

# Lateral epicondylitis (Tennis elbow)

## What is Tennis elbow?

Tennis elbow, also known as lateral epicondylitis, is a condition affecting the tendons of the elbow which connect the muscles of the forearm to the upper arm bone. It is usually caused by overuse or injury.

## Who gets it?

It most commonly affects those aged between 30-64 years of age, peaking between 45 and 54 years of age and often it affects the arm you use the most.

## What are the symptoms?

Symptoms include pain in the outer part of the elbow, weakness or stiffness. This can be present during or after use of the arm or hand with day to day activities or sport.

## How is it diagnosed?

Tennis elbow is diagnosed by your GP or Physiotherapist. They will take a history from you about your symptoms and carry out the necessary examination.

# Lateral epicondylitis (continued)

## What can I do to help?

You should try to avoid activity that involves gripping whilst your arm is outstretched. In an ideal world, try to use the unaffected arm more or, pace your activity to reduce the strain and the load. For example, if lifting is unavoidable lift several smaller loads rather than one heavy one.

## How can therapy help?

Stretching and exercises to “load up” the soft tissue gradually can help. Home exercises are also essential as part of the recovery process and tailored exercises to your diagnosis will be required. Your Physiotherapist or Rehabilitation Therapist will discuss and prescribe these to you.

Orthotics advice and/or taping, and devices such as epi-clasps can sometimes help (forearm strap). These are available to buy in chemists and online.

## What other treatments might help?

Exercise has been proven highly effective in treating tennis elbow. Other options include:

- Acupuncture
- Cortico-steroid injections - these provide short term relief but are not in themselves a cure

In cases where the elbow pain does not resolve there are other treatments that can be considered. However, there is less evidence of their effectiveness. You may wish to discuss these options with your clinician.

Surgery is rarely required and, as there can be complications following the procedure it should only be considered as a last resort treatment. This option is usually considered after a six to twelve month period without progress.