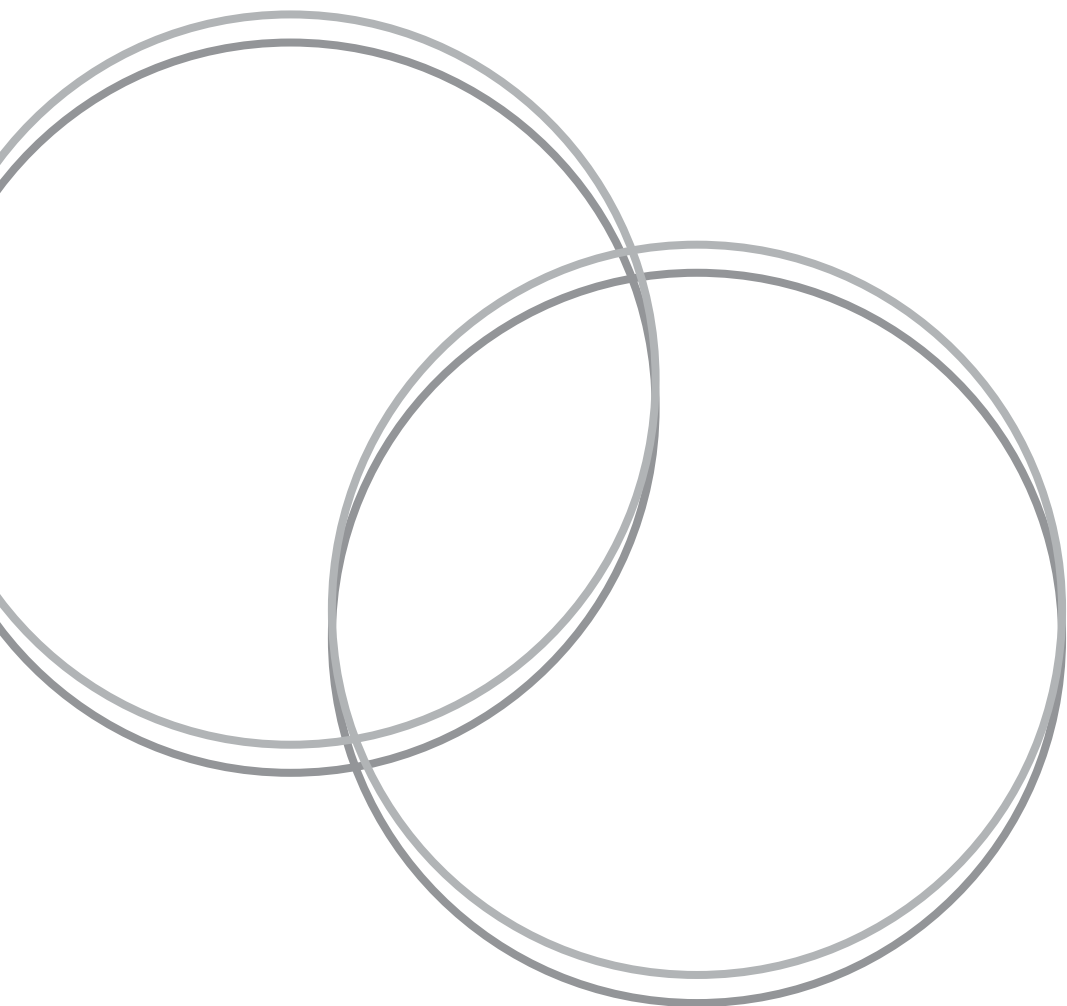




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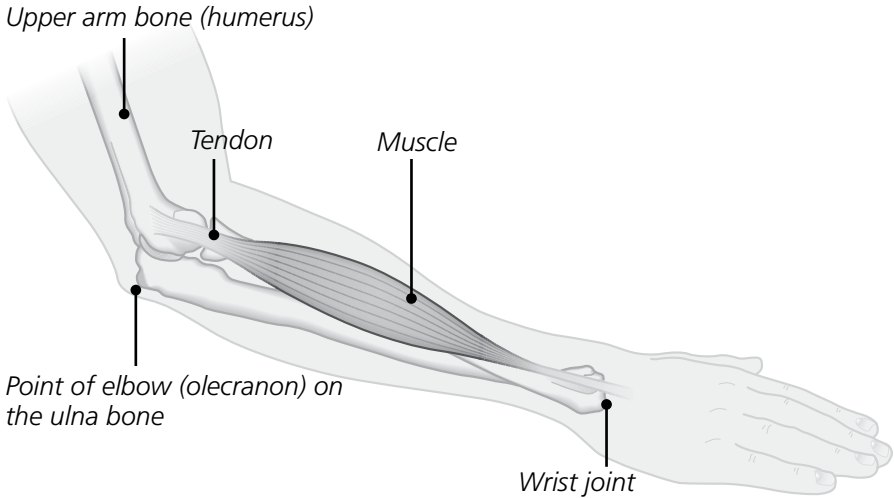
Tennis Elbow *Advice and Exercises*

Information for patients



What is tennis elbow?

Tennis elbow is a problem with the tendons around the elbow joint, known collectively as 'the common extensor tendon'. This tendon is part of the muscles that lift your hand backwards or up in the air.



If you have tennis elbow, you will normally feel pain on the outside of your elbow. This area may be tender to touch. It may also be painful down into your forearm.

What causes it?

Tennis elbow is thought to occur due to repeated small changes to the tendon. This is often caused by overloading the tendon through doing heavy or repetitive manual work or activities. People most often describe problems with gripping, writing and twisting movements of the forearm, as well as lifting, especially with the palm facing down.

Tennis elbow was previously thought to be an inflammatory condition, but recent evidence has shown that this is not the case.

Why does it develop?

Tennis elbow can occur at any age, although it most commonly occurs in people aged between 35 and 55. Up to four in ten people may experience it at some point in their life.

The majority of people who develop tennis elbow are not actually tennis players. It occurs more often in people who repeatedly use their hand for gripping activities, either at work or through sport. However, sometimes there may not be an obvious cause.

Timeline

