

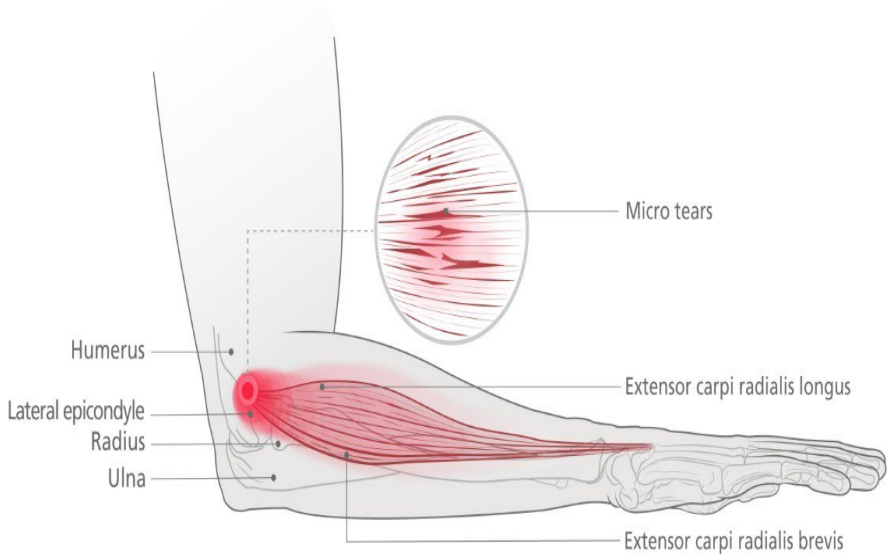
# Information for patients and carers

## Tennis Elbow

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

## What is tennis elbow?

Technically known as lateral epicondylitis, tennis elbow occurs when there is chronic inflammation, from repetitive strain to the extensor tendons on the outside of the elbow as shown below. It can last between 3 and 12 months before settling, and in rare cases it can last longer. It affects between 4-7 per 1000 people, women and men equally.



When the extensor carpi radialis and brevis muscles contract in the forearm, the tendons causing pain are the ones on the outside of the elbow involved in extending the wrist joint as well as gripping with the hand. Pain is often in the outside of the elbow, which may travel down into the forearm during different activities such as:

- Lifting or bending your arm
- Gripping small objects
- Twisting movements such as opening jars or turning a door handle

# Tennis elbow treatments

## Medication

Pain killers and anti-inflammatory medication such as paracetamol and ibuprofen can be used to help relieve the pain and reduce any inflammation. You can also rub anti-inflammatory gels e.g. Ibuleve or Voltarol directly onto the painful area. If you are struggling with pain, or if you are unsure if you are safe to take these medications speak to your GP or pharmacist for alternatives.

## Physiotherapy

Physiotherapy is a very important gold standard treatment for tennis elbow. Therapy can include exercise programmes that look at a combination of specific stretching and strengthening exercises. This can be done through strengthening the forearm muscles, using proper technique when lifting heavy things and warming up correctly before activities involving using the wrist and elbow.

Prevention of reoccurrence and self-management is important. This means pacing your daily activities so that the elbow is not painful the day after. Keeping a diary of your activity is useful. You can find out what amount of exercise and activity is right for you. If you experience worse symptoms which stop you from doing activity immediately (or even the day after exercise), next time, try performing half of the number that you did before. If, having reduced the number of exercises or level of activity, you do not get pain, then this is right for you.

Gradually increase the number of repetitions or weight when progressing exercises or activity. Do NOT undertake sudden increases in activity or weight that makes the elbow painful.

Positioning the wrist correctly when performing repetitive activities is

also important. Avoid a bent forwards or backwards wrist position especially when performing activities on the computer or with the mouse for example.

For examples of exercises to try please visit the British elbow and shoulder society (BESS) exercises for tennis elbow information video:

<https://bess.ac.uk/tennis-elbow/>

## **Tennis elbow strap**

In some cases, a tennis elbow strap/support can be worn just below the elbow to help reduce the stress on the tendon.

## **Ice**

Applying a cold compress like a bag of frozen peas in a tea towel to the elbow can help to ease the pain during acute episodes of pain and swelling.

## **Steroid/PRP Injection**

Steroid injection has been found to provide a short-term relief for pain when very painful, but, because pain returns to pre injection levels or worse after 3 months, this is now not recommended for treatment for this condition.

Platelet Rich Plasma (PRP) can be an alternative but again there is little evidence to demonstrate it has an effect in the long term. Unfortunately, this is not available in the Trust.

## **Shockwave therapy**

There is some growing evidence to support the use of shockwave therapy in the treatment of tennis elbow. Unfortunately, this treatment is not available in this trust but may be sought through private providers.

## Acupuncture

There is some evidence to support the short-term pain-relieving effect of acupuncture. Ask your physiotherapist about this. Some clinicians use a technique called “Dry Needling” to “reset the healing response” as a treatment.

## Surgery

Surgery is considered as a last resort in severe cases. It is usually performed as a day-case surgery through either an open approach or arthroscopically (Keyhole). Physiotherapy treatment is given after the surgery to regain functions such as elbow movement, finger dexterity and grip strength.

## Contact details

Should you require further advice or information please contact:

Chorley Physiotherapy Outpatients Department **01257245755**

Royal Preston Physiotherapy Outpatients Department **01772522376**

## Sources of further information

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

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

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

<https://bess.ac.uk/tennis-elbow/>

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

**Please ask a member of staff if you would like help in understanding this information.**

**This information can be made available in large print, audio, Braille and in other languages.**

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