



LATERAL EPICONDYLITIS FAQ

1) What is Lateral epicondylitis?

Lateral epicondylitis is a tendonitis also known as tennis elbow although the majority of people with lateral epicondylitis have never played tennis. The condition causes pain on the outside portion of the elbow over a bony prominence termed the lateral epicondyle. Pain occurs with activities such as grasping, pushing, pulling and lifting. As the process progresses the pain may occur with limited activities or even at rest.

2) What causes Lateral Epicondylitis?

Lateral epicondylitis most often occurs related to overuse. Any activity that over stresses the involved tendon, the extensor carpi radialis brevis, can cause the disorder. These activities include repetitive work, gardening, tennis, and golf. Of note, a separate entity termed golfer's elbow or medial epicondylitis causes pain on the inside of the elbow. Lateral epicondylitis can also be related to direct trauma to the outside portion of the elbow. It is believed that overuse or trauma causes a microscopic tear in the origin of the extensor carpi radialis brevis muscle. Although lateral epicondylitis is termed a tendonitis there are few inflammatory changes in the tissue and therefore it is considered more of a mechanical problem with degeneration of the tendon.

3) How does the doctor determine if I have lateral epicondylitis?

The diagnosis is often made on the history or the information that a patient gives the physician regarding their symptoms. An examination of the extremity helps confirm the diagnosis. The range of motion of the elbow is usually normal, but may be limited in severe cases. On palpating the elbow a patient will have localized tenderness in the region of the lateral epicondyle. Pain is also reproduced with the patient extending their wrist under resistance. The physician can perform several maneuvers to rule out problems that mimic lateral epicondylitis such as localized arthritis or a nerve compression disorder termed radial tunnel syndrome. X-rays are typically normal in lateral epicondylitis and not routinely performed. An MRI is occasionally obtained to help confirm the diagnosis and rule out other disorders.

4) How is lateral epicondylitis treated?

Lateral epicondylitis is treated with a staged exercise program and often requires a therapist. The initial phase involves rest of the extremity until the acute pain improves. Nonsteroidal anti-inflammatory medications such as aspirin or ibuprofen may be helpful. The second phase includes a stretching program. The stretching exercises are focused on stretching the wrist extensor muscles. The exercises are first performed with the elbow held in flexion and later with the elbow extended. In the third phase strengthening exercises are performed. If pain develops while performing the exercises, one reverts to the prior stage. In addition to the staged program a corticosteroid injection or other therapy modalities may be helpful. Activity modification is one of the most important factors. It is recommended that activities that aggravate the symptoms are limited. Lifting should be performed with the palms turned upward (supinated). Frequent breaks from repetitive activities should be taken along with stretching before and after activities.

5) Are splints beneficial?

The forearm clasp is often recommended for patients with lateral epicondylitis. This clasp is applied to the forearm not over the area of injury but just past it toward the wrist. The clasp is used to unload the area of muscle origin at the elbow. It is worn during activities that may exacerbate the symptoms and is not beneficial at rest. A forearm splint similar to that worn for carpal tunnel syndrome may also be helpful. The wrist splint supports the involved muscle in lateral epicondylitis which extends the wrist.

6) How is lateral epicondylitis treated for tennis players?

The most common cause of lateral epicondylitis in tennis players is improper stroke technique. Players with tennis elbow often lead with their elbow while hitting the backhand although the problem can occur with any stroke. A tennis player should consider taking lessons from a tennis professional to ensure proper technique. In addition play on soft courts such as Hartru rather than hard courts. Use new balls each time one plays tennis. Ensure the racquet grip is the appropriate size. The racquet should be strung in mid-range and it is important to stretch before and after playing tennis.

7) Is surgery beneficial?

The majority of patients with lateral epicondylitis are treated nonoperatively. Patients that have persistent pain despite months of nonoperative treatment are candidates for surgery. The surgical procedure is performed on an outpatient basis most often under general or regional anesthesia. The degenerated portion of the extensor tendon origin at the elbow is excised and repaired. Often a portion of the bone is shaved to promote blood vessels to grow into the area and aid in healing. Patients are immobilized for several weeks and then undergo a therapy exercise program. The majority of patients undergoing the procedure will have improvement in their symptoms. The risks of surgery include some persistent pain, stiffness and infection.