



Clinic Guide

Tennis Elbow

Tennis Elbow (Lateral Epicondylitis) is a common cause of elbow pain. Tennis Elbow is characterised by pain over the outer side of the elbow, which may radiate down the forearm. Despite the name, Tennis Elbow does not just afflict tennis professionals. In fact, this common elbow problem (it affects about 3% of the population) is most often associated with work-related activities, although racquet sports players are more prone to the condition and account for approximately 5% of all sufferers. Tennis Elbow is equally common in men and women, peaking in prevalence between the ages of 30 and 50.

Tennis Elbow usually begins as inflammation of the extensor tendons of the forearm as they attach to the Humerus (upper arm) bone, just above the elbow joint. Typically, this inflammation is caused by prolonged gripping activities such as hammering, screwdriving, weightlifting, playing certain musical instruments, canoeing, digging in the garden, driving and, of course, racquet sports.

If these activities are continued, then the inflammatory nature of Tennis Elbow can give rise to a chronic tendon problem that is characterised by pain, weakness and degeneration of the tendon. This elbow problem can then be very persistent and much more difficult to treat.



Tennis Elbow Signs & Symptoms

Tennis Elbow is very easy to diagnose. There is pain when the Lateral Epicondyle (outermost part of the elbow) is touched, and also if the elbow is straight and the hand is moved forward and back at the wrist. The elbow pain is made worse by gripping activities and, in some cases, simple things like turning a door handle can cause intense pain.

Xrays and blood tests can rule out arthritis if the diagnosis is unclear.

Pain in the elbow region can be referred from a problem in the neck or shoulder and these should be thoroughly examined in order to eliminate them before a diagnosis of Tennis Elbow is made.

Tennis Elbow Treatment

An Ice Cup is the easiest way to reduce inflammation of the tendon. Freeze a polystyrene cup of water and then gently rub the affected area with the ice for 5 minutes several times a day. Alternatively, use an ice pack.

Anti-Inflammatory Gel can also be helpful to relieve Tennis Elbow pain. Some doctors may even inject the affected area with a corticosteroid (a naturally occurring substance which can settle down inflammation).

Ideally, the patient should rest from aggravating activities for around two weeks to allow the inflammation to settle down. If it's not possible to rest completely then a Compression Strap (elbow support) is very effective at reducing the stress on the painful area, whilst allowing the user to continue with activities.

Once the severe elbow pain has subsided, rehabilitation and strengthening under osteopathic supervision is the best long-term approach to Tennis Elbow.

In some cases of Tennis Elbow, conservative treatment can prove ineffective. This usually occurs in long-standing cases, where the pain has been present for more than six months. In these cases, the inflammatory nature of the condition gives way to a chronic degeneration of the tendons of the extensor muscles.

This degeneration can be further exacerbated by long-term use of NSAIDs and corticosteroid injections. For this reason, these should be avoided in longstanding cases. Surgery may be an option where support does not relieve chronic pain.

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Tennis Elbow Prevention

Tennis elbow is caused by gripping activities, and gripping either too hard or for too long can bring on the pain. Make sure the item that you are gripping, whether it's a tennis racquet, hammer, or canoe paddle, is the correct size for your hand. If it is too small, it will cause you to grip too hard. If you play racquet sports for the first time in a long while, or you have to decorate a room in one weekend, make sure you take regular breaks and stretch the muscles which work over the wrist. Most importantly stop the activity as soon as you are aware of pain over the elbow. Hopefully the damage will heal quickly and you will be able to resume the activity after a few days rest. Please see the information sheet on Muscle Injuries for more information.

For those who have suffered from Tennis Elbow in the past it may be a good idea to wear a Compression Strap (elbow support). These work by reducing the strain on the painful area by preventing the wrist muscles from contracting fully during sporting and work activities.

Tennis Elbow Rehabilitation

Prior to progressive strengthening, it is important to restore full muscle extensibility by performing some simple stretching exercises for the forearm and wrist. This involves gentle stretching of the extensor tendons that attach to the inflamed area, which are located in the outer part of the forearm and are responsible for bending the wrist back.

They are stretched by simply straightening the elbow and bending the wrist forwards. This helps to realign the scar tissue which is present in the affected area, thus making it stronger.

To do the exercise, keep the elbow straight and bend the wrist forwards. Use the other hand to gently push a little further. You should feel a mild stretch on the back of the forearm. The stretch should be held for about 30 seconds and should be completely pain free.

Progressive strengthening exercises are then commenced, initially with light resistance bands or weights. It is important that there is no pain during or after the exercises.

Your forearm is supported on a table with the hand over the edge and hanging towards the ground. The resistance band should be just taut with the hand hanging down. The wrist should be slowly extended upwards and then slowly flexed back down. The number of repetitions should be gradually increased over days and the speed can then also be increased. As the muscles strengthen, the resistance or weight can be increased.

Golfers Elbow

Golfers Elbow (Medial Epicondylitis) is characterised by pain over the *inner* elbow, which may radiate down the forearm. Despite the name, Golfers Elbow is equally common in men and women, peaking in prevalence between the ages of 30 and 50.

Golfers Elbow begins as inflammation of the flexor tendons of the forearm (located on the inner side of arm), as they attach to the Humerus (upper arm) bone. This inflammation is usually caused by prolonged gripping activities such as hammering, screwdriving, weight-lifting, playing certain musical instruments, canoeing, digging and driving.

If these activities are continued, then the inflammatory nature of Golfers Elbow can give rise to a chronic tendon problem that is characterised by pain, weakness and degeneration of the tendon. This elbow problem can then be very persistent and much more difficult to treat.



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