



# Lateral Elbow Pain

## PIER DOCUMENT

### PROBLEM:

Lateral epicondylalgia, also known as tennis elbow, is an overuse injury involving the common origin tendon of the wrist and finger extensors. Patients with this condition often report pain in the lateral elbow exacerbated by gripping, lifting, or manipulating objects with their hands.

Previously thought to be a condition of inflammation (lateral epicondylitis), new research shows a lack of inflammatory cells in this condition. Instead, lateral epicondylalgia is considered a degenerative condition and one of dysfunctional, immature healing of the tendon<sup>5,6</sup>. Tendons have been shown to remodel and heal along the lines of stress from exercise and appropriate loading<sup>7</sup>.

4-7 cases per 1000 patients experience the condition and lateral

epicondylalgia has a 1-3% incidence within the general population<sup>1,2</sup>.

The condition primarily effects the dominant arm of individuals between 35-54 years old<sup>1</sup>. Amateur tennis players, patients with poor posture, frequent computer use, and manual tasks involving force and repetition are at greater risk for the condition<sup>2</sup>.

The majority of patients reports resolution of their symptoms by 1 year but may range up to 24 months<sup>1</sup>.

Physical Therapy interventions have been shown to accelerate this recovery process and have been shown to be more cost effective than a wait and see approach or a corticosteroid injection<sup>9</sup>.

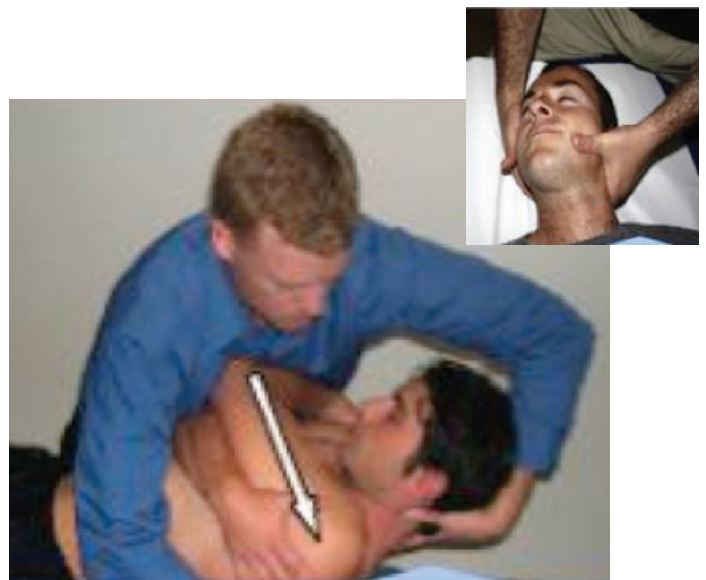
### INTERVENTIONS:

Review articles do not support the use of Physical Therapy modalities including ultrasound and iontophoresis in the treatment of lateral epicondylalgia<sup>4</sup>.

Corticosteroid injections have been advocated for short term relief by many studies. While experiencing early relief, patients undergoing corticosteroid injections have a higher recurrence rate (72%) compared to a wait and see (10%) or Physical Therapy treatments (4%)<sup>3</sup>.

Recent systematic report strong evidence against the utilization of platelet rich plasma (PRP) injections in patients with lateral elbow tendinopathy<sup>12</sup>.

Evidence reviews on the topic of lateral elbow pain advocate for a multimodal Physical Therapy treatment model including spinal and extremity joint manipulation/ mobilization, soft tissue treatments, and strengthening exercises<sup>4,13</sup>.



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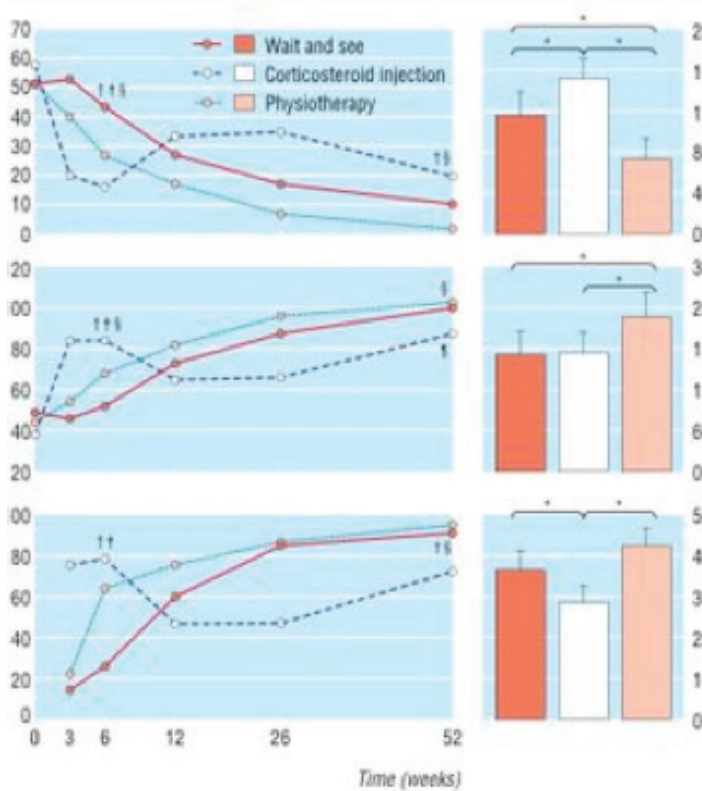
# EVIDENCE:

A manual physical therapy approach combined with exercise has been shown to accelerate a patient's recovery by reducing pain and disability in the short term. Medical evidence has also shown patients receiving this treatment approach have the lowest recurrence rate of pain and medication use<sup>10,11</sup>.

Conversely, poorer long term outcomes and higher recurrence rates have been documented in patients receiving corticosteroid injections<sup>10</sup>.

Bisset et al. reported the utilization of manual therapy and exercise is superior to wait and see and corticosteroid injection at short-term follow up<sup>11</sup>. It appears PT helps accelerate recovery and is superior to a wait and see approach.

Evidence suggests treatment of the upper quarter including the cervical, thoracic, elbow, and wrist regions may provide positive effects on patient's pain and function<sup>14</sup>.



# REFER:

Patient's with lateral elbow pain exacerbated by gripping or manipulation of the hand and wrist should be treated with a multimodal Physical Therapy treatment plan to reduce pain and disability.

## References

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