffness when they first wake up in the morning.

The instability often stems from damage to the ligaments that hold your elbow bones together. These ligaments act like strong bands, keeping your joint stable. When they are injured, your elbow may not move smoothly. You might experience a feeling of looseness or a “catching” sensation as you bend or straighten your arm. This can make simple movements difficult. For example, turning a doorknob or pouring a glass of water might feel awkward or unsafe because you are unsure if your elbow will hold steady.

In some cases, the pain is not just in the joint itself but radiates down the forearm. You might confuse this with tennis elbow, which is pain on the outside of the elbow. However, if the pain persists despite rest, it could be linked to underlying instability. You may also notice swelling or warmth around the joint after activity. It is common to feel frustrated when everyday tasks become challenging. Your surgeon will help you understand exactly what is causing these symptoms through a careful examination and imaging tests.

If you have had a previous dislocation, you might be more aware of how your elbow moves. You may avoid certain positions to prevent the joint from shifting. This caution can lead to stiffness over time. You might find that you cannot fully straighten or bend your arm as you used to. This loss of motion can affect your ability to perform routine activities. Understanding these feelings is the first step toward getting the right treatment to restore stability and comfort.

What's actually happening

Your elbow is a complex hinge that relies on two types of support to stay steady. Static stabilizers are the bones and ligaments that act like strong ropes. Dynamic stabilizers are the muscles that pull to keep everything in place. These parts must work together in perfect sync. When they do not, your elbow becomes unstable.

This instability often involves damage to the bones and the ligamentous stabilizers. The ligaments are thick bands of tissue that hold the joint together. In many cases, the injury causes rotatory instability. This means the bones twist in abnormal directions, such as backward and to the side. Your surgeon must address these specific twisting forces to restore stability. If only one direction is treated, the elbow may still feel loose or painful.

The pain and feeling of giving way you experience come from this mechanical failure. Without proper support, the joint surfaces rub against each other incorrectly. This can increase pressure on the cartilage, which is the smooth coating on the bone ends. Over time, this wear-and-tear can lead to arthritis. The symptoms are your body's signal that the structural integrity of the joint is compromised.

Sometimes, distinguishing between a healthy, flexible elbow and one that is truly unstable is difficult. Sonography alone cannot always make this distinction. This is why your surgeon relies on a complete clinical history and physical examination. They look for specific patterns of movement that indicate which stabilizers are failing.

Treatment aims to repair or replace these damaged supports. Ligament repairs can yield satisfactory outcomes, helping you regain a near full arc of motion. In more complex cases, reconstruction may be necessary to balance the joint forces. The goal is always to stop the abnormal twisting and restore the natural kinematics of your elbow.

What we can do about it

Your journey to stability begins with careful monitoring and gentle movement. For simple elbow dislocations, your surgeon will perform a detailed clinical assessment and order sequential radiographic follow-up. This ensures the joint is healing correctly without slipping out of place again. If your dislocation is simple, conservative treatment often leads to good clinical and functional results. You will work with a physiotherapist to restore motion. The goal is to regain a near full arc of elbow flexion and forearm rotation. You must give this process time. Patience is key as your ligaments heal and your muscles regain strength.

If pain or stiffness persists, your surgeon may discuss medical management options. These treatments aim to reduce inflammation and protect the joint while it heals. You might receive injections to help manage symptoms. Cortisone injections can reduce swelling and pain in the short term. Hyaluronic acid injections may help lubricate the joint, though evidence for long-term benefit varies. Platelet-rich plasma (PRP) injections use your own blood components to promote healing, but results can differ from person to person. These options do not fix structural instability, but they can make daily activities more comfortable while you focus on rehabilitation.

Surgery is considered when conservative care has reached its limit or when the instability is complex. If you have combined instability in both directions, surgery is necessary to restore stability. Your surgeon may repair the lateral collateral ligament using suture-tape augmentation or suture anchors. For late instability, they might reconstruct the ligament using a tendon graft from another part of your body. In severe cases where the elbow is stiff or ankylosed, a hinged external fixator may be used alongside repair. For patients with significant bone loss or ligamentous damage, a linked total elbow arthroplasty (joint replacement) may be preferred over an unlinked one to prevent further instability. While surgical outcomes can be satisfactory, treatments remain challenging. High rates of persistent instability, stiffness, or pain can occur in demanding cases. Your surgeon will discuss whether the benefits of surgery outweigh these risks for your specific situation.

What to expect

Your outlook depends largely on whether your elbow instability is simple or complex. Simple dislocations often settle well with conservative care. Most patients see their symptoms resolve completely. You can typically regain a near full arc of elbow flexion and forearm rotation. The functional results are generally good.

Complex instability involves more damage to the bones and ligaments that hold your joint together. This type is harder to treat. Even with modern techniques, outcomes can be challenging in demanding cases. You may face persistent instability, stiffness, pain, or post-traumatic arthritis. These issues can linger long after the initial injury.

If you have minor lateral elbow instability, you might find relief through specific procedures like ligament plication. At a two-year median follow-up, patients report subjective satisfaction and positive clinical results. For more severe cases requiring ligament repair or reconstruction, the goal is to restore stability. Suture-tape augmentation is one option that yields acceptable functional outcomes. The reoperation rate for these procedures is comparable to other joint stabilization surgeries.

It is important to know that long-term outcomes for complex elbow injuries remain unknown. We do not yet have enough data to predict what happens many years after surgery. In some cases, ligaments may not heal or tighten sufficiently over time. Problems can arise even up to five years after removing a radial head prosthesis.

If left alone, instability often persists. The elbow relies on static and dynamic stabilizers working in synchrony. When these fail, the joint becomes unreliable. Simple dislocations require detailed assessment and sequential radiographic follow-up to ensure proper healing. Complex cases often need surgical addressing of both posterolateral and posteromedial directions to restore stability.

Your surgeon will tailor the plan to your specific injury pattern. Whether you choose non-surgical management or surgery, close monitoring is essential. Sonography cannot objectively distinguish between healthy and hypermobile joints, so your clinical history and examination are vital. Be prepared for a recovery that requires patience. While many patients do well, some continue to experience symptoms. Your surgeon will help you navigate these possibilities with realistic expectations.

When to see someone

See your GP if you have persistent elbow pain that does not improve with rest. Ask for a specialist review if you feel weakness, instability, or if your joint locks or gives way. Seek care if symptoms interfere with your sleep or work. Sudden worsening after a traumatic event also requires attention. Complex instability involves important bone and ligament stabilizers. Simple dislocations need detailed clinical assessment and sequential radiographic follow-up. Sonography cannot objectively distinguish between healthy and hypermobile joints. A complete clinical history and examination are vital for accurate diagnosis.