

Tristan Juhan, MD

Orthopedic Surgeon

Office: 408-412-8100

Email: tjuhan@goldenstateortho.com

Website: tristanjuhanMD.com



A Patient's Guide To Tennis Elbow (Lateral Epicondylitis)

WHAT IS TENNIS ELBOW?

Tennis elbow is breakdown and degeneration of tendons which attach to the outside (or lateral side) of the elbow. The muscles which work the hand and wrist begin as tendons which attach on a bony prominence on the lateral side of the elbow. This prominence is the lateral epicondyle of the humerus, so tennis elbow is degeneration of the tendons that attach to the lateral epicondyle (and so it is also called "lateral epicondylitis"). The pain can radiate into the forearm and occasionally into the hand.



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WHAT CAUSES IT?

Tennis elbow typically is caused by repetitive gripping and grasping activities or occasionally from direct trauma to the outside of the elbow. Examples include when someone increases the amount of squeezing or gripping they perform, such as trimming the hedge or playing more tennis than usual. Once the tendons get injured it can be difficult to eradicate because those tendons are used every time the hand grips or squeezes.

IS IT A SERIOUS CONDITION?

Tennis elbow can be a painful and debilitating problem but does not lead to serious problems, like arthritis. However, x-rays or an ultrasound scan may be necessary in some cases to evaluate the elbow joint. An examination by a physician in the office will confirm the diagnosis of lateral epicondylitis. Lateral epicondylitis is the type of condition that will never get so bad that treatment cannot be performed. In many cases, it will resolve over time with non-operative treatments.

HOW IS IT TREATED?

A vast majority of cases of tennis elbow do get better with treatment. This sometimes takes months so it is important that the patient be consistent with the treatment to be successful. This usually consists of the following (not all techniques may be presented by your doctor at once as every patient's treatment plan is individualized).

1. Modification of Activity: General activities which make the pain worse should be avoided or at least cut back. This may mean playing less tennis or cutting back on activities that involve gripping or grasping. For tennis players, modifying the stroke or the grip size of the racquet may help.

2. Ice: Cold therapy is very helpful for this condition. It is recommended that the area be iced daily or sometimes 2-3 times a day. Ice massage can be done by freezing water in a paper Dixie cup, tearing off the top of the cup, and rubbing the ice over the area while holding the base of the cup. You should ice until the area becomes numb and then ice for 5 more minutes- "Numb Plus 5". It is recommended that the area be iced after any aggravating activity, especially sports.

3. Over The Counter Pain Medication - NSAIDS (such as Ibuprofen, Advil, Aleve, Motrin, Naprosyn): These medications are very helpful in reducing the pain of tennis elbow. They should be used under the direction of a physician. We recommend the medicine be used as needed when treating severe cases. You can take either 2 Aleve OR 3 Ibuprofen/Advil with 2 Extra Strength Tylenol at the same time as needed for the pain. VOLTAREN GEL (Diclofenac gel 1%) can be used up to 4 times per day on the affected area. This medication is a topical NSAID

4. Straps: A tennis elbow strap, also called a "counterforce brace," is found to be helpful by some patients. There are several different models available and they are designed to be worn 2-3 centimeters below the elbow. This is intended to take the stress off the tendon where it is attached to the bone. The brace is to be worn during sports or work and does not need to be worn at rest.



5. Wrist braces: These are worn on the wrist to keep the wrist bent backwards, taking the stress off of the elbow. Although not utilized routinely, some physicians utilize them when other measures have failed. They are primarily to be used at night while sleeping, or during the day when performing work on a computer as well.

6. Physical therapy: Physical therapy can be very helpful to repair the degenerative tendon that causes tennis elbow pain. This consists of exercises, stretches, and occasionally a form of ultrasound. Patients who work diligently and consistently in their physical therapy exercises may still require several months of therapy to alleviate their symptoms.

7. Injections: In the event that all conservative measures have failed to provide adequate relief an MRI may be ordered prior to the discussion of injections that could include corticosteroids or PRP (platelet rich plasma).

WHEN IS SURGERY INDICATED?

Surgery is indicated when all of the above measures have failed and the pain continues to prevent activity. As most lateral epicondylitis resolves in 6-12 months, surgery is rarely indicated. Surgery is indicated if the pain continues to prevent the patient from being active and they have failed a course of conservative treatment.

