Lateral Epicondylitis

Summary of Lateral Epicondylitis

Lateral epicondylitis or ‘Tennis Elbow’ is a condition that results in pain around the outer elbow and forearm. It is most commonly associated with overuse of the wrist and hand whilst performing work tasks or sporting activities. It often responds well to conservative management which includes addressing the cause of the problem, applying direct treatment to the injured area and a home exercise program which should be performed correctly and at the frequency prescribed.

What is Lateral Epicondylitis?

Lateral epicondylitis or ‘Tennis Elbow’, is a common condition that is characterised by pain and sometimes swelling around the outer elbow and forearm. It is associated with overuse of some of the muscles and tendons of the forearm (the common extensor muscles). This leads to inflammation and small tears (micro trauma) occurring within the common extensor muscles and tendons and their attachment point to the bony prominence of the outer elbow (the lateral epicondyle).

What are the symptoms of Lateral Epicondylitis?

Gradual onset of pain around the outer part of the lower arm, elbow and forearm is the most common symptom of lateral epicondylitis. There is usually tenderness over the small bony prominence of the outer elbow and occasionally swelling in this area. Symptoms are often provoked by carrying and gripping especially when these are repetitive tasks. Rotating the forearm outwards (supination), such as turning a door handle, might also elicit pain.

What is the cause of Lateral Epicondylitis?

Although called tennis elbow, lateral epicondylitis is much more commonly seen in people who are overusing their arm doing something else. The muscles which extend the wrist and fingers back (the wrist extensors) can be susceptible to overuse. Also actions that rotate the forearm outwards can cause the condition. It most commonly arises with work related tasks or due to excessive sporting activity. Provoking activities might include using a screwdriver, using vibratory work equipment (such as a drill) or even using a keyboard.

Less commonly the condition can arise from a single, violent, direct impact to the outer elbow and surrounding muscles.

Rarely the inflammation comes on without any definite cause, and this may be due to an arthritis, rheumatism or gout. Sometimes the problem is partly or completely due to a neck problem, which is causing pain in the elbow via the nerves from the neck.
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What is the treatment for Lateral Epicondylitis?

Lateral epicondylitis is usually managed successfully with conservative treatment. The clinician will be keen to identify the cause(s) of the problem and to treat these directly. They will analyse the provoking movements such as work related tasks and recommend adaptations if necessary. If the condition has been caused by sporting activity the clinician may need to address how often you participate in the sport, your performance technique and ensure that the grip size of clubs and racquets are correct. They may advise you to rest and avoid provoking activities.

It is likely that your clinician will prescribe simple exercises to stretch the common extensor muscles. Where weakness has occurred, strengthening exercises may be added to your program at a later date when the pain levels have subsided. An elbow strap which serves to reduce the amount of tension through the muscles and therefore reduce the traction forces at the attachment site might be recommended. You may be instructed to massage around the area to help break down any accumulated scar tissue. Symptomatic treatments may include ultrasound, ice or heat therapy, pain management, anti-inflammatory medications, acupuncture, and occasionally cortisone injections.

How long will my symptoms last?

The recovery time is often dependant on the underlying cause, the severity of your symptoms, how long you have had the condition, the ability to refrain from provoking activities and how well you respond to treatment. Most minor cases of lateral epicondylitis that have not been present for long can usually recover within a few weeks. In more severe and chronic cases recovery can be a lengthy process and may take up to 6 months. Early treatment intervention is therefore vital to hasten recovery.

Why is important for me to do the prescribed exercises?

It is likely that there is tightness of the common extensor muscles usually with an accumulation of scar tissue around the muscle, tendon and bony attachment point. The clinician will apply direct treatments to this area but will almost certainly require you to perform stretches to the muscles to help increase extensibility and realign the scar tissue. At the later stages of recovery, strengthening exercises may be introduced to gradually and progressively address and weakness of the surrounding muscles. It is less likely that a successful outcome can be achieved if the exercises are not performed correctly and at the frequency that your clinician has advised.

By understanding your condition and regularly performing the exercises as prescribed you can take control of your condition and get back to normal faster.

This information sheet is not a substitute for professional medical care and should be used in association with treatment at your hospital. Individual variations requiring specific instructions not mentioned here might be required.