

SUSSEX SHOULDER & ELBOW

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Tennis & Golfers Elbow

What is Tennis Elbow?

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. Specifically, it is the Extensor Carpi Radialis Brevis (ECRB) that is usually affected. The cause of tennis elbow is not fully known, however it may be associated with repetitive overuse of the forearm muscles. The result is degeneration and damage to the tendon origin at the elbow because of a failure of the tendons normal ability to heal itself.

What is Golfers 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. While the anatomic site of pain is different in golfer's elbow, the underlying problem, diagnosis and treatments are very similar to tennis elbow.

Who gets Tennis & Golfers Elbow?

Most commonly tennis elbow occurs between 30-50 years of age. It may occur in men or women and is not necessarily associated with tennis or golf! Individuals who perform repetitive or vigorous use of the forearm muscles for work or recreation are at greater risk of developing these conditions. Despite this, in many people, there is not an obvious cause for the pain, which suggests that the conditions are part of the normal degenerative process that occurs to all tendons with time.

How is Tennis & Golfers Elbow Diagnosed?

They are diagnosed by careful questioning about the symptoms and a focused examination using specific clinical tests to confirm or exclude the diagnosis. Several other conditions can cause pain on the outer or inner aspect of the elbow including plicae, arthritis, and nerve compression syndromes. Hence it is important that the correct cause of the pain is diagnosed, as this will influence your subsequent treatment. In some instances, it will be necessary to perform investigations such as an X ray or MRI scan to correctly determine the cause of pain.

What are the treatment options?

It is important to recognize that in the majority of cases, tennis and golfers elbow are self-limiting conditions that resolve over time. This time frame is variable and may last up to two years, especially in people who are unable to fully rest the elbow because of their occupation or pastimes.

Physiotherapy

The first line of treatment is a combination of an 'eccentric loading' physiotherapy programme and activity modification (see video links below). Eccentric loading exercises are a specific type of elbow exercise designed to treat elbow tendinopathies by retraining the affected tendons. It is important to reduce any inciting activities during the physiotherapy programme to give it the best chance of working. We recommend using simple painkillers including anti-inflammatory tablets or gels to minimize pain and allow you to perform the exercises effectively.

Around 70% of individuals achieve a substantial, sustained improvement in their symptoms following this treatment course, which is why it is always recommended as the first line treatment.

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These notes are intended as a guide and some of the details may vary depending on your individual circumstance and at the discretion of your surgeon.
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Injections

Traditionally, steroid injections have been used to treat tennis and golfers elbow as well as similar conditions affecting other tendons in the body. Steroid (cortisone) has strong anti-inflammatory properties and provides rapid pain relief, however in some cases steroid injections may actually lengthen duration of the condition in the long term.

An alternative to cortisone injections are blood based injections (autologous blood injections and platelet rich plasma injections). These do not have the immediate pain killing properties of cortisone, but do contain all the natural healing elements found in our blood. Their mechanism of action is to augment the repair process of the damaged tendon to provide a more long lasting solution to the problem. There are also some clinical studies that show improved results with blood based injections which are approved for use by the National Institute of Clinical Excellence (see link below)

Injections should be combined with an eccentric training programme and together provide around 70% success in significantly reducing the symptoms of tennis and golfers elbow for patients who have not had success with physiotherapy alone.

Surgery

Surgery is reserved for severe cases that do not resolve after less invasive treatment modalities. Surgery may be performed open or arthroscopically (keyhole). Keyhole surgery is useful in cases where the diagnosis may not be clear or the clinical features are atypical, as it allows full assessment and treatment of the whole elbow during surgery. Both methods of surgery have good results with up to 80% of patients seeing a substantial improvement in their symptoms and ability to work and play sports.

What can you expect after surgery?

Surgery is performed as a day case under general or regional anaesthetic. Your arm will be bandaged in a soft, comfortable dressing that can be taken off after 72 hours. You will be able to move your arm fully although it may be sore or bruised initially. You will require 1-2 weeks off work depending upon your job. You will be referred for a course of eccentric strengthening to achieve the best result, which can take up to 6 months following surgery.

Links

Tennis Elbow Eccentric strengthening exercises

<https://www.youtube.com/watch?v=yAcGGOM--TM>

Golfers Elbow Eccentric strengthening exercises

<https://www.youtube.com/watch?v=iNxgFZDay8Q>

Nice Guidance

<https://www.nice.org.uk/guidance/ipg438/evidence/overview-438759469>

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myclinicaloutcomes.co.uk

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You are also welcome to provide feedback on iwantgreatcare.org so that we can continue to improve the service we provide.