

EPICONDYLITIS, LATERAL **(TENNIS ELBOW)**

DESCRIPTION

This is the most common painful condition of the elbow. Inflammation and pain on the outer side of the elbow where muscles and tendons attach to the bone. The structures involved are the muscles and/or tendons of the forearm that bring your wrist back (extend the wrist). This occurs not only in tennis players, but also in anyone who performs repeated resisted motions of the wrist. Without proper intervention this may develop into a chronic recurrent problem.

FREQUENT SIGNS AND SYMPTOMS

- Pain and tenderness on the outer side of your elbow
- Pain and/or weakness with gripping activities
- Pain with twisting motions of the wrist (playing tennis, using a screwdriver, opening a door or a jar)
- Pain with lifting objects, including a coffee cup

CAUSES

- Chronic repetitive stress and strain to the muscles and tendons that attach the forearm muscles to the elbow
- Sudden change in activity level or intensity
- Incorrect grip
- Incorrect grip size of racquet (often too large)
- Incorrect hitting position or technique (usually backhand; leading with the elbow)
- Using a racket weight that is too heavy

RISKS INCREASES WITH

- Sports or occupations that require repetitive and strenuous forearm and wrist movements (tennis, squash, racquetball, carpentry)
- Sports or that require strenuous or repetitive forearm movement (tennis, racquetball, “lead arm” in golf)
- Poor physical conditioning (strength/flexibility)
- Inadequate warm-up before practice or play
- Return to activity before healing and rehabilitation and conditioning are complete.

PREVENTIVE MEASURES

- Appropriate warm-up and stretching before practice or competition.
- Appropriate conditioning including wrist/forearm muscular flexibility, strength and endurance and cardiovascular fitness
- Proper equipment fit
- Proper technique / coaching.
- Tennis elbow (counterforce) brace

EXPECTED OUTCOME

- *Acute Cases* - Symptoms present less than 4 weeks are usually resolvable in 2 - 6 weeks
- *Chronic Cases* - Repetitive cases or cases in which symptoms have been present for greater than 8 weeks may require 3 to 6 months to resolve and often require referral to a physical therapist or athletic trainer.

POSSIBLE COMPLICATIONS

- Frequent recurrence of symptoms resulting in a chronic repetitive problem. Appropriately addressing the problem the first time decreases the frequency of recurrence.
- Chronic inflammation, scarring tendon degeneration and partial tendon tear, requiring surgery.
- Delayed healing or resolution of symptoms.

GENERAL TREATMENT CONSIDERATIONS

Initial treatment consists of medications and ice to relieve pain, stretching and strengthening exercises and modifying the activity which initially caused the problem to occur. These can all be carried out at home for acute cases. Chronic cases often require referral to a physical therapist or athletic trainer for further evaluation and treatment. A counterforce (“tennis elbow”) brace may be recommended to reduce the forces to the damaged tendon. A splint to immobilize the wrist may be useful early. If symptoms continue to persist an injection of cortisone and anesthetics, or surgical intervention may be required.

MEDICATION

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take if surgery planned in 7 days or less), or other minor pain relievers, such as acetaminophen are often recommended. Take these as directed by your physician. Contact him/her immediately if any bleeding, stomach upset or an allergic reaction occurs.
- Cortisone injections reduce inflammation, and anesthetics temporarily relieve pain. However, this is done only in extreme cases as there is a limit to the number of times cortisone may be given due to the fact it weakens muscle and tendon tissue. Cortisone may also cause skin and subcutaneous fat atrophy (shrinkage and thinning) and skin depigmentation (lighter skin)

HEAT AND COLD:

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 - 15 minutes every 2-3 hours for inflammation and pain, and immediately after any activity which aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used prior to performing stretching and strengthening activities prescribed by your physician, physical therapist or athletic trainer. Use heat pack or a warm soak.

NOTIFY OUR OFFICE IF:

- Symptoms get worse or do not improve in 2 weeks, despite treatment.