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Lateral Epicondylitis "Tennis Elbow" Treatment Sheet

Pathology:	The common wrist extensors, especially the Extensor carpi radialis brevis (ECRB) muscle, become overused and fatigued. Microtears may develop.
History:	The patient will have a history of repetitive wrist extension overuse – painting, carrying a heavy object, etc. Improper biomechanics during the backhand stroke in tennis stresses the wrist extensors. A proper backhand requires that force be generated from the entire upper extremity (shoulder external rotation) as well as from abdominal contraction (trunk rotation).
Assessment:	Painful resisted wrist extension Painful passive wrist flexion (overstretch) Pinpoint/local pain at the lateral epicondyle of the humerus. In more severe cases, puffiness and swelling are found near the epicondyle which signifies swelling.
Bolstering/ Patient comfort:	Ensure that all muscles are relaxed during treatment.
Heat/Cold Therapy:	Ice is appropriate to reduce sensitivity of the tendon at the lateral epicondyle to allow transverse friction massage. Ice is also applied if microswelling or swelling is present. Heat may be used over the muscle to promote tissue pliability and to increase blood flow.
General Massage:	Massage of all muscles from the shoulder to the hand is appropriate.
Specific Massage:	Transverse friction massage is applied to the common extensor tendon area (originating at the lateral epicondyle). Compression, broadening and additional strokes are applied to the wrist extensor muscles to reduce hypertonicity.
Evaluate / Treat TrPs:	Eliminate trigger points in the wrist extensors and flexors to allow normal muscle lengthening.
Stretching Exercises/ Range of Motion:	Passive: The elbow stabilized and the wrist is flexed to patent tolerance. Active: The patient isolates wrist flexion and
Strengthening:	Isometric contractions at first, followed by more active strengthening if the patient permits. The muscle is strengthened by adding resistance wrist extension. Eccentric exercises will also help the muscle become more resistant to future injury.
Stress Reduction:	As needed.
Patient Education:	Self treatment including ice and friction massage can be taught to the educated patient
Ergonomic factors:	A temporary band or strap may be worn distal to the epicondyle to take stress off the common extensor tendon
Medical Referral	It is appropriate to co-treat the patient with a doctor and/or to receive medical approval. A tear must be ruled out. Other more serious conditions may be overlooked.