What is Panner’s disease?
Panner’s disease is abnormal ossification (formation of bone) of the capitellum (base of the upper arm bone, the humerus, forms the top part of the elbow joint). This abnormal ossification is believed to be caused by an interference in blood supply to the growth plate of the bone blockage.

Who is at risk?
- Males more often than females, typically aged 5-12 years.
- Usually occurs in the child/adolescent’s dominant elbow.
- Children/adolescents with repetitive trauma to the elbow.
- Children/adolescents with a family history of Panner’s disease.
- Children/adolescents with endocrine disturbances.
- Most common in baseball players and gymnasts.

What are the symptoms?
- Intermittent pain and stiffness that lasts for several months in the elbow.
- Symptoms are relieved by rest and aggravated by activity.
- Local/point tenderness of the capitellum.
- Swelling over the area.
- Pain with resisted wrist flexion (pulling palm to forearm) and/or pronation (turning palm down).
- Might have an elbow flexion contracture (unable to straighten elbow completely).

What are the treatment options?
Conservative/non-surgical treatment:
- Rest from aggravating activities. Short term immobilization of elbow per your physician.
- Ice the area after activity and when painful for 10 to 20 minutes, up to once an hour as needed.
- Joint range of motion as directed by your physician.
- If the condition does not improve, a referral to physical therapy to address pain, swelling, range of motion, flexibility, strength, bracing/taping, and a return to sport training will usually improve symptoms.

Surgical treatment:
- Removal of loose fragments, if present.
- Occasional fixation of loose fragments.

What is the time frame for return to activity/sport?
- Three to as many as six months.

What are the long-term side effects of having Panner’s disease?
- Loss of motion.
- Loss of function.
- Pain.
- Potentially unable to return to overhand athletic activities.