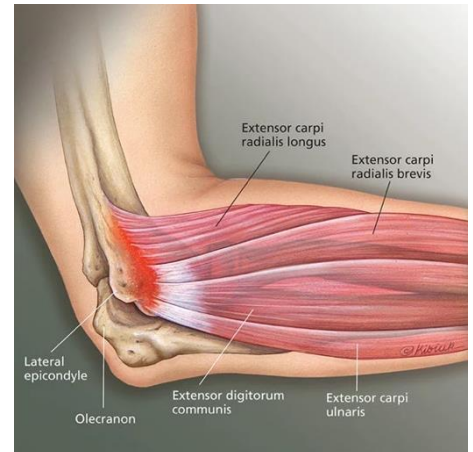


Patient Education Guide: Lateral Epicondylitis or “Tennis Elbow”

What Is Tennis Elbow?

Tennis elbow, or *lateral epicondylitis*, is a common overuse injury that affects the outer part of the elbow. Despite its name, it doesn't just affect tennis players — anyone who performs repetitive wrist or forearm movements (such as lifting, typing, or using tools) can develop it.

The condition involves small tears and degeneration of the **extensor tendons**, especially the **extensor carpi radialis brevis (ECRB)** tendon, where it attaches to the lateral epicondyle (the bony bump on the outside of the elbow). These microtears lead to pain, inflammation, and weakness around the elbow.



Common Symptoms

- Pain or burning on the outside of the elbow
- Pain that worsens with gripping or lifting
- Weakness when shaking hands, turning a doorknob, or lifting a cup
- Tenderness over the outer elbow bone

Non-Operative Treatment Options

Most cases of tennis elbow improve without surgery, though recovery can take several months, even up to a year. The goals of treatment are to reduce pain, promote healing, and restore strength and function.

1. Bracing

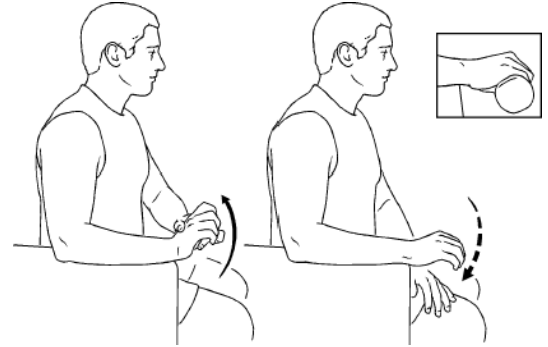
- A **counterforce strap** or **elbow brace** can reduce tension on the injured tendon during activity.
- Worn just below the elbow, it helps relieve pain by redistributing the forces away from the damaged tendon.

2. Stretching

- Gentle **wrist extensor stretches** are recommended several times daily.
- Example: Extend your arm in front of you with your palm down. Use your other hand to gently bend your wrist downward until you feel a stretch along the top of your forearm. Hold for 20–30 seconds, repeat 3 times.

3. Eccentric Strengthening

- Eccentric exercises focus on **slowly lowering** the wrist after extension, which helps stimulate tendon healing and strength.
- Example: Use a light dumbbell. With your forearm supported and palm down, raise your wrist up using your opposite hand, then **slowly lower** it back down over 3–5 seconds. Repeat 10–15 times, 1–2 sets daily.



4. Physical Therapy Modalities

Physical therapy can accelerate recovery by addressing both pain and movement mechanics. Common modalities include:

- **Manual therapy** and soft-tissue mobilization
- **Dry needling:** Uses thin needles to stimulate healing in the tendon and reduce pain and muscle tightness.
- **Ultrasound therapy:** Uses sound waves to improve blood flow and tissue healing in the affected tendon.

Other Non-Operative Options

- **Activity modification:** Avoid repetitive wrist and gripping motions as much as possible.
- **Ice therapy:** 10–15 minutes, several times daily to reduce pain and inflammation.
- **Anti-inflammatory medications (NSAIDs):** May help with short-term pain relief.

Advanced Treatment Options

For cases that don't improve with conservative care (usually after 6–12 months), or when MRI shows **significant extensor tendon tearing**, the following may be considered:

Platelet-Rich Plasma (PRP) Therapy

- Involves injecting your own concentrated platelets into the injured tendon to promote healing.
- Can be a useful option for patients with chronic symptoms or partial tendon tears.

Surgical Treatment

- Reserved for patients with persistent pain despite 6–12 months of non-operative treatment.
- Involves removing degenerated tendon tissue and stimulating healing of the healthy tendon.
- Recovery typically involves a period of immobilization, physical therapy, and gradual return to activities over several months.