

Tennis elbow

Physiotherapy of Department

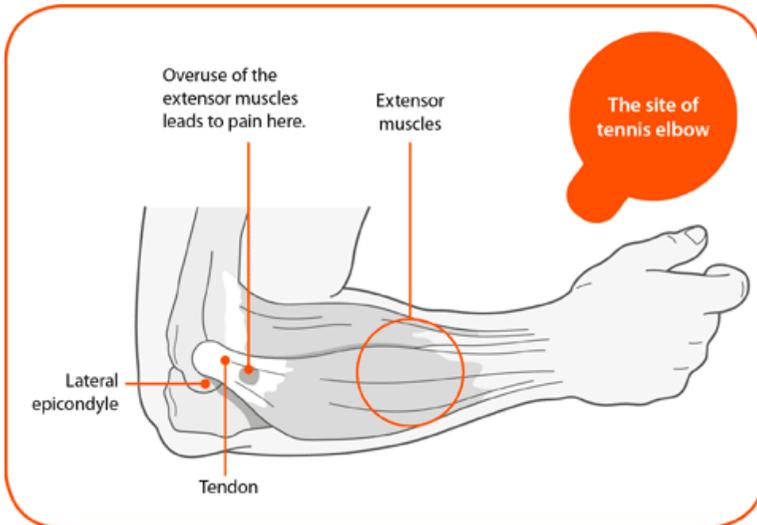


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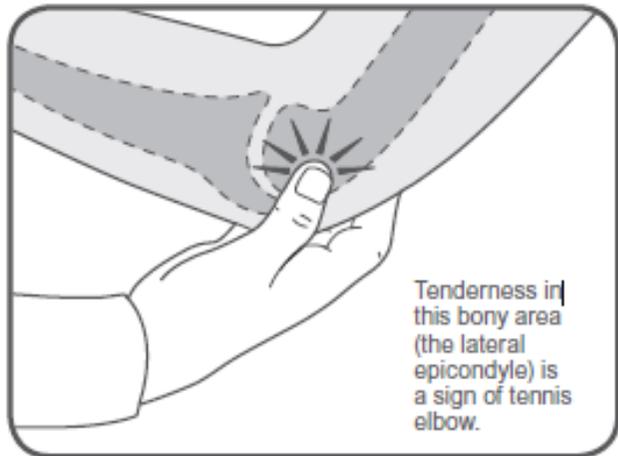
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Tennis elbow

Tennis elbow is a condition in which the tendons that attach your extensor muscles to the lateral epicondyle become damaged. It occurs when more force is applied to the tissues than the tissues can handle. It's also known as lateral epicondyle tendinopathy. Although tennis elbow is painful it shouldn't cause any lasting damage and doesn't lead to arthritis. Anybody can develop tennis elbow, but it's most common between the ages of 30–50.

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What are the symptoms?

- Pain over the lateral epicondyle (bony area on the outside of your elbow)
- Increased tenderness when pressure is applied on the outside of your elbow
- Discomfort when straightening your elbow
- Weakened grip

The level of pain can range from a mild discomfort to a severe ache that stops you sleeping. Repeatedly moving your wrist will make your symptoms worse, especially if combined with a weight (for example if you're lifting heavy objects).

What are the causes?

- Unaccustomed hand use. eg painting a fence, hammering, lots of typing.
- Excessive gripping or wringing activities
- Poor forearm muscle strength or tight muscles
- Poor technique
- Direct trauma from a fall or sudden blow to the elbow

Chronic Tennis Elbow is associated with degenerative changes in the muscle tissues located at the epicondyle. Although for a long time this was thought to be related to inflammation from overuse, this is now known to be incorrect.

Testing of Chronic Tennis Elbow sufferers has shown no evidence of inflammation. Instead, there is an increase in the response of the nerves in the area, a change in blood supply and altered coordination of the muscles when using the wrist and hand. There may also be degenerative changes in the extensor tendon.

There is also evidence that longstanding forearm muscle changes can alter your elbow joint position and result in chronic tennis elbow pain. This results in decreased ability to perform normal elbow activities and reducing elbow and grip strength.

