

# Tennis elbow (Lateral Epicondylalgia)

## Patient information

### Rehabilitation exercise booklet

**If you need this leaflet in a different language or accessible format  
please speak to a member of staff who can arrange it for you.**

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،  
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie,  
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

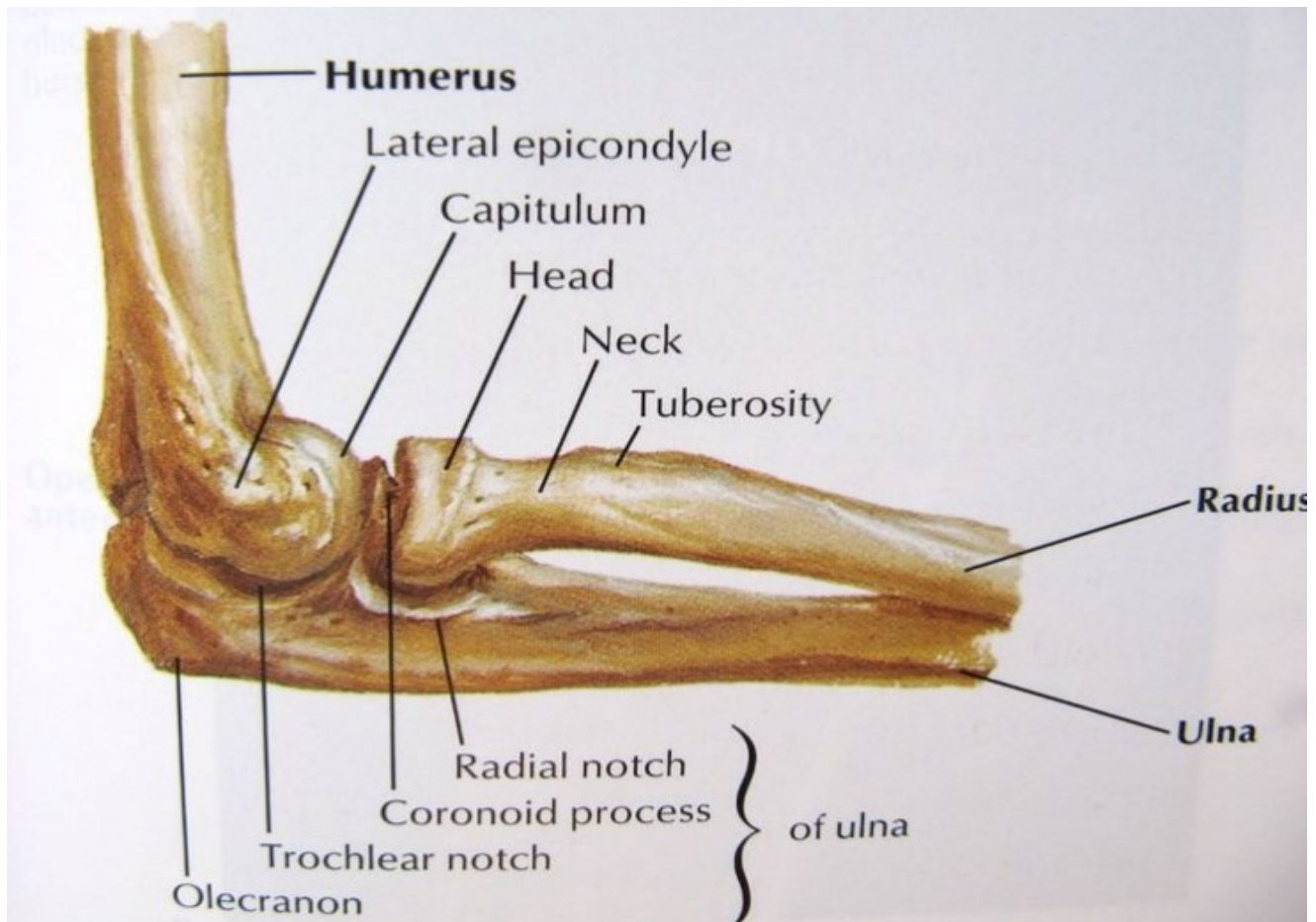
Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,  
vă rog să discutați cu un membru al personalului să se ocupe  
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق  
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

The aim of this booklet is to provide you with information about lateral elbow pain to help you with self-management.

