Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Tennis Elbow

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Patient Information

Therapy Services

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Tennis Elbow

Tennis elbow is caused by alteration to the tendons on the outside of your elbow, leading to pain which can radiate down the forearm and affects tasks involving gripping, or fine dexterous skills. This condition is also known as lateral epicondylitis (LET).

Cause

The exact cause is unknown. We do know that people who undertake heavy, repetitive manual jobs, may be more at risk. It can also be secondary to another problem in the arm e.g. a shoulder problem.

Symptoms

The first signs of tennis elbow are usually tenderness and pain over the outside of the elbow. Pain often occurs when moving your hand back or making a fist. It is often worsened by activities that involve lifting, gripping, or twisting of the hand and wrist. In some cases, the

pain can progress down the forearm.

Management

Tennis elbow is a self-limiting condition. This means that it will eventually settle. You can choose not to treat it, but to allow it to get better on its own. However, as the pain can be disabling, there are methods of management that can improve the pain and speed up recovery.

First Line Treatment

- Analgesics / non-steroidal anti-inflammatory drugs (NSAIDs) such as Ibuprofen (on the skin / oral).
- Physical therapy including advice on how to modify day to day activities.
- Reassurance: this is a self-limiting condition, and most symptoms respond within three months.

Injection Therapy

Current advice is to avoid steroid injections. Evidence has shown that while there may be a short-term improvement in symptoms, people had a worse outcome following a steroid injection in the long term.

Alternative injection treatments include:

- **Platelet Rich Plasma (PRP)** (blood plasma that is enriched with platelets and injected into an area of the body for the purpose of healing) - these injections are an alternative. However, patients being offered PRP for the treatment of tennis elbow should understand that because research into the condition is limited, we can't say for certain which treatment is best, or if PRP is better than a placebo (sham injection).

Surgery

Surgery is the last resort and can be performed as an open or keyhole (arthroscopic) procedure. Again, we can't say for certain which treatment is best because the amount of research into the condition is limited and we don't know whether surgery is any better than a placebo (sham surgery).

Physiotherapy Exercises

For advice on rehabilitation exercises please visit the British Elbow and Shoulder Society webpage and watch the following video: Tennis Elbow Exercises



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