Treatment

Reducing pain

Conservative treatments are often all that is needed for a full recovery of a tennis elbow which usually resolves within a few days to weeks.

The first thing to do is reduce activities that cause pain and correct any poor techniques. For example lift objects with your palms facing upwards and elbows bent or use your whole body rather than just your wrist to perform more strenuous tasks. You may also want to address your posture. A good posture in any position will mean your body has a stable base to work from, thereby giving maximum support. You may wish to adapt your work station. Some employers may offer a workplace inspection to assist you with this.

Medication

It is important you seek advice from your doctor or pharmacist regarding the use of medication.

Painkillers such as paracetamol and ibuprofen may help and you should use them if you need to. It is important that you take them regularly and at the recommended dose to help you control the pain and allow you to continue exercising. Don't wait until your pain is severe before taking painkillers. Alternatively you could rub anti-inflammatory cream directly onto the painful area. Your doctor/ pharmacist will be able to advise you what is best to use.

Steroid injections

You may be offered a steroid injection if you are in severe pain or don't appear to be recovering. You should discuss the pro's and cons of an injection with the clinician offering one.

Physiotherapy

A physiotherapist can provide a variety of treatments, help you understand your problem and get you back to your normal activities. They may recommend a Tennis Elbow clasp, which can help reduce the strain on your elbow if you need to make repetitive hand and elbow movements, for example while you're working.

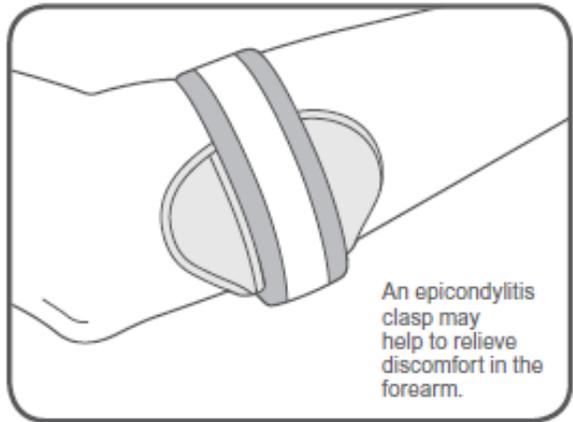


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Exercise programme

Your physiotherapist will show you specific exercises to strengthen your muscles and tendons. This will help them to withstand the stresses that first caused your tennis elbow.

It is important that you do your exercises at a steady pace.

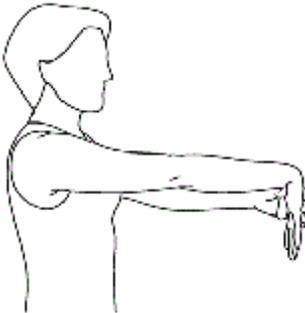
Your exercises should be almost pain free. You may feel mild pain during the last few repetitions, but this should not carry on after you have stopped.

It is important you progress through the exercises appropriately therefore you should only do the exercises your physiotherapist has shown you.

Aim to do your exercises 3-4 times a day.

Exercises

Stage one



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Extensor stretch

With your palm facing down, reach your arm out in front and straighten your elbow. Bend your wrist down to the floor then push the wrist down further with your other hand.

To increase the stretch, turn the elbow crease towards the ceiling.

Stretch only to the point of initial discomfort.

Hold 15-30 seconds, repeat 3-5 times.



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Forearm rotation

Stand with your elbow bent and palm turned down. Turn your palm up and down rotating your forearm.

Repeat 10 times.



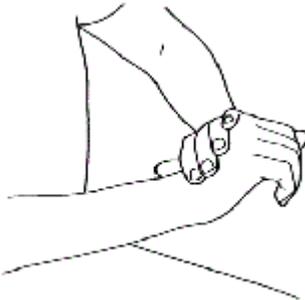
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Elbow flexion/ extension

Bend your elbow then straighten it as far as you can.

Repeat 10 times.