### Bony anatomy of the elbow

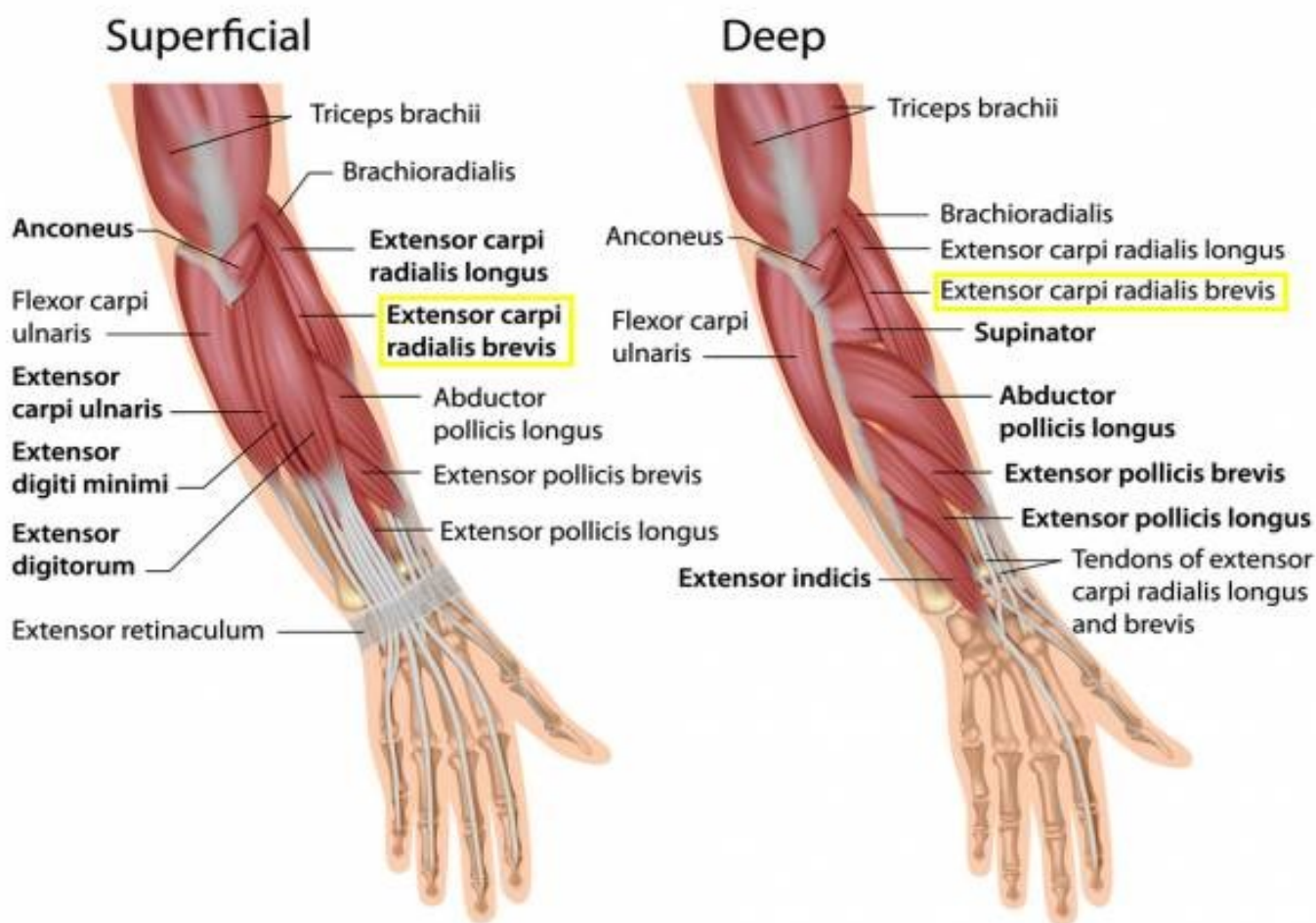


The elbow joint is made up of three bones: the humerus (upper arm bone), the radius and ulna (two bones in the forearm). At the end of the upper arm bone there are two epicondyles (bony bumps) one lateral (on the outside) and one medial (on the inside).

## Anatomy of the common extensor origin

The area of maximum tenderness is usually an area just below to the location of the extensor muscles of the forearm at the outside bony bump of the elbow. Most commonly, the extensor carpi radialis brevis (ECRB) is involved, but others may include the extensor digitorum, extensor carpi radialis longus (ECRL), and extensor carpi ulnaris.

The radial nerve is also in close proximity to this region, and divides into the superficial radial nerve and the posterior interosseous nerve.



## Lateral Epicondylalgia – What is it?

Lateral epicondylalgia, also known as "Tennis Elbow", is the most common overuse syndrome in the elbow. It commonly presents in men and women aged 35 and 55 years. It most commonly affects dominant arm particularly when performing repetitive activity. Tennis elbow is a problem with the tendons around the elbow joint collectively known as the common extensor tendons.

The cause of tendinopathy is chronic overloading of the tendon through repetitive movements. Workers in manual occupations involving repetitive arm and wrist movements and office workers are at risk of development of tennis elbow.

Metabolic health such as diabetes, raised cholesterol, genetics, hormonal changes, smoking and alcohol consumption all have an impact in tendon health. Pain on the outside of the elbow is the most common presentation.

The pain exacerbates on lifting heavy objects, on making a fist, or on repetitive activities such as typing. Swelling is not common. The elbow is tender on pressing the bony lump present on the outside (lateral epicondyle).



## How long do symptoms last?

Symptoms usually last 6 to 24 months. Recovery timeframes vary from person to person but you should expect to see some improvement within 12 weeks of starting physiotherapy and self-management. Symptoms respond well to loaded exercises. Therapy may be required up to 12 month period.

## Do I need a scan?

Investigations are not usually performed in straightforward cases of lateral elbow pain. Scans are not always useful for diagnosing elbow pain. Most scans are very sensitive which means that they will pick up lots of information that might not necessarily be causing your symptoms.

We know from current evidence that there is a poor correlation between scan findings and a patient's symptoms. Often people with no elbow pain have changes on their scans so it is difficult to tell what is causing their symptoms and it often does not change the treatment plan.

## Management

The treatment depends on the severity of the condition. Activity modification i.e. reducing repetitive activities that excite pain should be undertaken initially. Anti-inflammatory medications can help relieve the pain in the short term. Some people find a Tennis Elbow Clasp helpful, this compresses the muscle just below your elbow, which brings relief to the tendons around the elbow and reduces pain. The most effective conservative treatment is an exercise regime.

## Other options

Steroid injections have been shown to increase the risk of the symptoms returning and have poor outcomes in the long term.

A specialist input should be obtained if the pain is not relieved despite these measures as further treatment may involve use of PRP (Platelet Rich Plasma) injections and open surgery.

## Contact information if you are worried about your condition:

- Your own GP
- Joint Health Dept
- Ormskirk Hospital
- 01695 656 268

Please ask a member of staff if you would like a chaperone present during your appointment.

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