



Pain Relief Center - Chicago

Tennis Elbow

More properly known as “lateral epicondylitis,” tennis elbow is usually felt as pain and swelling in and around the outside of the elbow, often so severe the only answer is to stop playing. It tends to affect men more than women, and is especially prevalent among players in their 30’s, 40’s and 50’s.

Muscles Involved in Tennis Elbow

While the term “tennis elbow” is the generic description for this pain and dysfunction, the same problem happens to gardeners, bowlers, housekeepers, carpenters, mechanics, and even some briefcase toting businessmen and women. It’s basically an over-use injury stemming from repetitive overloading of one or more muscles in the forearm, upper arm or shoulder. These muscles include (in order of importance) the supinator, the brachii radialis, the triceps brachii, the supraspinatus (part of the rotator cuff), the wrist and finger extensors, and more rarely the anconius, a tiny muscle which helps extend the elbow. These muscles all help lift the arm or grip or twist a racquet as with a serve, backhand or forehand stroke. But when you’ve got it bad, the impact of a volley or overhead smash can be unbearable. The pain is generally felt in or near where the wrist and finger extensor tendons attach to the bones near the elbow joint.

Common Remedies

Common remedies include:

1. Stopping the activity which causes the pain,
2. Applying ice to reduce swelling and pain,
3. Using a strap or band wrapped around the forearm,
4. Strengthening and stretching exercise,
5. Anti-inflammatory drugs,
6. Cortisone injections, or, in more severe cases,
7. Surgery on the muscles of the forearm.

Unfortunately, most of these remedies provide only partial relief at best. When you stop playing tennis for example, you're simply avoiding the activity which causes the pain. As soon as you resume playing, in most cases the pain comes back. And ice, elbow bands, anti-inflammatory drugs or cortisone are temporary expedients which mask the pain for a time, and allow you to "play through it." But they do little to address the underlying muscular problems.

Strengthening is an even worse remedy, because the problem is not muscle weakness. The damaged muscles do not have full range of motion. Attempting to strengthen dysfunctional muscles usually causes them to shorten or contract more, exacerbating the condition you're trying to correct. Surgery can reduce muscular pressure on the tendons and the radial nerve where the pain is

felt, by partially severing the muscles involved. But this is a risky, expensive and usually unnecessary option.

The cause of tennis elbow is fairly simple: one or more of the muscles noted above contain “trigger points” which must be deactivated to restore the muscles to a pain-free, and fully functional condition. Fortunately these muscles are easy to treat, and most people can learn self-care techniques which relieve the pain and prevent it from recurring.

Trigger points are irritable, tight spots in taut bands of muscle tissue, which are painful when pressed. If you have trigger points in the extensors in your right forearm, you’ll know it by just pressing with the fingers or thumb of your left hand, on the outer part of the upper forearm between 1-3 inches below the elbow. Just feel for a taut band of muscle in this part of the forearm, and if you find one, press slowly into it for 10-15 seconds. If that feels like “yowie!” you’ve got trigger points in the extensors. It’s interesting that trigger points are often not right where you feel the pain. Your elbow pain can be caused by trigger points in the finger extensors which are near the elbow. But the pain could also be caused by trigger points in muscles further down the forearm, in the upper arm or even the shoulder. To be more precise, the pain is properly diagnosed as “tendonitis” if caused by trigger points in the finger extensors, and referred pain, if caused by trigger points in one or more of the other muscles noted above.

Fortunately, proper treatment for this condition is simple, and the problem can usually be corrected within a few weeks to three months at most. Treatment involves testing and treating each of the muscles noted above, by means of myofascial trigger point therapy. This therapy includes manual compression, possibly complemented by ultrasound or cold-laser treatment, and gentle

stretching and movement to restore full range of motion to the dysfunctional muscles. Treatment is performed by trained myofascial trigger point therapists who have extensive experience with tennis elbow and other sports injuries. Whether your condition involves true tendonitis or simply referred pain from other arm muscles, it can be effectively treated by myofascial trigger point therapy.

The most effective and rapid recovery will be obtained with daily treatment. At the Myo Pain Relief Center, an essential part of treatment is self-care training. And, with tennis elbow, its easy to learn and do the self-care treatment for the muscles involved. Once you've learned these techniques and corrected the problem, its best to incorporate some self-care treatment for the arms once or twice a week to prevent a recurrence of the trigger points.

This paper is adapted from an article written by Sharon Sauer, and published in the September, 2009 issue of Tennis World.