Stage two

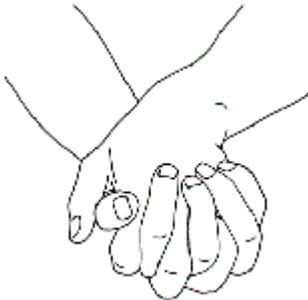


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Isometric wrist extension

Bend your affected wrist upwards. At the same time push it downwards with the other hand. The resistance should be equal so that there is no movement.

Hold for 5-10 seconds, 5-10 repetitions.



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Resisted supination

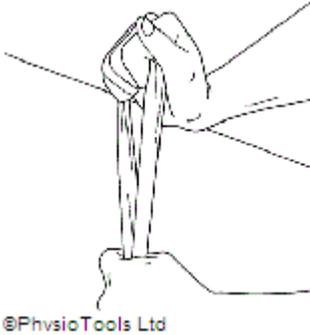
Clasp your hands together. Whilst turning your palm up towards the ceiling use the other hand to resist against the movement. Match the force so there is no movement.

Hold 5-10seconds, 5-10 repetitions.

Space for additional exercises from your therapist:

Stage three

Eccentric wrist extension

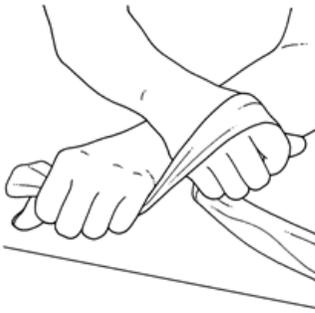


Support your elbow and forearm on the table and let your wrist hang over the edge holding onto theraband. Place your hand into an extended position as in the picture. Hold onto the band with as in the picture and place it on tension.

Slowly release your affected wrist letting it lower in a controlled way.

Repeat 10 times. 3 sets.

Eccentric wrist supination



Place your forearms on a table. Place your affected arm so the palm is facing upwards. Hold the theraband on tension. Slowly let your affected arm turn inwards controlling the band as you do so.

Repeat 10 times, 3 sets.

Space for additional exercises from your therapist:

Stage four



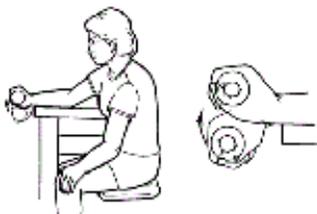
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Wrist turn with weight

Stand with your elbows bent and palm turned down. Hold a light weight, e.g. tin of beans. Rotate your forearm so your palm turns up then back down.

Repeat 10 times, 3 sets.

Wrist lift



Start with your affected arm supported as shown. Hold a light weight in the affected hand. Curl your wrist upwards slowly.

Hold 5 seconds then slowly lower. Repeat 10 times, 3 sets.

Space for additional exercises from your therapist:

Stage five

Functional training for your occupation/ sport

These exercises will be specifically tailored by your therapist to suit your occupation/ sporting activity, they will normally focus towards returning to managing your original aggravating activity.

Examples of these may be twisting a towel into a roll, squeezing a soft ball in your fist, transferring buttons from a small cup, rotating your hand on a table in both directions, lifting and transferring objects or working towards racquet use.

Exercises from your therapist:

Additional comments/ space for exercises:

Information sources

This information has been sourced from evidence based websites such as;

<http://www.arthritisresearchuk.org/arthritis-information/conditions/elbow-pain/specific-conditions.aspx>

<http://orthoinfo.aaos.org/topic.cfm?topic=a00068>

<http://physioworks.com.au/injuries-conditions-1/tennis-elbow>

If you need any further advice, please do not hesitate to contact your physiotherapist or the physiotherapy department on:

City Hospital: 0115 9627 679

QMC: 0115 849 3312

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Freephone (City Hospital Campus): 0800 052 1195

Freephone (QMC Campus): 0800 183 0204

From a mobile or abroad: 0115 924 9924 ext 65412 or 62301



Minicom: 0800 183 0204

E-mail: pals@nuh.nhs.uk

Letter: NUH NHS Trust, c/o PALS, Freepost NEA 14614, Nottingham NG7 1BR

www.nuh.nhs.uk