

TENNIS ELBOW

What is tennis elbow?

The medical term for “tennis elbow” is lateral epicondylitis. It is an inflammation of the tendons of your forearm muscle on the outside (the lateral side) of your elbow. These muscles allow you to lift up your wrist and hand.

What causes it?

Tennis elbow is usually caused by repetitive stress to the tendons that are connected to the underlying bone, the lateral epicondyle. Because people who play tennis or other racquet sports sometimes develop this problem from poor playing technique, it has become known as “tennis elbow”. Others, who don’t participate in racquet sports, can get tennis elbow from repetitive overuse of the arm or from a direct blow to that area of the elbow. Generally, people who develop this condition are involved with activities that require them to lift and/or carry items with the palm of the hand facing down. We frequently see “tennis elbow” in professionals who carry briefcases or suitcases on a regular basis. The condition is most common in people who are in their 30’s and 40’s. A similar condition that affects the inside (the medial side) of the elbow is known as medial epicondylitis (“golfer’s elbow”). In tennis, changes to a slice serve, abnormal mechanics particularly on the backhand stroke can initiate the tendinitis. Think of “too much” and “too often” as initiators of this condition.

How is it diagnosed?

No diagnostic testing is required to make the diagnosis. It is a clinical diagnosis based on the history and physical examination of the patient’s elbow. The area of most local tenderness is usually found on the bone on the outer side of the elbow (the lateral epicondyle). This area is usually quite painful to touch and will be uncomfortable when gripping, particularly with your palm down and/ or the elbow extended (straightened). The patient frequently cannot recall a specific injury, but will notice it after with activities that require hand and elbow movements. Patients may note that even simple activities of daily living are problematic. Turning door knobs, shaking hands, holding a coffee cup, taking a carton of milk out of the refrigerator--- are common examples of painful activities of daily living.

How is it treated?

Treatment should first consist of limiting activities that duplicate the pain, such as heavy or repetitive lifting. Use of a tennis elbow strap is helpful in reducing the forces across the injured tissue to help healing. Anti-inflammatory medications and physical therapy are helpful adjuncts to the treatment plan. Anti-inflammatory medications, such as aspirin or ibuprofen can promote healing by reducing inflammation. Ice applications several times daily are also helpful, particularly for pain relief. Physical therapy is essential to gradually stretch and strengthen the affected muscles and tendons to restore pain free function. In most cases, this form of conservative treatment will be sufficient to cure the problem. In cases where symptoms persist for several months despite conservative treatment, a cortisone injection may be considered to further alleviate any discomfort. If a patient has exquisite localized tenderness we usually recommend a cortisone injection and will do no more than 2-3 injections. Usually patients benefit most predictably from the first injection.

In rare cases, nonsurgical treatment will not correct the problem. **Our rule is that 90% of patients get better with nonsurgical treatment and of those who require surgical treatment 90% will benefit greatly from surgery.** For the resistant and chronic cases you should consult a sports medicine trained orthopedic surgeon to determine if you may be a candidate for surgical treatment. This type of surgery is performed on an outpatient basis and requires 6-12 weeks of post-operative rehabilitation.