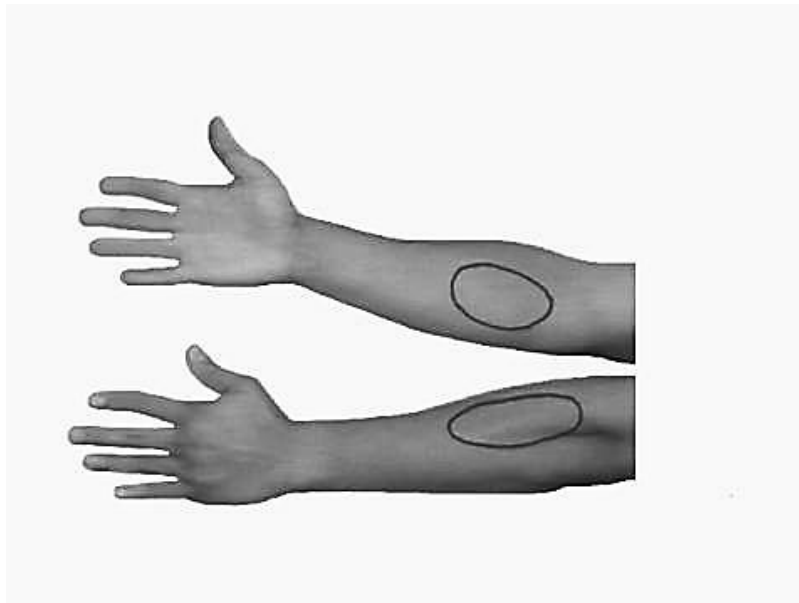


## FOREARM PAIN

The forearm is composed of the structures existing between the elbow and wrist joints. The bones that provide it structure include the radius and ulna bones. Anteriorly, the ulna provides origin for the flexor digitorum superficialis, teres, flexor pollicis longus, supinator, flexor digitorum profundus, and pronator quadratus muscles. It provides the insertion site for the brachialis muscle. The flexor pollicis muscle originates from the radius and the biceps, brachioradialis (in part), supinator, and pronator quadratus muscles insert on it. Posteriorly, the flexor digitorum profundus, supinator, abductor pollicis longus, extensor pollicis longus, and extensor indicis muscles originate from the ulna, while the anconeus inserts on it. The abductor pollicis longus and the extensor pollicis brevis muscles originate while the supinator and pronator teres muscles insert on the radius. The muscles all have their various tendons and fascial coverings that are also considered forearm structures. Other structures of the forearm include originating or inserting ligaments, blood vessels, lymph glands and tracts, and various nerves.



**Common high skin resistance patterns associated with the flexor carpi radialis and the extensor carpi radialis brevis trigger point sites**

The nerves and blood and lymph vessels are numerous and varied in size, the smaller bifurcating from the larger. Anteriorly, the main structures are the brachial artery with its radial, ulnar, and volar interosseus branches, and the ulnar, median, and superficial radial nerves. On the posterior side, the only really important non-muscular structures are the branches of the radial nerve (deep radial, superficial radial and dorsal antebrachial cutaneous nerves).

*Forearm pain* may be produced by radiohumeral bursitis, spinal ligamentous referred pain, peripheral nerve or nerve root impingement, fractures, benign or malignant tumors. Muscle strain, extrafusal muscle spasm, tendon rupture, calcific tenosynovitis, osteomyelitis, myositis ossificans, fasciitis, infection, soft tissue swelling, or ganglion formation may also produce it. Additionally, the most common source of *forearm pain* is soft tissue inflammation in the form of tendonitis or tenosynovitis of the various tendons that run along the forearm and trigger point referred pain.

## **Treatment**

Treatment of forearm pain is centered on relieving the treatable causes established through the evaluation process.

## **Trigger Points**

The following is a list of trigger point formations which may, singly or in combination, refer pain into the forearm: Scalenus, Scalenus (minimus), Infraspinatus, Medial teres major, Lateral teres major, Coracobrachialis, Middle trapezius [C], Supraspinatus (muscle), Latissimus dorsi (upper portion), Serratus posterior superior, Serratus anterior, Subclavius, Subscapularis, Pectoralis major (sternal portion), Pectoralis minor, Medial triceps (deep fibers), Medial triceps (lateral fibers), Lateral triceps, Triceps (long head), Distal medial triceps, Brachialis, Supinator, Extensor carpi radialis longus, Extensor carpi radialis brevis, Extensor carpi ulnaris, Middle finger extensor, Fourth finger extensor, Palmaris longus, Flexor carpi radialis, Flexor carpi ulnaris, Brachioradialis, Pronator teres, Extensor indicis proprius, and Extensor carpi radialis longus.