

Lateral Epicondylitis (Tennis Elbow)

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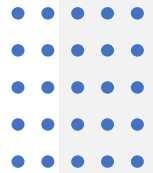
Objectives

- Be able to discuss what lateral epicondylitis is
- What are the best treatments when developing tennis elbow
- Learn what the best brace/wrap is to use when dealing with tennis elbow.
- Special test to test lateral epicondylitis and the difference between them.

Elbow Anatomy

- Elbow joint is made up of 3 bones: humerus, radius, and the ulna. At the distal end of the humerus there are 2 epicondyles; medial and lateral.
- Out of the two epicondyles, the most tenderness area is on the lateral aspect.





What is Lateral Epicondylitis (tennis elbow)

- Lateral epicondylitis is characterized by inflammation or degenerative changes at the common extensor tendon that attaches to the lateral epicondyle of the elbow.
- It is considered a cumulative trauma injury that occurs over time from repeated use of the muscles of the arm and forearm, leading to small tears particularly in the tendon of the extensor carpi radialis brevis.
- This condition is commonly associated with playing tennis and other racket sports; however, this injury can happen to almost anyone.

Clinical Presentation

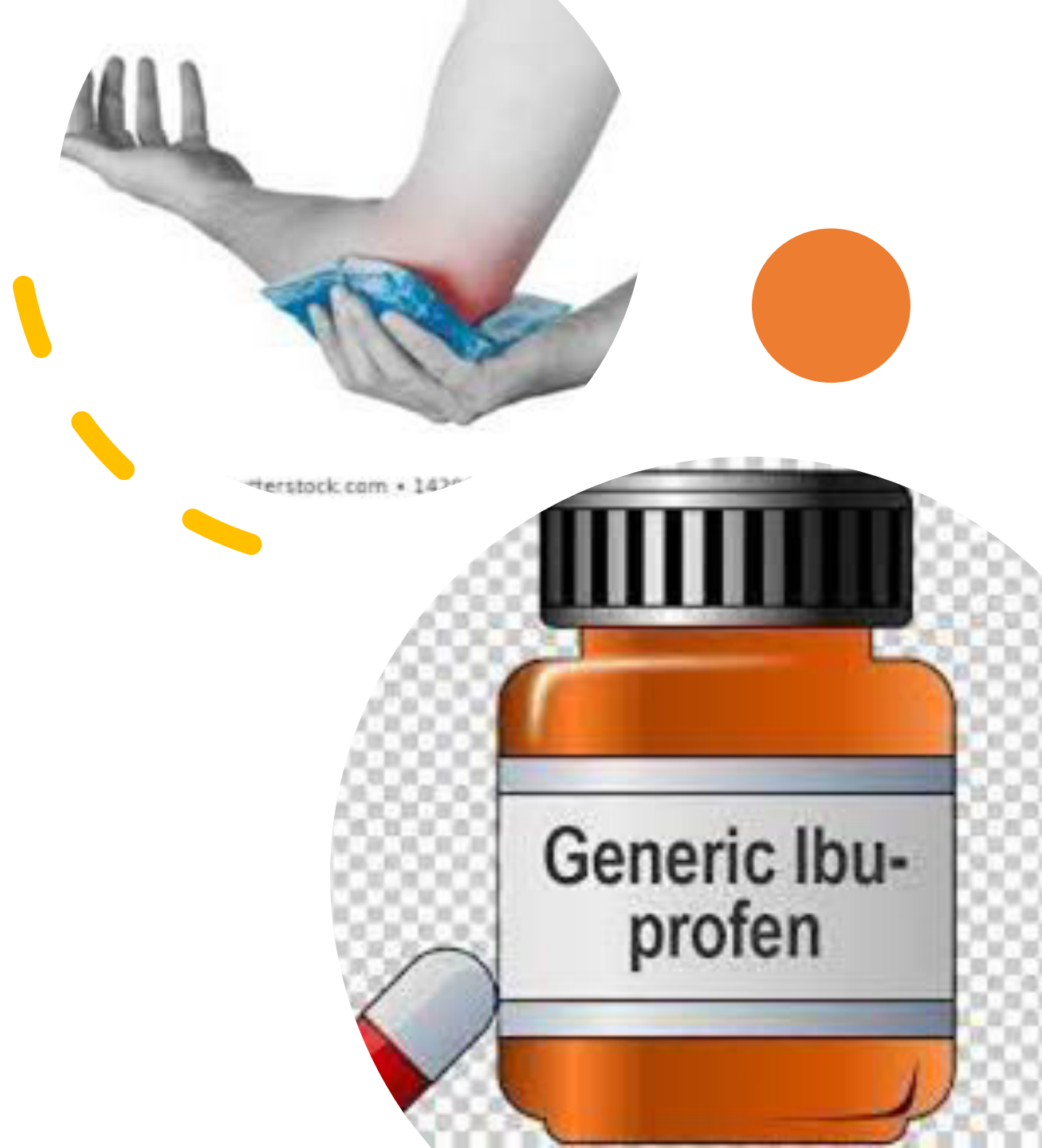
A typical patient with lateral epicondylitis may be aware of only fatigue and spasms of the dorsal forearm muscles related to unaccustomed activity.

