

Tennis Elbow, also known as Lateral Epicondylitis, is one of the most common upper extremity injuries. It occurs in 50% of tennis players over the age of 30 (1). It is also very common in non-tennis players whose jobs require repetitive movements of the hand/wrist. Tennis Elbow is the gradual development of pain at the lateral elbow (lateral epicondyle) that results from overuse of the forearm musculature (2). These tendons have poor blood flow, so repeated overload on the tendon causes degeneration. Because of this, microscopic tears form in the tendon where it attaches to the lateral epicondyle. It is now known that this micro tearing in the tendon is responsible for the development of tennis elbow and less so an inflammatory process (3, 4). Inflammation is only present at the earliest stages of the condition (5).

The treatment of this condition has now changed in light of this information. The RICE (Rest, Ice, Compress, Elevate) protocol is no longer an effective way to manage the condition long term. Physiotherapy has been shown to be one of the most effective ways to treat Tennis Elbow (7). Manual therapy in combination with stretching/strengthening exercises improves blood flow, tendon flexibility and strength, which are thought to be the main contributors in the development of tennis elbow. Approximately 80-95% of patients have success with non-invasive, non-surgical interventions to treat tennis elbow (8).

Once identified, initially a period of rest is needed to allow the early stages of tendon healing to take place. Manual therapy to increase blood flow to the injured tendon can then commence, along with stretching and a progressive resisted exercise program. Shown below is Sheldon Crouse demonstrating some techniques and exercises used in physiotherapy practice to increase blood flow, flexibility and strength.



To book an assessment, please call 604.980.0222
*References in article available upon request. Please contact sheldon@allanmcgavinphysio.com