

Tennis elbow (Lateral Epicondylitis)

i Important information for
patients who suffer from
Tennis elbow

About this booklet

The purpose of this booklet is to give you some information about tennis elbow (which is also known as Lateral Epicondylitis) and how we treat it.

What do I need to know about tennis elbow?

The key things for you to know are:

- Tennis elbow is not a serious condition – it gets better with time and no-one ever has it forever.
- It is completely safe to continue using your arm within the limits of discomfort.
- Eight out of ten people who suffer from tennis elbow are better within one year.
- You can control the pain by:
 - changing the way in which you carry out activities;
 - doing specific exercises; and
 - using injections for longstanding, problematic cases.

Surgery will be considered as a last resort in a very small number of cases.

What is tennis elbow?

Tennis elbow affects the tendons on the outside of the elbow. These tendons attach the muscles that straighten your wrist and fingers to the bone. These tendons change as the body ages. In people with tennis elbow, this area becomes painful and you may also feel discomfort in the forearm. Less frequently, a similar pain can be felt on the inside of the elbow and is known as a 'golfer's elbow'.

Who gets tennis elbow?

It usually affects people over the age of 40, and is more common in women than men. You can get tennis elbow if you do not play tennis.

What are the symptoms?

The most common symptoms are:

- Pain on the outside of your elbow. This could be mild discomfort or severe pain interfering with your sleep.
- Tenderness at the outside of your elbow.
- Pain when lifting.
- Pain when bending or twisting your forearm.
- Pain on gripping small objects.
- Difficulty in straightening your elbow.

Repeated movements especially gripping or twisting movements will increase the pain. For example, activities such as housework, DIY and lifting and pouring from a full kettle with a straight elbow.

Why does it happen?

We do not know the exact cause of tennis elbow. Most people do not play tennis! Most people do not report any incident that caused their symptoms but it can be related to unusual or strenuous repetitive use of the arm.

What can I do to help ease the pain?

The most important thing to remember is that it will get better on its own eventually. How long this takes can range from a few weeks to several years. Eighty percent of people have improved within one year.

Normal use of your arm will not cause you any harm, but it might make the pain worse. Until your tennis elbow gets better, you need to find ways of keeping the symptoms under control.

There are many things you can do to help yourself. Use painkillers and anti-inflammatory tablets. These are available from your pharmacist or your General Practitioner (GP). It is unusual for these to help the pain of tennis elbow.

- You can apply anti-inflammatory cream over the tender area. It is available from the chemist without a prescription and can have fewer side effects than tablets.
- Avoid heavy use of your arm and try to avoid the activities that make the pain worse. Be aware of the amount of force that you use to grip things. If possible, try not to grip objects as hard. If you can, try to lift things with your palm facing forwards or upwards. In other words, where possible you should not be able to see the back of your hand.
- Make the grip size on objects you use larger. If possible, reduce the weight of your racket or tools
- Use an ice cube massage. Apply oil to the tender area first to protect the skin and then massage with a wet ice cube wrapped in a damp cloth for up to 10 minutes.
- If your job involves repetitive manual handling activities or repetitive movements such as keyboard or mouse work, have a close look at your work activities and workstation (i.e. your desk). If your work has an occupational health department then they should be able to help you.

Exercises

Stretching

Standing or sitting. Place your arm out in front of you with your elbow straight and palm facing downwards. Bend your wrist so that your fingers are pointing to the floor. Gently press the back of your hand with your other hand. Hold this stretch for a count of 20 seconds. Repeat three times, and do this three times per day.

Strengthening

Support your forearm on a table with your hand over the edge, with your palm down. Hold a light weight – this can be a tin can or a small bottle of water. Bend your wrist up using your other hand to help. Slowly lower your hand down without the help from the other hand. Repeat 15 times for three sets - once per day.

The following may also help:

Physiotherapy

This can include treatments to relieve pain, mobilise surrounding joints and nerves as well as exercise programmes to re-strengthen the muscles. Exercises are an important aspect of treatment and you will be given advice on how to modify the activities that make the pain worse. You should be able to “self-refer” to physiotherapy at your local health centre.

Acupuncture

Some people find this really helpful, yet others find it makes no difference at all. You should know within two to three sessions if it is going to help. Many physiotherapists offer acupuncture as part of their approach to tennis elbow treatment.

Splints

There are many types available which apply pressure to the elbow. They can help to reduce the pain.

Other advice

An occupational health physiotherapist at your work may be able to advise you further. If you are involved in a sport or hobby using repetitive movements, your instructor or coach may be able to offer you advice on techniques.

What are your other treatment options?

Injections

Local anaesthetic and steroid (cortisone) can help the symptoms in the short term (a few weeks), however injection may be painful for a few days afterwards and the pain may return and then be worse than before this treatment.

Steroids can cause harm to the tendon and can make your symptoms last longer. Current evidence does not support the use of steroid injections for tennis elbow.

Surgery

There is currently no clear evidence that surgery is better. This is usually carried out as a last resort, and initially it does not have a high success rate and patients are often disappointed.

Further information

If you have any questions or concerns, please email handsurgery@gjnh.scot.nhs.uk or contact the orthopaedic clinic during office hours on 0141 951 5553. For out of hours, you should contact the Senior Nurse via the switchboard on 0141 951 5000.

Notes

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