After a while they will notice more pain along the lateral side of the elbow, and it may even become so sore that it will hinder their activities (sports, work, etc.)

Common signs of tennis elbow: pain, swelling, weak grip, in worst cases the patient will have the most pain with wrist flexion and elbow extension.

Management of tennis elbow

- When the injury first occurs you will want to use the acronym P.R.I.C.E
- P.R.I.C.E. → protect, rest, ice, compression, elevation
- Throughout the initial/acute phase the person will want to avoid all activities that aggravate the pain.
- Put ice on the outside of the elbow 2-3 times a day for no more than 15 minutes.
- Take anti-inflammatory medications (such as ibuprofen or aspirin)



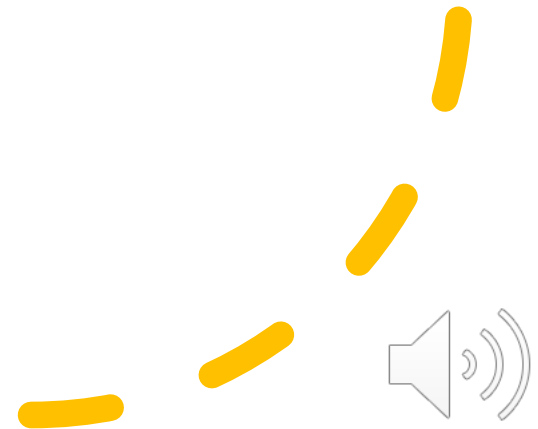


Wrapping of the elbow

Forearm braces reduce the strain of repetitive movements on the forearm tendons, ligaments, and muscles.

