Tennis Elbow



G Abbas MSc (Sports Medicine) Fellow of The Higher Education Academy

Plan

- Core Knowledge
- Current Evidence/ Controversies
- Summary

What is Tennis Elbow?

 Overuse syndrome due to repetitive tension overloading of the wrist extensor origins at the lateral epicondyle.

Magnitude of the problem?

5TH COMMON INJURY



What causes it

- Racquet sports
- Nondominant arm in golfers
- Hammering & use of screw driver!
- Dorsiflexion/Supination
- Vibration/small grip/ faulty backhand

Pathology

- Microscopic tear in Tendon fibers ECRB
- JBJS Am 2007anatomical factors
- Tendon invaded by fibroblasts, vasular granulation tissue and myofibroblasts
- This degenerative & Repair is called angiofibroblastic hyperplasia
- Absence of acute/chronic inflamation(Tendinosis)

Symptoms



- Sharp pain in lateral elbow
- Worse with heavy Gripping
- supination/pronation

General Physical examination

Over-development of dominant arm





- Provocative maneuvers
- Resisted middle finger extension
- Resisted wrist extension (Mill's Test) / Resisted supination

Differential Diagnosis

Common

- Lateral epicondylitis
- Radial head fracture / referred pain
- Less common
- PIN compression syndrome
- Lateral plica
- Posterolateral instability
- Not to be missed
- Radiocapitellar OA / Chondromalacia/OCD

Investigations

- Usually none
- Plain Radiographs (OCD/OA/ Calcification)
- USS

Treatment

- No single Rx effective
- Basic principles of soft tissue injury
- Control pain/ Inflammation (RICE)
- Modify activity/Technique/Racquet
- Corticosteroid injection
- Surgery

Open VS Percutaneus Release

- RCT (47) JBJS [Br]2004
- Outcome-DASH
- FU 12/12
- Per group returned to work 3 weeks early
- Improvement in DASH score/ sporting activity better

Operative RX-evidence

- Maffulli et al 2008
- BMB 2008
- Literature review (MEDLINE, CINAHL, EMBASE)
- CMS method/ two reviewer
- No evidence that one operation better that other

Tennis Elbow evidence

- Cowan et al 2007
- JBJS Am
- >90% of published work on Tennis elbow low quality

Summary

- Non-operative management is the mainstay of treatment
- Debate persists
- Recent studies report similar outcome with A/O (JBJS Am 09)
- Either is acceptable as long as pathological tissue is accurately identified and resected

References

- Core knowledge –Books (Campbell,08; Turk,05; Current,05; Secrets, Clinical Sports med,05; Miller,07)
- Current evidence (JBJS)
- Illustrations (www)

Thank you

