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An integrated MSK service for Mid-Nottinghamshire

Nottinghamshire Integrated Care System

Tennis Elbow

Lateral Epicondylitis / Lateral Epicondylitis Pain

Information for patients



Information in this booklet is intended to be used as a guide. It gives you an idea about how *Tennis Elbow* can be managed. You should remember that every case is different, and symptoms and management can vary from person to person.

Tennis Elbow

***Tennis Elbow (Lateral Epicondylitis / Lateral Epicondyle Pain)* is a condition that causes pain around the outside of the elbow.**

It usually affects the dominant arm, and often occurs after overuse of the forearm muscles and tendons near the elbow. This results in inflammation in the tendon, which is also known as Tendinopathy.

What is Tennis Elbow?

***Tennis Elbow* is an overuse injury. It occurs when the muscles in the forearm are strained due to repetitive, strenuous or overload activity.**

Tennis Elbow is sometimes caused by racket sports such as tennis, but it is more often caused by other activities that put repeated stress on the tendon such as decorating, manual work or throwing activities. However, anyone can suffer from *Tennis Elbow* without doing these specific activities.

Why me?

Tennis Elbow is a common musculoskeletal condition. It affects between 1-3% of the population and five in every 1000 people see their GP about *Tennis Elbow* each year. The condition affects men and women equally and is more common in people between the ages of 40-60 years.

Symptoms

***Tennis Elbow* causes pain and tenderness on the outside of your elbow. You may also have pain down into your forearm.**

Symptoms can range from mild discomfort to severe pain; it can be present when using your arm or at rest.

The pain is often worse when you use your arm; repetitive wrist movements, such as flexing your wrist and gripping, can also make the pain worse.

If you have *Tennis Elbow*, you will usually experience:

- Pain on the outside of your upper forearm, just below your elbow
- Pain may travel down towards the wrist
- Pain when lifting or bending your arm
- Pain when writing or gripping
- Pain when twisting your forearm, such as turning a door handle or opening a jar
- Pain and stiffness when fully extending your arm.

Diagnosis & Investigations

***Tennis Elbow* is diagnosed from the signs and symptoms that you describe.**

Assessment of the elbow and wrist by a health care professional may help to inform the diagnosis. If the diagnosis is unclear, then an X-Ray or ultrasound can be performed to aid the diagnosis.

Will it get better?

Your symptoms can often be managed with advice and exercises from your physiotherapist. Most cases will resolve with conservative treatment within 6-12 months. Most people make a full recovery if they follow the management plan. Sometimes, symptoms can return in the future.

Treatment is aimed at:

- Reducing pain and inflammation, and promoting healing
- Restoring flexibility and normal movement

- Improving and normalising function
- Changing the tendon loading.

We work with a team of Orthopaedic Advanced Practitioners and Consultants. If you do not respond to physiotherapy, additional treatment (where appropriate) may be considered such as the use of steroid injections. Your health care professional will discuss this with you if necessary.

Management

Your health care professional can provide you with exercises to help strengthen the forearm tendons and muscles and give you individual advice on managing your condition. The aim of treatment is to alter how load is put through the tendon to offload it, allowing the inflammation to settle.

The use of braces or strapping such as an epicondylitis clasp may be recommended in the short term for pain relief.

Tennis Elbow is treated with a variety of different management techniques. Below is a list of ways you can help yourself:

- **Modify or reduce activities that aggravate the pain**
- **Take over the counter pain relief**
- **Use cold therapy such as a bag of frozen peas wrapped in a towel.**

MEDICATION FOR PAIN CONTROL

Controlling your pain allows you to continue to function and helps you cope. Your GP may have already discussed medication to help with your pain and the correct ways to take pain relief. They may recommend that you take it as a short course rather than 'as and when' the pain is bad. This often includes non-steroidal anti-inflammatory medication such as ibuprofen, paracetamol or Zapain. Anti-inflammatory gels can also be trialled. Please always read the instructions before using these products.

TREATMENT

- **Activity Modification:** Modify or reduce activities that aggravate the pain, such as lifting
- **Medication:** Taking pain relief such as over the counter paracetamol or ibuprofen can help manage the pain. It is more effective to take it regularly rather than only when the pain is bad
- **Ice / Heat:** This is specific to each individual. Depending on the structure that is affected, you may find benefit more from one or the other to help manage the pain
- **Physiotherapy:** see exercises.

STERIOD INJECTIONS

Steroid injections are sometimes used to facilitate physiotherapy exercises. However, for *Tennis Elbow* they only provide short-term pain relief with limited long-term benefit. Therefore, they offer a window of opportunity of reduction in symptoms, to allow participation of the exercises. Injections are only offered in conjunction with physiotherapy. There are risks with soft tissue injections and these should be discussed with your health care professional.

PLATELET RICH PLASMA INJECTIONS (PRP)

PRP is a treatment where blood plasma containing concentrated platelets is injected into the elbow to help repair the affected tissue. It has been shown to help speed up the healing process, but its long-term effectiveness is unknown. You would need to be referred to Orthopaedics to discuss if this treatment is appropriate for you.

DO I NEED SURGERY?

In some chronic severe cases surgery may be required, but this is a last resort. It is only considered when physiotherapy or other non-surgical techniques have not worked. Surgery does not always resolve your pain.

EXERCISES



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EXERCISE 1

Wrist Extension

- Seated or standing, support your forearm on a table with your palm facing down
- Hold a small weight e.g. dumbbell, food tin, bottle or hammer
- Bend your wrist up against gravity. Hold for 1-2 seconds and then slowly lower down
- Repeat the above 8-12 times for a total of three sets, resting for 1-2 minutes in between sets
- Complete the exercise between once and twice per day.

This exercise should provide nothing more than a mild discomfort that settles within 1-2 hours.

EXERCISES



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EXERCISE 2

Supination/Pronation

- Stand with your elbow bent at 90 degrees to your body and hand pointed in front of you
- With your palm turned up and holding a small weight e.g. dumbbell, food tin, bottle or hammer, rotate your forearm so your palm ends up facing downwards (keeping your elbow at 90 degrees to your body)
- Rotate your forearm to bring your palm back to facing up
- Repeat the above 8-12 times for a total of three sets, resting for 1-2 minutes in between sets
- Complete the exercise between once and twice per day.

This exercise should provide nothing more than a mild discomfort that settles within 1-2 hours.

EXERCISES



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EXERCISE 3

Wrist Extensor Stretch

- Seated or standing, support your forearm on a table with your hand over the edge and palm facing down
- Let your hand drop down over the table
- Using your other hand, gently stretch your hand to point your fingers to the floor, feeling a stretch in the uppermost part of the forearm
- You can increase the stretch by curling your fingers into a loose fist
- Hold the position for 20 secs
- Repeat the exercise 2-3 times per day.

This exercise should provide nothing more than a mild discomfort that settles within 1-2 hours.

Further Information

<https://www.versusarthritis.org/media/1339/elbow-pain-information-booklet.pdf>