

A GP's Guide to Tennis Elbow

Did you know “tennis elbow” doesn’t just affect tennis players?



Here's what you need to know.

How does Lateral Epicondylitis (LE) develop?

When increased stress or load is applied to the extensor muscle group, collagen breakdown occurs within the tendon, often leading to increased vascularity and the proliferation of fibroblasts. Nociceptive fibres within the tendon are then irritated which causes pain and discomfort for the patient. More chronic changes in the tendon can lead to partial tears and macroscopic damage.

The Causes

Any recreational or occupational activity (no, not just playing tennis) involving the use of the extensor muscle group can result in LE. **But who is most likely to be affected?**

- It is most seen in individuals between the ages of >30yo due to **age-related tendon degeneration** and **repetitive loading**
- Patients who **continuously use hand tools** such as a screwdriver or spanner, commonly seen in painters, carpenters, plumbers, gardeners, butchers, and typists
- Patients who **regularly lift heavy weights**
- Patients who have **weakened muscles of the shoulder and wrist**
- Patients who have **poor grip or technique** when playing racquet sports

How Does LE Present Itself?

- 1** Maximally tender 1-2 cm distal to the lateral epicondyle – may also be thickening or occasionally a palpable defect
- 2** Wrist or finger extension with the wrist in pronation and radially deviated is painful. Resisted 3rd finger extension (ECRB) is usually the most provocative
- 3** Decreased grip strength in all positions – typically worse in pronation

At Benchmark Physiotherapy, we know that early diagnosis and treatment is a game changer. It allows patients to be free of pain faster and also minimises the likelihood of chronic issues developing. So don't delay we can help!



Differential Diagnosis

Other conditions that may cause lateral elbow pain (or co-exist with LE) are:

- Synovitis of the radiohumeral joint (often a result of Osteoarthritis)
- Radial head fractures
- Entrapment of the radial nerve
- Cervical and thoracic spine and neural structures. This is the most common differential diagnosis. If the elbow pain is related to movement or activity, then it is more likely to be mechanical. If the pain is persistent and more unpredictable or not related to a specific activity, it is more likely to be a referred pain.
- Osteochondritis of the capitellum or radial head (most common in adolescents), which is associated with throwing sports

Prognosis and Recovery With Physiotherapy

- Research shows without doubt that physiotherapy is effective in the treatment of LE
- Physiotherapy treatment encourages a best-case recovery of 4-6 weeks, with a more typical recovery at about 6-10 weeks. Within 2-4 weeks there will be a significant reduction in symptoms and typically another 2-6 weeks to resolve depending on how chronic the tendon changes are.

Likely Instances of Poor Prognosis

- Physiotherapy not commenced in the earlier stages of pathology
- Presence of intrasubstance tears on ultrasound
- Manual workers who are unable to adjust their workload and duties
- Patients with high levels of pain will typically take a long time to resolve

Do LE patients need medical intervention?

- Patients who receive physiotherapy have a better long-term outcome than patients who only receive a corticosteroid injection or NSAIDs
- There is no doubt that NSAIDs and cortisone can be very effective when combined with physiotherapy
- Preliminary studies also suggest that PRP and autologous blood injections may be an effective course of action when combined with physiotherapy.

What You Need to Know as a GP

- **Early physiotherapy intervention is essential to prevent the likelihood of long-term and recurring issues**
- **The more chronic the condition becomes, the greater the tendon pathology and the slower to resolve**
- **Modifying aggravating activities is crucial**

Patient Outcomes

Our treatment philosophy at **Gardeners Road Physiotherapy**, is to remove, restore and redefine. Combining manual therapy, pain relief and patient education, our skilled team of physiotherapists will help your patients live pain-free lives.

Contact us to find out more about how we can help your patients reach their potential.

Call 1300 381 207

References

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- Nonoperative treatment of lateral epicondylitis: a systematic review and meta-analysis JSES International Volume 6, Issue 2, March 2022, Pages 321-330
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