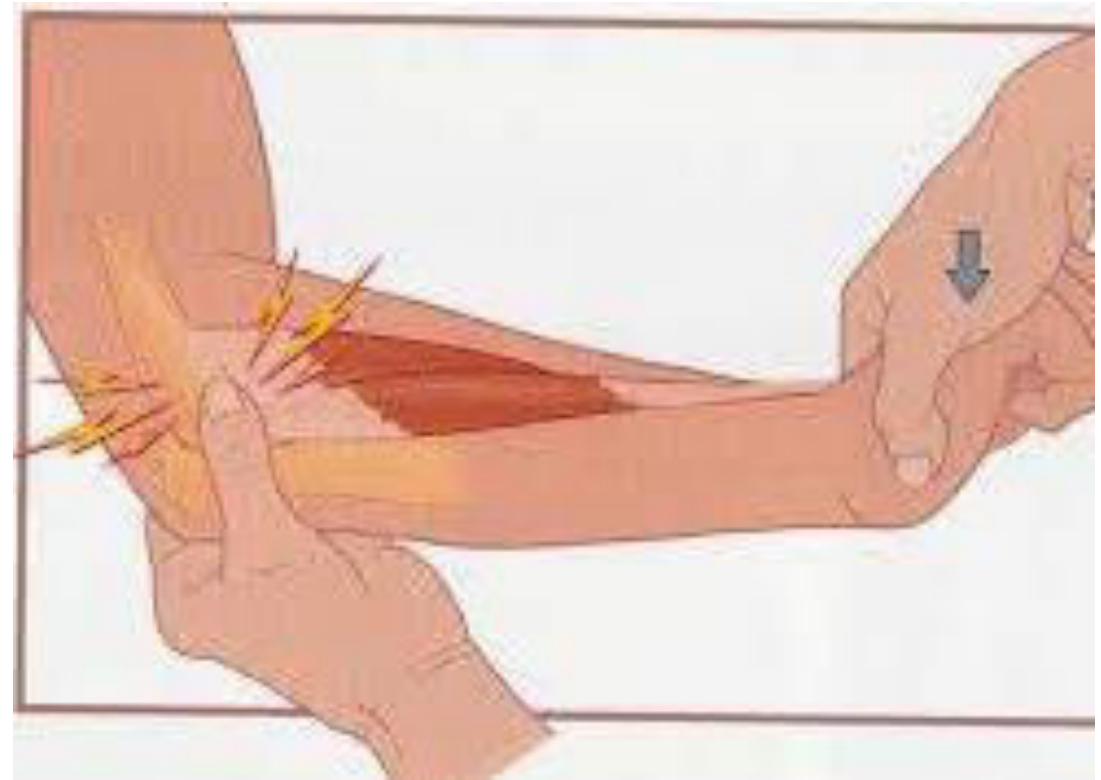
Special Tests

1. Cozens Test
2. Mill's Test
3. Maudsley's Test



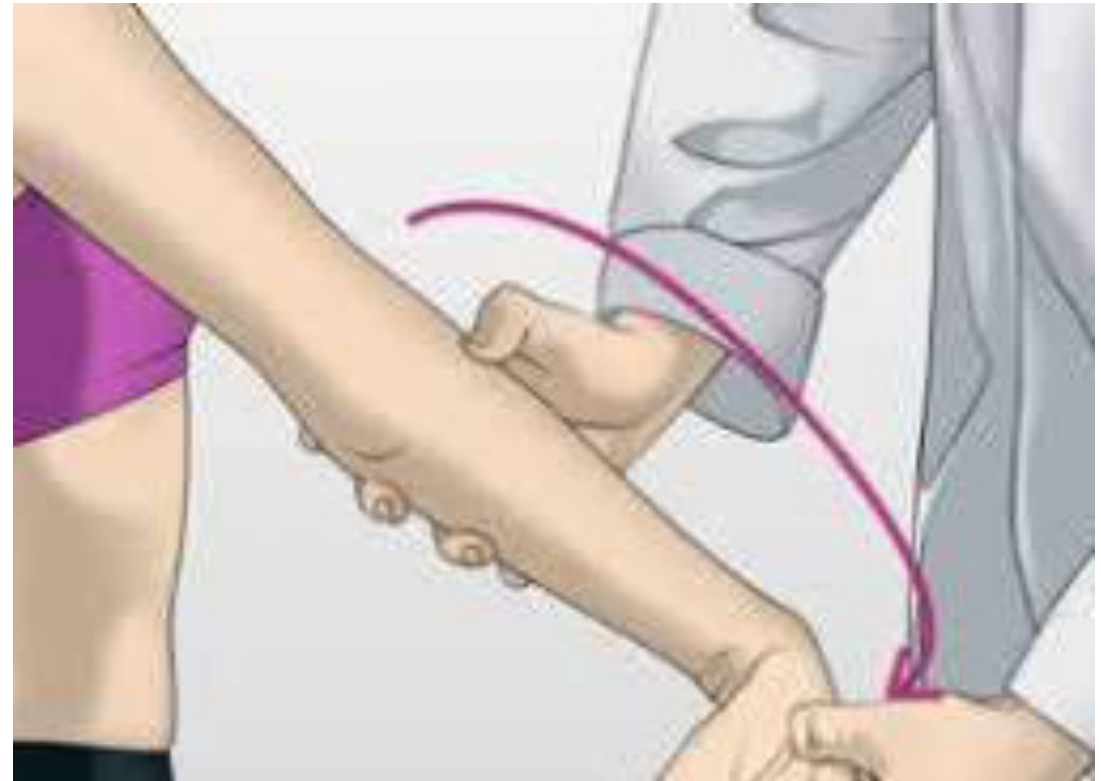
Cozen's Test

- Cozens Test- the patient's elbow is stabilized by the examiners thumb, which rests on the patients lateral side of the elbow. The patient is then asked to make a fist, pronate the forearm and radially deviate and extend the wrist while the examiner resists the motion.
- A positive sign is indicated by sudden severe pain in the are of the lateral epicondyle of the humerus.



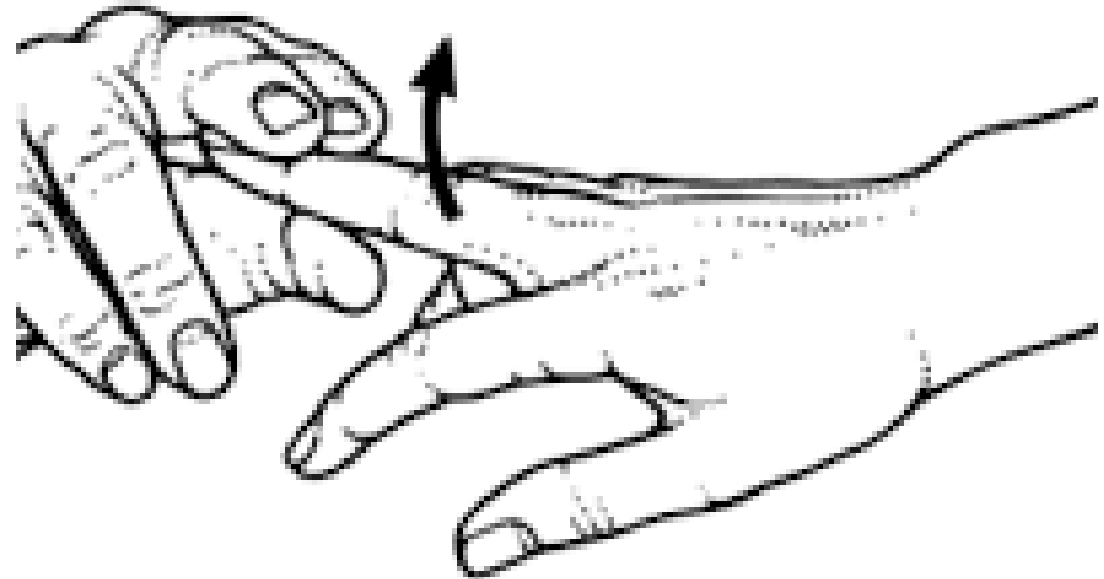
Mill's Test

- Mill's Test- while palpating the lateral epicondyle, the examiner pronates the patient's forearm, and flexes the wrist fully and extends the elbow.
- A positive test is indicated by pain over the lateral epicondyle of the humerus.



Maudsley's Test

- Maudsley's Test- the doctor resists extension of the 3rd digit of the hand, stressing the extensor digitorum muscle and tendon.
- A positive test is indicated by pain over the lateral epicondyle of the humerus.



HEP Recommendation

- Therapeutic program that the patient performs during physical therapy.
- Patient education on how to perform the exercises properly
- It is imperative that the patient not rush or advance beyond the parameters of the HEP as it will exacerbate the condition since it is an overuse injury.



Physical therapy outcomes

- Should the patient go to PT the patient will have a higher chance of regaining the appropriate strength, flexibility, and endurance while reducing inflammation and pain of the involved muscles.

References

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