

Patient Information Sheet

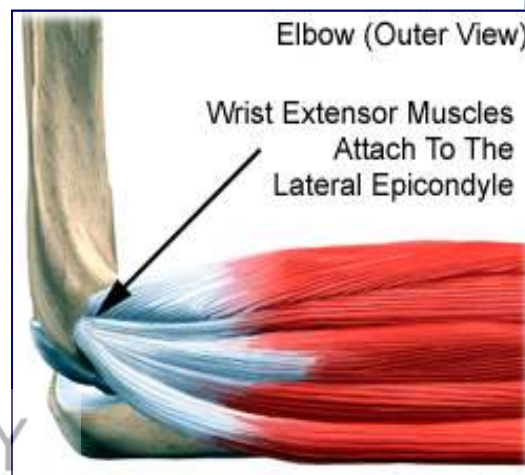
'TENNIS ELBOW'

What's in a name?

Pain in the outer aspect of the elbow has had a variety of names over the years. To most of us, '**tennis elbow**' is the most commonly used term, although tennis and other racquet sports account for just one of many possible aggravating activities.

The commonly used 'medical' name for tennis elbow is '**lateral epicondylitis**'. The name suggests inflammation where the extensor muscles of the wrist and fingers attach, but the term is somewhat misleading. Inflammation is rarely found beyond the first week or so of the problem, yet pain can be ongoing for many weeks, even months. Our understanding of the condition has now changed to consider it more a degeneration of the tendon with a degree of associated nerve hyper-sensitivity in the surrounding area.

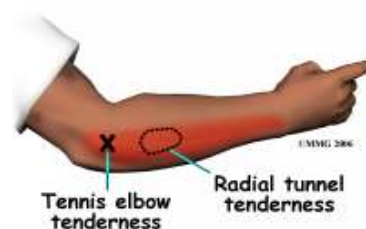
Not to be confused with tennis elbow, its cousin is the nearby '**golfer's elbow**'. This occurs on the inner aspect of the elbow and is a similar condition involving the flexor muscles of the forearm rather than the extensors.



It may not be 'tennis elbow'...

There are other problems that may cause elbow pain. Physios are trained in diagnosing and treating a wide variety of disorders, some of which may include:

- Referred pain from your neck
- **Radial Tunnel Syndrome** (compression of the posterior interosseous nerve in the forearm)
- **Joint pain** arising from the elbow itself
- **Synovitis and/or bursitis** can occur around the elbow because of sports or trauma
- **Nerve injury**



Had the problem for a while already?

Then you are not alone.

Treatment of tennis elbow can sometimes be difficult and people often need a variety of different treatments to help ease the problem. Try to be patient with it, successful treatment can take a while, sometimes ranging from weeks to months.

Over the page, you will find a summary of what treatments have been shown to work, and just as importantly, what treatments don't seem to have positive effects...

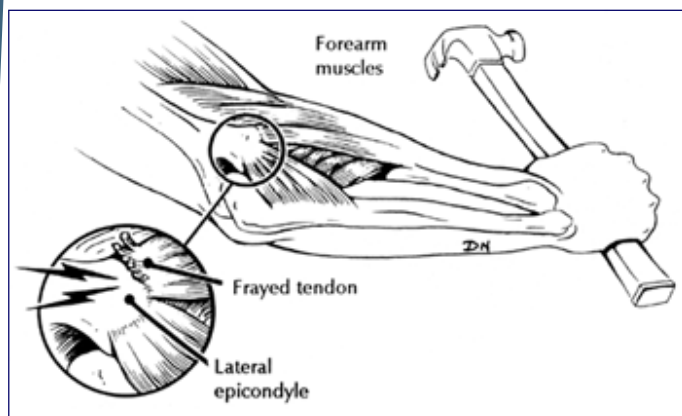
Typical Symptoms:

- Pain over the outer elbow and the extensor aspect of the forearm, sometimes extending to the wrist & hand.
- Pain with repetitive gripping and lifting while gripping, particularly with the forearm pronated and elbow extended. Grip strength is usually weakened.
- Associated arm, shoulder and neck pain, especially when postural issues are a factor.
- Onset is often gradual, but sometimes traumatic.
- Your neck may sometimes be involved as a cause of the problem; your Physio will explain this in more detail if it applies to you.

Does Physiotherapy Help?

Yes! **Physiotherapy has a huge role** to play in the management of tennis elbow. As therapists, it is our goal to combine evidence based practice with our years of experience to gain the best results for our patients. Recent research is pointing towards manual therapy being the most effective form of treatment over the longer term.

TENNIS ELBOW: A PHYSIOTHERAPY PERSPECTIVE



Degeneration vs Inflammation

For many years, the cause of tennis elbow has been poorly understood. It was previously thought that repetitive overuse of the wrist and finger muscles leads to micro-trauma of their common tendon, this then being worsened by continued use of the arm. This 'overuse' view of an inflammatory tendinitis is being proven incorrect as time goes by; medical studies can't find any signs of inflammation in most cases.

The tendon of Extensor Carpi Radialis Brevis is most frequently involved in Tennis Elbow. It is thought that some of the tendon degenerates ...

Why does the tendon degenerate?

This is a million dollar question. Because of very repetitive activity, it may be that the deeper layers of the tendon deteriorate in response to a **lack of activity**. Just like many other systems of the body (such as bone and muscle tissue) the connective tissue of tendons undergoes slow but continual change in response to physical load. Because we often use our arms in very repetitive ways, many of us will only use a small proportion of all the movement we are capable of. As a result, some parts of the extensor tendon at the elbow may become very strong, while parts which are exposed to less work effectively become weaker.

Once we have settled into an habitual workload, over time the tendon adapts to it; the problem then surfaces when we try to do that little bit extra at work or home, and we stress the tendon beyond its comfortable limit.

It is an unaccustomed increase in activity that often triggers the onset of problems like Tennis Elbow.

TREATMENT

What works and what doesn't?

There are many options for the treatment of tennis elbow. Below are a few of the most commonly used treatments and what they aim to achieve:

- **Activity Modification:** is key to successful treatment. You must change your aggravating activities in order to allow other treatments to be effective.
- **Exercise:** has been suggested for many years as an effective treatment. It combines stretching and strengthening to improve the strength and flexibility of the forearm muscles. Your Physio can show you a variety of different exercises.
- **Manual Therapy:** Favourable responses are definitely noted in the short-medium term, and longer term evidence that manual therapy works well is mounting. In a lot of recent research, manual therapy is emerging as one of the most effective treatment options. This includes treatment at the elbow itself as well as other areas like the neck.
- **Taping and Orthotics/Braces:** these seem to work in the short term at least by taking some of the stress away from the affected area of the elbow. They don't 'fix' the problem as such, but they can help make it more comfortable.
- **Electrotherapy:** this includes ultrasound, interferential, laser therapy, iontophoresis and electro-magnetic field therapy. Your physio may use some of these treatments to help settle your pain and help the soft tissue repair process.
- **Acupuncture:** may help some but results seem to be unreliable.
- **Anti-inflammatory medication and Corticosteroid injections:** These may be useful in the early phase of tennis elbow. Medium and longer term benefits are doubtful.
- **Surgery:** is a last resort and very rarely used.