

# **Tennis Elbow**

## **WHAT IS TENNIS ELBOW?**

The medical name for Tennis elbow is Lateral Epicondylitis of the humerus. Lateral means “on the side” and refers to that area of the elbow away from the body. The humerus is the large upper arm bone, and has rounded protrusions on both side of the elbow that are called epicondyles. The muscles that extend or straighten the wrist and fingers attach at the lateral epicondyle. Lateral epicondylitis of the humerus (Tennis Elbow) refers to a degenerative or traumatic tear of these tendon origins at their attachment to the bone, causing pain on the outside of the elbow. When this injury does not heal, it becomes a chronic condition.

## **WHAT CAUSES IT?**

Tennis Elbow is often caused by repeated strain on the muscles of the forearm that extend the wrist and fingers. Activities that involve repeated twisting or extension of the wrist during work or hobbies, may strain the muscle attachment at the bone on the outside of the elbow. In addition, carrying or pulling a heavy load with the elbow extended and the palm towards the floor may also cause a tear in the tendon origins. Most often, Tennis Elbow reflects an aging process occurring around or after age 40, when repair capability diminishes. In rare instances, a direct blow to the elbow may cause this condition.

## **WHAT ARE THE SIGNS AND SYMPTOMS?**

Examination of the affected elbow will usually reveal tenderness and discomfort when pressure is applied to this area. In the early stages, pain may only be experienced with sudden, forceful activities involving grasping, pulling, or carrying objects with the elbow extended.

## **HOW IS TREATED?**

The type of treatment will depend upon the severity and length of time the condition has been present. Initial treatment of Tennis Elbow involves limiting the activities that involve repeated grasping with the elbow straight, or carrying objects palm down. In some instances a tennis elbow strap may be used to provide localized pressure on the forearm and give support to the area.

In addition to rest and immobilization, your physician may recommend a local cortisone injection to reduce pain. If symptoms can be controlled by conservative treatment, a therapy program for strengthening the muscles of the forearm may be started. Recovery usually takes six to nine months.

In cases where conservative treatment is not affective, surgery may be recommended. Surgery is usually performed on an outpatient basis. Return to un-restricted activities is usually possible at 3 months following surgery.