

Patient Information Sheet

TENNIS ELBOW (also called lateral epicondylitis)

1. What is it?

It is a disruption of some of the fibres of the tendons that extend the wrist and fingers. There may be some minor inflammation, but not as much as previously thought. Mostly, it is a failed healing response in the extensor tendon origin.

2. What causes it?

Overuse, plus some wear and tear disruption of the tendon. Poor posture and technique can also contribute. In some cases, an acute strain causes lateral (outside) elbow pain.

3. Symptoms – what you notice

- a. Pain – usually worse with extension or screwing tops off jars. The pain is located on the lateral (outside) part of the elbow.
- b. Weakness of wrist and finger extension because of the pain.
- c. Occasionally you may drop things; because of acute severe pain the finger muscles let go of things you are holding.

4. Signs – what the doctor finds

- a. Tenderness over the lateral epicondyle, a bony prominence. This is the origin of the tendons that are attached to the muscles that extend the wrist and fingers.
- b. Pain on resisted extension of the wrist and fingers of the affected arm. There is associated weakness on account of the pain generated.
- c. Usually, there is a full range of elbow motion and power in all directions. If there is pain on resisted supination (opening out) of the forearm, then there may be a pinched nerve that is causing the elbow pain.

5. Investigations

Usually none required. If there has been a previous major injury to the affected elbow, an x-ray is a good idea. If the injury fails to respond to treatment as expected, an ultrasound scan may be worthwhile. This may show a partial tear of the tendon.

6. Treatment

- a. First aid – ice massage and Voltaren Emulgel are useful. Try to rest the hand from provocative movements.
- b. A tennis elbow band is useful to reduce load through the injured area.
- c. A progressive stretching and strengthening programme is the most important part of treatment. Acupuncture may reduce the pain.
- d. Occasionally, a local cortisone injection may be helpful. To get the full benefit from this you need to do the strengthening exercises.
- e. Surgery is rarely required for this condition.

7. Recovery time

Average recovery time is 1-3 months, but recurrences are common.

8. Recovery sequence

Step 1 Ice massage, Voltaren Emulgel

Step 2 Physiotherapy – analysis of movement patterns and grip technique, followed by stretching and progressive strengthening exercises.

Step 3 Continue a home programme of wrist extensor strengthening using baked bean cans in a sock. Progressively build up the number of repetitions, then the weight.

Step 4 If your injury is not settling after a couple of months, consider a cortisone injection.

Step 5 Once you can perform activities of daily living pain free, it is safe to return to racquet sports. Start with doubles or a low key singles game.