

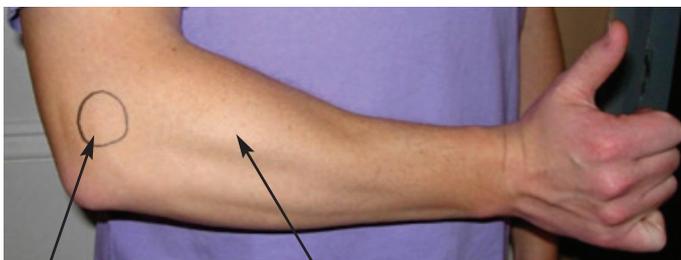


CONDITION

# What is Tennis (and Golfers) Elbow?

*These are painful conditions involving an area where several muscles attach to bone on the sides of the elbow. Fortunately most cases settle with rest and activity modification although this may take several months.*

## The Site of Pain in Tennis Elbow



Site of tenderness

Muscles that attach at painful point

## What are these conditions?

Tennis elbow involves the outer side of the elbow (see picture above) and is also known as lateral epicondylitis. Golfers elbow involves the inner side of the elbow and is also known as medial epicondylitis. The 'epicondyles' are the parts of bone where the tendons attach, hence the name. The pain usually arises from repeated small tears in the tendons which fail to heal adequately as we age. Occasionally a single, more significant, injury can be recalled before the symptoms started.

## What causes these conditions?

The involved muscles work to move the wrist. The outer muscles work to move the wrist backwards (as in the picture). These are involved in Tennis Elbow. The inner muscles work to move the wrist forwards (palm down). These are involved in Golfers Elbow. Sporting activity can be implicated but routine daily tasks, involving gripping and moving the wrist, are more commonly cited by patients as setting off the pain.

## What are the symptoms of these conditions?

Tennis Elbow is 4 - 7 times more common than Golfers Elbow and occurs most frequently between the ages of 30-50 years in men and women. Pain with certain activities is noted. This pain often is felt from outer side of the elbow (circled in picture) down into the forearm, along the course of the affected muscles. The tip of the lateral epicondyle becomes tender to touch. In severe cases elbow movements, particularly straightening, become painful. Other conditions may mimic tennis elbow and must be carefully excluded. With Golfers Elbow there are similar symptoms but on the other side of the elbow.

## What is the treatment of these conditions?

Fortunately most patients with these conditions do not require surgery.

With rest and activity modification alone most cases (90%) settle by a year after symptom onset. Anti-inflammatory medication can be helpful. Physiotherapy and an elbow clasp can relieve the symptoms somewhat. The clasp is a padded strap worn just below the elbow. It squeezes the muscles before they attach to the epicondyles so reducing the muscle pull on the bone during activity.

A local anaesthetic and steroid injection may relieve a severe episode by damping down irritation in the muscle attachment. There is some evidence that this does not change the overall course of the condition and may result in 'rebound' pain a few weeks later when the steroid wears off.

Many other treatments have been tried over the years but none have consistently been shown to provide real benefit. Some early results injecting local anaesthetic and autologous (your own) blood into the painful area have been encouraging.

Surgery is reserved for severe, resistant cases and involves cutting out the damaged area of muscle attachment. This is only successful at relieving some of the symptoms in about 70% of cases. Your surgeon will advise you further.