

Tennis Elbow Rehabilitation

Technique factors affecting the onset of tennis elbow:

- Perception of tennis as upper body sport
- Elbow leading at ball strike
- Trunk rotation too early
- Racquet head dropped below elbow
- Moving into position too late to play shot
- Single-handed backhand technique
- Sustaining grip throughout stroke
- Allowing ball contact behind line of body

- Excessive use of tennis as a conditioning tool at ball strike

- Poorly co-ordinated sequential movement of body parts

- Abnormal flexibility/strength in controlling wrist movement

Treatment in the first 48 hours:

Relative rest of elbow, maintenance of fitness
Ice in the first 48 hours to reduce swelling
Wrist/forearm splint to offload tendon origin

Treatment after 48 hours:

NSAID's
Deep transverse frictional massage
Myofascial techniques
Ultrasound
Iontophoresis
Active stretches
Passive stretches
Accessory elbow mobilisation
Radio-humeral manipulation
Dry needling and/or acupuncture
Strengthening exercise
Isotonic eccentric exercises
Injection/surgery

Rehabilitation programme:

Correct faulty technique
Correct shoulder movements
Improve periscapular activity
Core/trunk stability exercises, e.g. Pilates
Maintain rotator cuff strength
Strength exercise for forearm to strengthen teno-osseus junction
Sports specific resistance work

Possible equipment modification to reduce tennis elbow injury:

Try lighter racquet
Increase grip size
Maybe use spring vibration dampers
Have string tension reduced
Ensure large racquet head size
Newer balls to play with
More flexible shaft needed on racquet
Allow balls to dry out if played in wet weather