

## Tennis Elbow

*What is it and how do you treat it?*

### **What is Tennis Elbow?**

Current research would seem to suggest that tennis elbow (lateral epicondylalgia) is a tendinosis and not a tendonitis. This means that it is a degenerative, overload injury rather than an inflammation of the tendon.

The area of overload happens where all the wrist extensor muscles originate. If you put your hand over the outside (lateral) aspect of your elbow and then move the back of your hand towards your elbow (extend wrist), you will feel these muscles contract.

Pain maybe felt to the above area and/or radiate down the forearm.

This type of tendon injury is more prevalent once we are over 35 years of age! However, age is not the main factor. The person's general health, posture and technique (during the activity in question) and cross-fitness also comes into this. A huge factor is the overloading.

Ultra Sound is often used to confirm diagnosis. However, bear in mind that this is a normal aging process, meaning that many people without symptoms will have the same result on ultra sound investigations.

*IMPORTANT NOTE:* if your symptoms had a rapid onset or followed trauma please seek medical advice through your GP in the first instance.

### **How do you treat Tennis Elbow?**

Before we go over the specifics, the following can have a major impact on the existence of a tennis elbow.

- Do you have limitations in any of the following?
  - neck movement?
  - shoulder girdle movement?
  - Thoracic spine?
  - Lumbar spine?
  - Balance - single leg?
  - Core control?
- If you have, then this isn't covered in this communication.

Although you don't need to play tennis to have a tennis elbow, it is also worth checking the size and quality of grip on your tennis racket. You can google this or .... Perhaps an opportunity for Justin to advise? (see newsletter).

It is now known that tendons DO NOT like to be stretched. So, if you come across a YouTube video advising stretches - please don't go there!

### **A few general things you can do to help:**

- ✓ Counterforce (spreads the load of the tendon) can help reduce your pain. This includes taping or a tennis elbow brace
- ✓ Rest and avoid provocation
- ✓ Pick up things with palm up
- ✓ Carry things with palm up
- ✓ Avoid Elbow extension with your palm down
- ✓ Load management - if something is too heavy, could you split the load or give it to someone else?
- ✓ Keep up your general fitness

### **Aim of Rehabilitation:**

Increase load tolerance of the tendon, whilst being aware of symptom tolerance. As much as able the exercises need to be pain free (or not increase your baseline discomfort) - this will also help compliance with the exercises.

The rehab program I am going to suggest is quite simple in make up so:

- ❖ Easy to follow
- ❖ Allows the participant to identify progress

### **Equipment needed:**

- ❖ Approx. 2m of theraband/resistance band
  - of easy to medium resistance

### **Exercise:**

1. Tie a knot in the end of your theraband, place the knotted end under the opposite forefoot to the elbow you are experiencing symptoms in. With the knot to the outside of the foot. Place the foot slight forward.

2. Make a loop at the other end. Put your hand, of the symptomatic arm, through the loop and wrap the band around your hand. Do not grip the band in your hand
3. Position that hand so that the knuckle of the middle finger is in line with middle aspect of the wrist. The wrist should not be flexed or extended - the palm aspect of the wrist should be straight. The fingers should be relaxed.
4. The arm should be relaxed and down at your side
5. With the palm facing forward, slowly flex (bend) the elbow to 90 degrees. With no hold, return the elbow to your side. Repeat this x8. Rest for 1 minute and repeat. Do 3 sets
  - a. Remember this should not provoke your pain
  - b. Remember to keep a good standing posture
  - c. Remember the positioning of the hand/wrist (see point 3)
6. By the end of point 5 the effort should be about 6-8/10 (0 being minimum effort and 10 maximum).
7. Repeat the exercise once a day only, with one day rest a week. At a minimum you need to do 4 days out of every 7

When point 5 gets easy i.e. effort by the end of the exercise is less than 5/10, progress to the next step (see below). Alternatively, you can just increase the tension of the band (by starting it shorter or doubling the band). This can be done with every progression below. Some people progress through the steps quicker than others. As long as you keep in mind pain levels, good posture (including hand/wrist) and effort level, you will progress at the correct speed for you. NOTE: progression is not always linear, occasionally you will need to revisit a step

Progressions:

- a) As 5, but with 20 second holds (if 20seconds is too long for you, start at 5 seconds). Holds can be progressed up to 1 minute in length if you wish before progressing to the next step.
- b) As 5, but with the thumb leading rather than then palm. No hold.
- c) As b, with holds - see above for length of hold.

- d) As b, but when you reach 90 degrees flexion of the elbow, turn the hand so palm down. Bring the thumb up again before returning. No hold.
- e) As d. with holds - see above for length of hold.
- f) As 5. But with the palm down. No hold.
- g) As f. with holds - see above for length of hold.
- h) With the palm facing upward, take the hand slowly forwards, keeping the palm facing up, as if you were doing a slow punch at waist height. With no hold, return the arm to your side. Repeat this x8. Rest for 1 minute and repeat. Do 3 sets
  - a. Remember this should not provoke your pain
  - b. Remember to keep a good standing posture
  - c. Remember the positioning of the hand/wrist (see point 3)
- i) As h. with holds - see above for length of hold
- j) As h, but with thumb up rather than palm up. No hold.
- k) As j, with holds - see above for length of hold
- l) As j, but as you go through the movement, turn the hand so palm down. On return, bring the thumb up again. No hold.
- m) As l, with holds - see above for length of hold
- n) As h, but with the palm down. No hold.
- o) As n, with holds - see above for length of hold

Remember this WILL take TIME. For some it can take many months rather than weeks

If things are not improving, even slightly, by say 4-6 weeks, then it might not be a tennis elbow or not just a tennis elbow. You may just have to wait until post COVID19 lockdown and seek advice face to face.

Any questions - I'm happy to field

If you haven't got access to theraband - I have some that I can let you have

Good luck and stay safe

Deborah Page-Browne

BSc Hons Physiotherapist. (HCPC registered; MCSP)