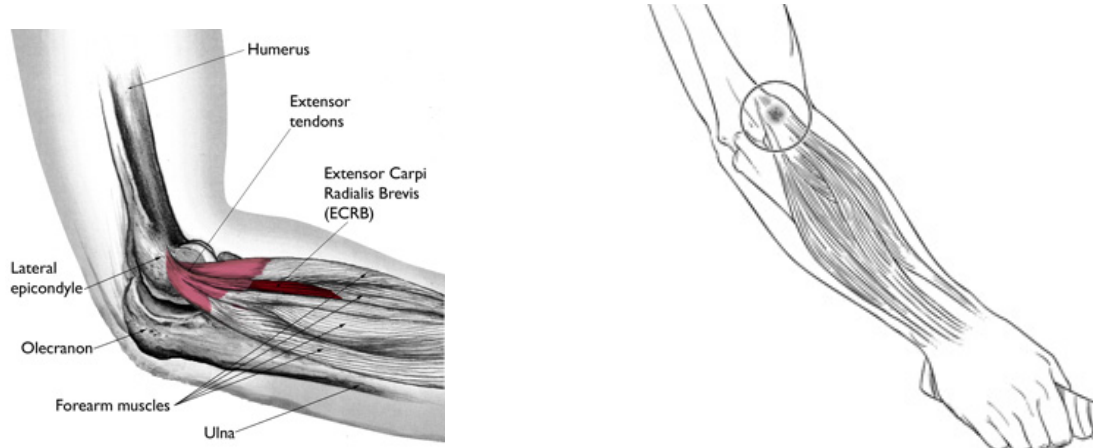


TENNIS ELBOW (LATERAL EPICONDYLITIS)

What is lateral epicondylitis? Lateral epicondylitis (or tennis elbow) is a common condition affecting the lateral (or outside) aspect of the elbow where the extensor carpi radialis brevis (ECRB) muscle originates (see below). The condition causes elbow and forearm pain, especially when lifting or grasping.



American Academy of Orthopaedic Surgeons, 2003. Orthoinfo.aaos.org

What causes lateral epicondylitis? A distinct cause has not been clearly defined. Despite its name, fewer than 5-10% of those with this condition actually play tennis.¹ Furthermore, although the name implies an inflammatory process (“itis” means inflammation), several studies have not implicated inflammation as a cause of this condition, but have suggested microtearing of the tendon followed by an incomplete healing response,² due to idiopathic (unknown) causes or too much stress on the tendon.

¹ Boyer, MI, & Hastings, H. JSES 1999;8:481-91.

² Rineer CA & Ruch DS. JHS 2009 Mar;34:566-76.

What are the treatments for lateral epicondylitis? Much controversy in treatment exists.

- *Nonsurgical options:* include NSAIDS, physical therapy, modalities such as ultrasound, extracorporeal shock wave therapy (ESWT), stretching, bracing, steroid injections, botulinum toxin and platelet-rich-plasma (PRP) injections. PRP injections have shown some benefit,³ but more research is needed.
- *Surgical options:* include open ECRB release, radiofrequency microtenotomy, or arthroscopic debridement. A recent review of the current literature of surgical options for this condition concluded that there was “insufficient evidence to support or refute the effectiveness of surgery for lateral elbow pain.”⁴ Furthermore, although the risks of surgery are small, any surgery has rare but potentially serious complications.⁵

Recommendations:

Based on several years of successful experience in treating this condition by the senior author (RJS), the current research, and our desire for a minimalist, nonsurgical approach to this condition, we recommend the following three things:

- 1) DO NOT RUB THE OUTSIDE OF YOUR ELBOW (Lateral Epicondyle): Rubbing it or massaging it seems to make it worse.
- 2) LIFT WITH YOUR HAND FACING PALM UP, NOT PALM DOWN. This takes the strain off the lateral epicondyle.
- 3) MOST IMPORTANT: PERFORM THE FOLLOWING STRETCH EVERY HOUR WHILE AWAKE FOR THE COUNT OF 5 SECONDS. This stretches the ECRB tendon to help alleviate the symptoms. Your shoulder internally rotated (turned in), elbow fully extended (straight), and wrist fully flexed. Use your own power to flex your wrist.



Adapted from Patrick R. Olson, MD & Robert J. Strauch MD Updated 10.8.13

³ Gosens, et al. Am J Sports Med. 2011 Jun;39(6):1200-8.

⁴ Buchbinder et al., Cochrane Database of Systemic Reviews 2011, Issue 3. Art No.: CD003525.

⁵ Carofino, et al. JHS 2012, 37 (6):1208-1210.