

Elbow Tendonopathy (Tennis & Golfer's Elbow)

What is it?

This is a painful condition caused by degeneration of the tendon insertion of the forearm muscles of the elbow. Patients experience pain with gripping and lifting.

What Causes It?

Usually the cause is unknown. The underlying problem is a degenerative, not inflammatory one. This is very confusing to patients because they are often told that they have tendonitis (an inflammation of the tendon). The common "medical" name for this condition is lateral or medial epicondylitis. "Itis" means inflammation. However, no clinical study has ever proven this assumed inflammation. Unfortunately, the medical world continues to use inaccurate and confusing terminology.

Most patients recall that their symptoms started following some gripping or pulling activity. Whether or not those activities cause the degeneration is unknown. Certainly, those activities cause their pain.

Signs and Symptoms

Symptoms of Tennis Elbow include pain on the outside of the elbow with lifting and gripping. Golfer's Elbow causes pain on the inside of the elbow. Some patients report pain at night as well. The elbow can be extremely tender to the touch.

Diagnosis

Your history and physical examination are most important to making the diagnosis. An x-ray may be taken to check for other causes of the pain such as arthritis or a fracture. In some cases, the x-ray may show some calcification of the tendon.

Treatment

Non-Operative. While this is a very painful condition, the good news is that it most often resolves without surgery. The following treatments may make your symptoms manageable while we wait for the condition to run its course.

1. Changing the way you lift can significantly decrease pain.
2. A strap around the forearm can decrease the tension on the tendon insertion.
3. Sometimes a wrist splint is used to completely rest the forearm muscles.
4. Stretching exercises of the forearm and therapy can help.
5. Heat treatment may decrease your pain.
6. I don't routinely recommend corticosteroid (commonly known as "Cortisone") injections. These injections have never been proven more effective than a placebo injection. They can result in local tissue shrinking and thinning of the skin.
7. Avoiding painful activity will certainly decrease pain. On the other hand, patients often ask if they are damaging their elbow with continued use of their arm. Activity may hurt you, but it doesn't hurt your elbow. In other words, it is OK to play sports or work if the benefit outweighs the pain it produces.

Operative. When symptoms persist for more than 6-12 months, surgery may be helpful. The surgery consists of excising or releasing the abnormal tendon and removing a small amount of bone from the outside of the elbow to stimulate a healing response. Recovery usually takes at least 3 months and sometimes longer.

Surgery is performed as an outpatient and requires either general or arm block anesthesia.

Patients are kept off of work for three days and then are allowed to return with no use of the operated hand. The post-operative splint and dressing are removed at 10 days. A strengthening program starts six weeks post-operatively. Most patients are able to return to full duty three months following surgery.



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