After 1 year eight out of ten people with tennis elbow will have improvement or symptoms that have got better, whether they have treatment or not.

Symptoms usually last for between 6 and 24 months.

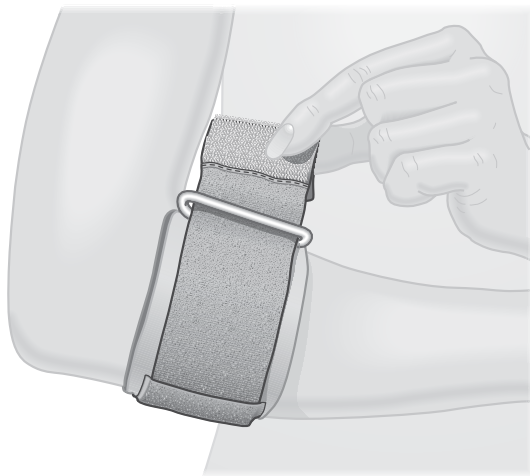
Managing your symptoms

Generally, the most helpful approach is to try strategies to reduce the pain. This may include changing the way you are doing things. Using the tendon will not cause long term damage, although rest can help to make it less painful.

Ways to try to reduce the pain

- Look at what activities cause you pain (your workstation or tools you may be using) and, if possible, modify or avoid them. It is not harmful if you do continue with them, but this may cause you more pain.
- Do activities with your palm or thumbs facing upwards. When gripping, carrying, grasping or lifting you should not be able to see your knuckles. This way of moving your arm and wrist reduces the muscle activity pulling on the tendon and may help to switch off the pain. Using a 'thumb mouse' for computer work can help. 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. Try to keep a more upright posture.
- Massage the area with a wet ice cube.
- Use anti-inflammatory, non-steroidal or 'cold' gels or creams, which can be rubbed into the painful area.
- Take painkillers (you may need to speak to your GP or pharmacist about which painkillers are suitable).
- Use a tennis elbow brace. You may find this is helpful to 'offload' the area and allow you to continue with normal activities. Braces can be purchased from internet suppliers or from some chemists.



