

The Active Life

A new regular column by chartered physiotherapist Nicola Bolger



Tennis elbow



THE classic 'tennis elbow, AKA lateral epicondyle tendinopathy, is pain over the bone on the outside part of the elbow joint. Even though its name is associated with tennis, it is seen regularly in people who don't actually play sport. It is a repetitive strain disorder of the forearm tendons that attach to the outside of the elbow. It is one of several diagnoses for elbow pain, but has some very distinctive characteristics.

Individuals suffering from tennis elbow will typically report pain and tenderness on the outer part of the elbow. They report symptoms with repetitive movement, lifting and gripping. In the medical world it is referred to as a self-limiting disorder. This means that you will probably be able to continue with your activities, but it will be really sore to do so.

The onset of lateral epicondyle tendinopathy can be gradual and is more likely to be seen in the 35 to 50-year-old age group with symptoms lasting six to 24 months. Fortunately, 89% of sufferers recover within a year. However, the acute (new onset)

pain can last from six to 12 weeks and has been known to result in work absences. It is a common condition that can affect approximately 1% to 3% of the population. Unfortunately, if you smoke, have a manual job that involves repetitive bending and straightening of the elbow or wrist, you may be more predisposed to developing this injury.

Even though it is a self-limiting disorder, it results in significant disability, loss of productivity at work and healthcare utilisation. Therefore, treatment that shortens the duration of symptoms and disability is important and fortunately, some are available.

The more popular treatment options include use of oral or topical non-steroidal anti-inflammatory drugs, elbow braces, manual techniques (soft tissue massage, joint mobilisations), exercise therapy, and corticosteroid injections. Researched evidence to support a single treatment option is still lacking, but a combination of treatments is most effective.

The use of non-steroidal anti-inflammatory drugs and corticoste-

roid injections in the management of this condition is conflicting. They can reduce the pain in the short term, but over the medium to longer term if you only rely on this option there appears to be a very high recurrence rate, with symptoms sometimes being worse than initially.

The use of elbow braces can work really well in conjunction with other treatment options. They can be used in the workplace and while playing sport to reduce load and support the tendon. It is important to ensure they are fitted correctly, though.

Manual techniques from a physiotherapist's perspective mean that joint mobilisations or soft tissue techniques have been proven to give immediate pain relief and increase grip strength. These treatments are very effective in conjunction with exercise therapy.

Exercise therapy is probably the most researched treatment option for tendon-related injuries. It should be a central part of the treatment plan. There is a huge amount of positive evidence for the use of exercise therapy in

conjunction with other treatment options. The exercises required to rehabilitate an individual with tennis elbow are simple and take no more than 20 minutes several times a week. The main philosophy behind exercise therapy for tendon injuries is that they require progressive loading and functional activities need to be incorporated into the rehab.

It is good to remember that tendons do not like sudden change and therefore need to be conditioned to the activity you wish to undertake. Probably the biggest issue with people suffering from this condition is that they do not take enough time to allow the tendon to adapt when returning to activity after injury, often causing them to relapse.

TIPS

As with any injury, it is important to get a definitive diagnosis from a GP or chartered physiotherapist. This will ensure that you are treating the injury correctly from the time of onset.

It is important to remember that the condition will resolve

gradually with adequate time and avoidance of pain-provoking activities. However, complete rest is not required.

The sooner you start rehabilitation the better. The initial exercises in these cases are very basic and have been shown to actually provide pain relief.

A graduated rehabilitation programme that includes strengthening through the whole upper limb is really important to reduce the likelihood of recurrence.

You should gradually introduce more strenuous, repetitive tasks. You cannot go from complete rest to doing a full day of work that involves repetitive gripping and lifting. Most likely, this will aggravate the symptoms.

Ergonomic advice in the workplace may be required to reduce adverse wrist or upper limb postures and forceful or repetitive movements.

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