# **Tennis Elbow**

(Lateral Epicondylitis)

ateral epicondylitis is a tendonitis commonly known as "tennis elbow", although the majority of people with lateral epicondylitis have never played tennis. The condition causes pain on the outside portion of the elbow over a bony prominence named the lateral epicondyle. Pain occurs with activities such as grasping, pushing, pulling, and

lifting. As the process progresses, the pain may occur with limited activities or even at rest. Of note, a separate entity termed golfers elbow, or medial epicondylitis, causes pain on the inside of the elbow.

### Anatomy

The lateral epicondyle is where the Extensor Carpi Radialis Brevis (ECRB) tendon inserts. This tendon attaches to the muscle that allows your wrist and fingers to extend.

#### **Diagnosis**

The diagnosis is usually made based on the history that the patient describes to the healthcare provider, and a physical exam. There will be localized tenderness in the region of the lateral epicondyle. Pain is also often reproduced with the patient extending their wrist under resistance.

X-rays may be done to rule out other causes of elbow pain; however, these are typically normal. Ultrasound is helpful in determining the severity of the condition. Very rarely are other imaging modalities, such as MRI (magnetic resonance imaging) needed.

### Treatment

## Nonsurgical Treatment

Nonsurgical treatment historically has focused on addressing the symptoms, without resolving the cause of the pain. Newer nonsurgical options, however, may be recommended if the condition is mild. Electroneuromuscular therapy, in which small electrodes are placed on the arm, increases blood flow to the area, to stimulate the body's natural healing process. Platelet Rich Plasma (PRP) injections may also be recommended, as these add the body's own growth factors to the area, to stimulate healing. The X-Tensor device can be used to help strengthen the extensor muscles.

### Surgical Treatment

**Ortho**NOW

If symptoms do not respond to nonsurgical treatment, or are severe enough, surgery may be recommended. Surgery for lateral epicondylitis is minimally invasive. After recovery from surgery, the X-Tensor is used to strengthen the extensors.

The surgical option most often used at Badia Hand to Shoulder Center is the FAST Technique by Tenex, which is a gentle method for removal of diseased tissue and restoration of natural tendon function. For more information on this procedure, go to www.tenexfastprocedure.com.







