

Rehabilitation Of Tennis Elbow (Pg 1 of 2)

What Is Tennis Elbow?

TENNIS ELBOW (lateral epicondylitis) is an inflammation of the outer elbow where the tendons attach to the bone. It is caused by repetitive movements and the gripping actions common to tennis; hence the name 'tennis elbow', however it can occur in other sports requiring gripping actions.

Factors contributing to tennis elbow:

Age 30+

Frequency of play

Force and flexibility of forearm extensors ie. tightness of grip

Unskilled players are more prone

Racket factors i.e., weight, string tension, grip size / cushioning and head size

Older/worn balls

Single handed backhand

Poor technique

Prevention

The following tennis equipment modifications can help to reduce the chance of your tennis elbow injury recurring.

Try a lighter racket

Increase grip size

Maybe use string vibration dampers

Have the string tension reduced

Ensure larger racket head size

Newer balls to play with

More flexible shaft needed

Allow balls to dry out if you have played in wet weather

New, softer grip material

When you think you have tennis elbow

1) Do not return to the activity responsible until you have sought medical advice.

2) Ice the elbow using a bag of peas or ice pack wrapped in a damp towel. Apply the ice over the affected area for five minutes.

Repeat every 15 minutes if possible.

3) Take a full dose of anti-inflammatory medication such as Neurofen available from your chemist. Take for one week then as required (provided you have no allergies or gastric irritation from these type of pills),

4) Attend your nearest sports injury clinic for further early treatment. Do regular stretching exercises (see attached) and it may be worthwhile obtaining a wrist/forearm splint to help rest the inflamed tendon,

5) Physiotherapy/osteopathy/chiropractic can all help in the first instance.

6) Injections should be considered if you have already undergone a full course of treatment with no real improvement. In this instance you are more likely to obtain a longer lasting result from injection.

7) Surgery can be carried out under local injection (subcutaneous tenotomy) with a 95% success rate and no deficiency in grip strength. (Scar almost: invisible).

Rehabilitation

Correct faulty technique

Correct shoulder movements

Core/trunk stability exercises

Maintain muscle strength around the shoulder (rotator cuff)

Strength exercises for forearm

Start specific resistance work

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Acute & Rehabilitative Techniques

Ice & Friction Massage

Ice and friction massage are used to decrease inflammation and promote healing of inflamed tendons and bursae. Ice constricts surface blood vessels whereas friction dilates them. Alternating ice and friction massage therefore stimulates circulation in the injured area, theoretically improving the removal of waste products and introducing new cells and substances required for healing.

Ice - Use water frozen in paper cups or frozen peas which are less messy and reusable, (use caution with chemical ice because it can reach temperatures colder than regular ice and thereby cause cold injury to the skin). Rub the ice in a circular motion around the sore area.

The initial cold feeling will soon be followed by burning achiness and then numbness, usually in 3 to 4 min. Switch to friction massage when numbness occurs.

Friction - Using the pad of your thumb or index finger, rub back and forth over the sore area. Start with fairly light pressure and gradually increase the pressure so that by the end of the massage you are pressing quite firmly. Continue the friction massage until feeling returns to the skin, which takes 3-5 minutes. Alternate ice and friction massage, always ending with ice so that you don't leave the affected area inflamed. The whole procedure takes 15-20 min. and should be repeated 2-3 times a day.

Rehabilitation Exercises

Start exercises when you've been pain-free for several days. Do them daily and then apply ice for 20 minutes.

Stretching and strengthening exercises are necessary for proper rehabilitation. Strengthening the forearm extensors and flexors as described will help prevent muscle imbalance.