

Tennis Elbow



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Tennis elbow, or lateral epicondylitis, is a painful condition of the elbow caused by overuse. Not surprisingly, playing tennis or other racquet sports can cause this condition. However, several other sports and activities can also put you at risk. Tennis elbow is an inflammation of the tendons that join the forearm muscles on the outside of the elbow. The forearm muscles and tendons become damaged from overuse – repeating the same motions again and again. This leads to pain and tenderness on the outside of the elbow.

There are many treatment options for tennis elbow. In most cases, treatment involves a team approach. Primary doctors, physiotherapists, and, in some cases, surgeons work together to provide the most effective care.

Your elbow joint is a joint made up of three bones: your upper arm bone (humerus) and the two bones in your forearm (radius and ulna). There are bony bumps at the bottom of the humerus called epicondyles. The bony bump on the outside (lateral side) of the elbow is called the lateral epicondyle.

Muscles, ligaments, and tendons hold the elbow joint together.

Lateral epicondylitis, or tennis elbow, involves the muscles and tendons of your forearm. Your forearm muscles extend your wrist and fingers. Your forearm tendons – often called extensors – attach the muscles to bone. They attach on the lateral epicondyle. The tendon usually involved in tennis elbow is called the Extensor Carpi Radialis Brevis (ECRB).

Golfers Elbow

Golfer's elbow is a condition that causes pain where the tendons of your forearm muscles attach to the bony bump on the inside of your elbow. The pain might spread into your forearm and wrist.

Golfer's elbow is similar to tennis elbow, which occurs on the outside of the elbow. It's not limited to golfers. Tennis players and others who repeatedly use their wrists or clench their fingers also can develop golfer's elbow.

The pain of golfer's elbow doesn't have to keep you off the course or away from your favorite activities. Rest and appropriate treatment can get you back into the swing of things.

Golfer's elbow occurs commonly in the community. It is present in golfer's. However, it is common in repetitive manual trades where gripping is involved.

It can occur at any age, however, sufferers are generally between the ages of 35 and 50.

Predictably, the side affected is usually associated with handedness, but it can occur in the non-dominant arm. Males and females are affected equally.

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Glenferrie Sports and Spinal

Physiotherapy

Matthew Hopkinson

Nick Bridges

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Alana Hassell

Nick Gray

Sports Physicians

Karen Holzer

Tracy Peters

Podiatry

Ben Holland

Massage

Reiona Garth

Alan Godfrey

Lepeka Nanai

Naturopath and Nutrition

Anna Boetto

Conservative Management

Approximately 80% to 95% of patients have success with nonsurgical treatment.

Rest.

The first step toward recovery is to give your arm proper rest. This means that you will have to stop participation in sports or heavy work activities for several weeks.

Non-steroidal anti-inflammatory medicines.

Drugs like aspirin, voltaren or ibuprofen reduce pain and swelling.

Equipment check.

If you participate in a racquet sport, you may be encouraged to have your equipment checked for proper fit. Stiffer racquets and looser-strung racquets often can reduce the stress on the forearm, which means that the forearm muscles do not have to work as hard. If you use an oversized racquet, changing to a smaller head may help prevent symptoms from recurring.

Physiotherapy.

Specific exercises are helpful for strengthening the muscles of the forearm. Your therapist may also perform trigger point therapy, ultrasound, ice massage, or muscle-stimulating techniques to improve muscle healing.

Brace.

Using a brace centred over the back of your forearm may also help relieve symptoms of tennis elbow. This can reduce symptoms by resting the muscles and tendons.

Steroid injections.

Steroids, such as cortisone, are very effective anti-inflammatory medicines. Your doctor may decide to inject your damaged muscle with a steroid to relieve your symptoms.

PRP

Platelet-rich plasma (PRP) is currently being investigated for its effectiveness in speeding the healing of a variety of tendon injuries. PRP is a preparation developed from a patient's own

blood. It contains a high concentration of proteins called growth factors that are very important in the healing of injuries.

Surgical Management

If your symptoms do not respond after 6 to 12 months of nonsurgical treatments, your doctor may recommend surgery.

Most surgical procedures for tennis elbow involve removing diseased muscle and reattaching healthy muscle back to bone.

The right surgical approach for you will depend on a range of factors. These include the scope of your injury, your general health, and your personal needs. Talk with your doctor about the options. Discuss the results your doctor has had, and any risks associated with each procedure.

Open surgery

The most common approach to tennis elbow repair is open surgery. This involves making an incision over the elbow.

Open surgery is usually performed as an outpatient surgery. It rarely requires an overnight stay at the hospital.

Arthroscopic surgery

Tennis elbow can also be repaired using miniature instruments and small incisions. Like open surgery, this is a same-day or outpatient procedure.

**All information in this brochure is a guide and is the opinion of*