The brace does not have to be worn all the time; only when carrying out the activities that cause the pain.

- You may find wearing a wrist splint for a period of time can also help.
- Stretches can also give relief (see pages 6 and 7).

Do I need treatment?

Of all the available treatment options, there is no research evidence that shows any one treatment is ideal for all patients.

An exercise programme involving changes to activities and stretches can help. Some simple exercises are shown later in this booklet. Assessment and treatment by a physiotherapist can give more specific individual advice. Your GP or the elbow surgical team should be able to arrange this for you, if they think it might help.

For many people this approach has been found to be as good as other options, such as:

- **Dry needling or autologous blood injections**

This involves using a needle or small amount of your own blood and inserting it into the tendon, to encourage blood flow to the area and promote healing.

- **Steroid injections**

These can give short-term relief, but many studies have shown that pain and ability to use the forearm are worse after 1 year in those who have these injections. Repeated injections can also weaken the tendons and the ligaments.

- **Surgery**

Very few people need to have surgery for tennis elbow, and it would only be considered by your GP or surgeon after all other options have been explored, and if it is appropriate for you.

Remember: No one treatment has been found to give better results than any other.

Generally, tennis elbow is a condition that improves by itself. The majority of people with this condition find that their symptoms have resolved within two years.

Stretching exercises



Pictures show an affected right arm

With your arm at your side and your shoulder blade back, straighten your elbow and twist your arm inwards towards your body.

Bend your wrist and hand up behind your buttock.

Curl your fingers and keep twisting your arm, so your hand turns away from your buttock.

Keep your elbow straight.

You should feel a stretch along your forearm.

Hold for 10-15 seconds.



Put your arms by your sides.

Turn your affected arm so that your hand faces outwards.

Keeping both elbows straight, reach over in front of your body with your unaffected arm to your affected arm.

Place your palms together and link your fingers, keeping your affected arm next to the side of your body.

Use your unaffected hand to lift the hand and bend the wrist of your affected arm.

You should feel a stretch along your forearm.

Hold for 10-15 seconds.

Eccentric loading

These exercises aim to work the tendon as it lengthens. They may be done with or without a weight, as your physiotherapist advises. You may experience some pain with this exercise; this is fine, as long as the pain remains below a level of 5 out of 10.



Sitting with your shoulder blade back, hold onto a weight (0.5kg to start with). Rest your forearm on a table top, with your hand overhanging the edge and palm facing down.



Use your good arm to lift up the hand on your affected side, as shown.



Slowly lower your hand down to this position, moving roughly at a slow count of '3'.

Sets: Weight:

Repetitions:

The exercises may also be done using an exercise resistance band.



Secure one end of the band under your foot or the leg of the chair. Lift the band up with your unaffected hand. Grasp the band with your affected hand (left hand in this example).



Release the band from your unaffected hand.



Slowly bend your affected wrist down.

Sets:

Repetitions:

How to contact us

If you have any questions about your condition, treatment or recovery, please contact your physiotherapist.

Nuffield Orthopaedic Centre

Physiotherapy Reception:

Tel: **01865 738 074**

Trauma Service

OUPH switchboard:

Tel: **0300 304 7777**

John Radcliffe Trauma Service

Physiotherapy Reception:

Tel: **01865 221 540**

Horton General Hospital

Physiotherapy Reception:

Tel: **01295 229 432**

Alternative contact name/number:

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If you would like further information or to view this leaflet online, please visit:

www.ouh.nhs.uk/shoulderandelbow/information/patient-information.aspx

www.ouh.nhs.uk/physiotherapy/information/physiotherapy-leaflets.aspx

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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