

## Physiotherapy Department

## Tennis Elbow / Lateral Elbow Pain

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Tennis elbow, lateral elbow pain or lateral epicondylalgia is a condition that causes pain on the outer aspect of the elbow. It affects around 40% of the population and commonly presents in men and women aged between 35-54 years. Tennis elbow normally affects the dominant arm and is more prevalent in manual workers. Tennis elbow can last between 6 and 48 months. Typically, after one year, eight out of ten people will have improved whether they have treatment or not.

Tennis elbow is caused by strain to the tendons in the forearm. The tendons become painful where they join the bony part on the outside of the elbow joint. Any activity that involves gripping or twisting of the forearm can cause this type of strain. Initially the body attempts to repair the tendon and you may not feel pain straight away. Eventually the body will not be able to keep up with the rate of strain and the pain will become noticeable.



The Lateral Epicondyle where the tendon attaches

## Symptoms

- Pain on the outer aspect of your elbow
- Pain that spreads into the forearm and is tender to touch
- Pain on gripping and lifting items
- Pain on writing, typing and using a mouse
- The movement of your elbow shouldn't be affected but may still be painful

## Treatment

Using the tendon will not cause long term damage, although rest can help to make it less painful. It is generally thought that modifying activities and doing things differently will help to settle the pain. As pain settles, introducing exercises to build resilience in the tendon can help.

## Ways to try to reduce the pain

- Modification of painful activities, for example try doing activities with your palm or thumb facing upwards. This way of moving your arm and wrist reduces muscle activity pulling on the tendon and may help to reduce pain. Try to avoid gripping or have a loose grip if it is unavoidable. Keep your tools or workstation closer to your body, so your arm does not have to be outstretched.
- Massage the area with an ice cube.
- Seek the advice of a pharmacist about trying anti-inflammatory, non-steroidal or 'cold' gels or creams, which can be rubbed into the painful area.
- Medications can be taken to help ease the pain and inflammation. Ask your GP or local pharmacist for advice.
- An epispasp (a strap that wraps around the forearm to offload the tendon) can be effective short term pain relief. This can be used to allow you to continue with work or hobbies, and should not be worn constantly. These can be purchased from a pharmacy or from the internet.

## Exercises

A recent review of the evidence has shown that exercise is the most effective treatment for reducing pain and improving function. The exercises below should not significantly increase your elbow pain.

### Hand Flexion

#### Stage 1

Active MCP flexion on table (continue to stage 2 once you can do this action 10x without the fingers lifting/bending the fingers)



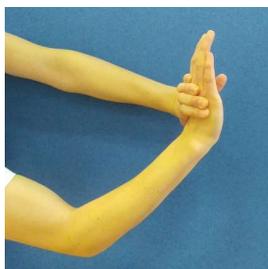
Place your hand flat on a table and pull your fingers back toward your palm while keeping them straight. The only motion should occur at the wrist and at the first knuckle.

#### Stage 2

How to find the starting position: straighten your elbow with your wrist pulled back and keep it in this position (1). Use the other hand to push down onto the back of the hand but don't let it move (2). This should bring on your pain. Holding this position slowly bend the elbow by bringing it back to your side. Stop at the point where the pain stops (3). This is your starting position.



### Level 1 Exercises



From your starting position, use the other hand to push down onto the back of the hand. Try and stop the wrist being pushed down by extending your wrist. The effort you put in should be about 50%, and pain should be manageable for you. Hold this position for 30-60 seconds, repeat three times in a row then rest. Do this once per day.

## Level 2 Exercises:

Start level 2 when you can do Level 1 comfortably



Gradually increase the extension at your elbow, doing this a little bit each week, until you can perform the exercise with a fully extended elbow. The effort you put in should be about 50%, and pain should be manageable for you. Hold this position for 30-60 seconds, repeat three times in a row then rest. Do this once per day.

## Level 3a Exercises

Start level 3 when you can do Level 2 comfortably



Tie a resistance band or pair of tights around your hands, keeping your elbows tucked into your sides. Bend the wrists backwards into the band then bring arms forwards, straightening your elbows. Continue until you feel an exercise ache or muscle fatigue.

## Level 3b Exercises



Hold a small hand weight, keeping the elbow tucked into your side and palm facing down. Extend the wrist backwards then slowly lower down to a fully flexed position. Then return to the start position. Continue until you feel an exercises ache or muscle fatigue.

## Level 3c Exercises



Hold a hammer, keeping the elbow tucked into your side and palm facing up. Rotate your palm until it is facing down to the floor, then return to starting position. Continue until you feel an exercises ache or muscle fatigue.

**For help with these exercises please see our website and use the elbow on the body chart to locate the correct video. Or use the QR code on the back of this leaflet.**

<http://www.cht.nhs.uk/services/clinical-services/physiotherapy-outpatients/patient-careinformation/>

## Other Exercises

Research shows that the other muscles of the elbow and shoulder become weaker in people with tennis elbow, therefore regular general arm/shoulder exercises are also advised.

**The tendon can take months to settle and begin to strengthen so persevere with the exercises. If your symptoms worsen or do not improve within 4 weeks, or you have any other symptoms such as pins and needles or numbness down the arm into the hand, please speak to your GP or a physiotherapist.**

## Other Treatments

- Steroid injections can give short-term pain relief, but many studies have shown that pain and ability to use the forearm are worse after 1 year in those who have an injection. Repeated injections can also weaken the tendons and the ligaments around the elbow.
- Surgery: very few people need to have surgery for tennis elbow, and it would only be considered once all other options have been explored, and if it is appropriate for you.

## Web Address:

<http://www.cht.nhs.uk/services/clinical-services/physiotherapy-outpatients/patient-careinformation/>

## QR Code:

Scan the QR code below to take you to our website.



## If you have any comments about this leaflet or the service you have received you can contact :

Physiotherapy Department  
Huddersfield Royal Infirmary

Telephone 01484 342434

MSK Physiotherapy Admin Office: 01484 905380

[www.cht.nhs.uk](http://www.cht.nhs.uk)

## If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو  
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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المذكور أعلاه"