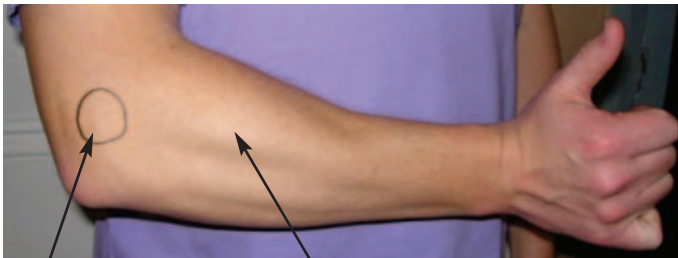




CONDITION

What is Tennis and Golfers Elbow?

The Site of Pain in Tennis Elbow



Site of
tenderness

Muscles that
attach at
painful point

What are these conditions?

Tennis Elbow, also known as Lateral Epicondylitis, is a painful condition of the tendons arising from the lateral epicondyle on the outer aspect of the elbow. Golfers elbow, also known as medial epicondylitis, is a painful condition of the tendons arising from the medial epicondyle, which is the bony prominence on the inner aspect of the elbow.

What causes these conditions?

The cause of these conditions is not full known but it may be associated with overuse of the affected muscles.

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 settle by a year after symptom onset. Anti-inflammatory medication can be helpful. Physiotherapy and an elbow clasp can relieve the symptoms somewhat.

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.

Blood based injections (platelet rich plasma or autologous blood) can also be used.

All injections are combined with physiotherapy exercises.

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.