



Tennis Elbow (Lateral Epicondylitis)

I was recently diagnosed with Tennis Elbow in my left arm. I do not play tennis, but I am sure it is from too much housework!!!!

Tennis elbow is a generic term that describes degeneration of tendon fibers that arise off the bony prominences on the outside (lateral) or inside (medial) of the elbow.

What are the causes?

Tennis elbow most commonly occurs in patients between 30 and 50 years of age as a natural aging process that can be aggravated or influenced by repetitive activities. Some patients may develop symptoms without any specific etiology or after simply bumping the side of their elbow. About half of athletes in racquet sports will develop symptoms of tennis elbow. Occupational and home causes can include: raking, painting, meat cutting, plumbing, repetitive carrying of objects such as suitcases, brief cases etc. The condition does not relate to inflammation. As individuals age, degenerative tears in the tendon origin may fail to heal.

Other pathology about the elbow can be confused with tennis elbow syndrome, including pressure on the radial nerve in the region of the elbow (radial tunnel syndrome), instability of the elbow, and arthritis of the elbow.

What are the signs and symptoms?

Patients complain of burning or achy pain on the side of their elbow that is aggravated by grasping or lifting objects. With lateral tennis elbow, even lifting a light object, such as a coffee cup or book, can lead to significant pain. Patients often experience discomfort initially extending or straightening their elbow in the morning and are particularly symptomatic grasping or carrying with their arm extended or picking up objects with the palm down. (pronation)

They will have tenderness on and around the bony prominence on the outside of the elbow. Patients will experience pain on grasping with the elbow extended, which is perceived more significant than when the elbow is flexed.

Medial epicondylitis (golfer's elbow) shows tenderness on and around the bony prominence on the inside of the elbow and is usually exacerbated (made worse) by resisting pressure of wrist flexion and forearm pronation (twisting the forearm into the palm-down position). It is commonly associated with golf, weight lifting and racquetball.

How is it treated?

Ninety percent of patients will improve with time alone. Activities that are aggravating symptoms should be discontinued. Pain medications are rarely warranted and mainly include reliance upon acetaminophen or anti-inflammatory medication. A wrist splint may be provided to support and diminish the tension on the tendon origin and can provide significant initial relief of pain. A forearm strap to support the muscles in the forearm can also help with initial discomfort.

As patients can tolerate: flexibility, stretching and cross frictional massage exercises can be began. Other modalities: corticosteroid injections have been the mainstay in treatment of tendinopathy yet long-term efficacy of corticosteroids has not been demonstrated. If patients can make activity modifications and tolerate their discomfort it is reasonable to carry out non-operative therapy for 9-12 months.

Surgical Treatment

Patients who have persistent, unrelenting pain that is not improved by the above means maybe candidates for surgical removal of the diseased tissue.

Lanae Pickard OTR/L,CHT (Occupational Therapist, Certified Hand Therapist)

