

TENNIS ELBOW (LATERAL EPICONDYLITIS)

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WHAT IS TENNIS ELBOW?

The medical name for tennis elbow is lateral epicondylitis of the humerus. "Lateral" refers to the outside of the elbow. The humerus is the large bone in the upper arm. It has bony protrusions on both sides of the elbow called epicondyles. The muscles that extend or straighten the wrist have their origin at the lateral epicondyle. Lateral epicondylitis (tennis elbow) is a degenerative or traumatic tear of these tendon origins at their attachment to bone, causing pain on the outside of the elbow.

WHAT ARE THE CAUSES?

Often tennis elbow is caused by repeated strain on the muscles of the forearm that extend the wrist and fingers. Activities such as tennis or repeated twisting or extension of the wrist during work or hobbies may strain these muscles and irritate their attachment at the bone on the outside of the elbow.

In addition, carrying a heavy load with the arm extended the palm towards the floor may cause a tear in the tendon origins to this area.

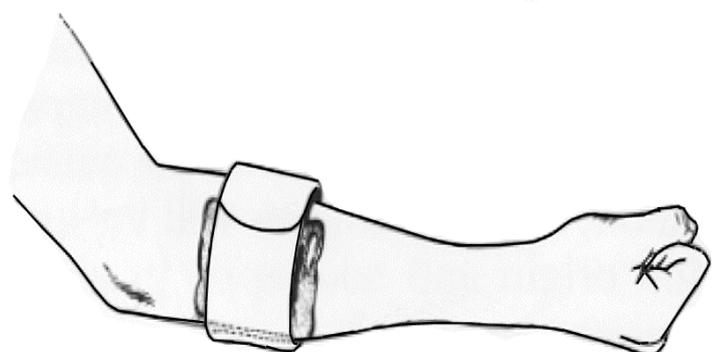
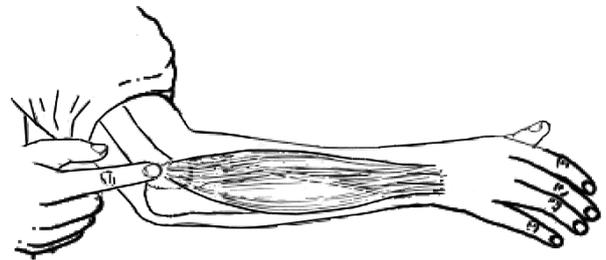
A sudden period of overactivity or repeated strain can result in degeneration of the tendon origins. In rare instances, a direct blow to the elbow may cause the condition.

WHAT ARE THE SYMPTOMS AND SIGNS?

In the early stages pain may only be present with sudden forceful activities involving grasping, pulling or carrying objects with the elbow extended. Certain sports or specific work activities may also cause discomfort. When the problem has been present for some time, more constant dull aching may be present. There is usually no noticeable swelling and no catching or locking of the elbow.

HOW IS IT TREATED?

The type of treatment depends on the duration and severity of the symptoms. The initial treatment involves limiting activities in which the muscles of this region may be stressed. This may involve wearing a wrist brace so that the muscles that extend the wrist are rested. A counterforce brace, which wraps around the forearm just below the elbow, may also be helpful. This brace prevents the entire force of the contracting muscle being transferred to the injured muscle attachment.



Counterforce Brace

Platelet-Rich Plasma (PRP) Injections have been shown to be more effective than steroid injections for this condition. Please find more information at this link: <http://www.prpinjection.com.au>. A hand therapy program of stretching followed by strengthening is a very important component of the treatment. The hand therapist shall also inform you of ways of lifting and carrying to prevent this problem persisting. In particular, lifting is to be performed with the palms facing up never facing down.

It may take several months of therapy for the symptoms to resolve. In general, resolution of the symptoms may take the same length of time that the symptoms have been present.

WHEN IS SURGERY REQUIRED?

Surgery is very rarely required as most patients respond well to the above treatment. If surgery is required, you will be referred to an elbow surgeon who will perform the surgery with an arthroscope. This is a relatively modern technique and is less invasive.

HOW CAN I PREVENT RECURRENCE?

It will be necessary to alter daily activities, especially those involving repeated or prolonged grasping with the elbow straight, high force pulling, or carrying of objects. If work activities demand these types of motion, it may be necessary to change the way these tasks are performed or rotate the job tasks. In some instances, the patient may not be able to return to his or her original job without risk of recurrent symptoms.

When playing racquet sports, careful consideration should be given to proper grip size, the composite of the racquet and the size of the "sweet spot". Continuation of flexibility and strengthening exercises is also important in preventing the recurrence of symptoms.