

*Dr. Andrew J. Nelson: Hand, Wrist & Elbow Specialist*

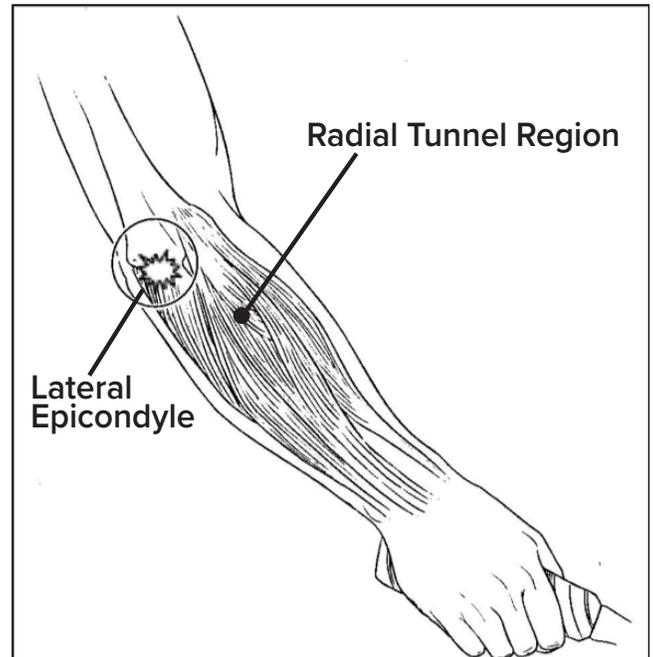
## Definition

*Lateral Epicondylitis* is a degeneration of the rope-like tendon attachments of the finger and wrist muscle extensors to the outside part of the elbow or Lateral Epicondyle.

## Clinical Symptoms

There is pain on the outside of the elbow with any activity that requires wrist extension. Pain can also occur with direct pressure over the bony prominence of the outside of the elbow.

The activities which often duplicate the pain are any activity that involves backward motion of the wrist or lifting with your palm facing down. Examples of such activities include pulling weeds in the garden, hammering and lifting a jug of milk out of the refrigerator or lifting a bag of groceries or a suitcase.



## Who gets Lateral Epicondylitis?

This condition commonly affects people between 30 and 60 years of age with a peak incidence in the 40's. Anyone who partakes in highly repetitive use activities with the wrist and forearm is at risk. Common precipitating activities include turning a screwdriver, painting, hammering, and racquet sports. A direct blow to the elbow can also trigger the symptoms.

## How do you know I have Lateral Epicondylitis and not something else?

The symptoms that people relay are common and tests performed in the office may confirm the problem. I will take a thorough history and then examine your arm, wrist and fingers. Since this condition is an injury of the tendon attachment of the muscles to the bone called the Lateral Epicondyle, I will test and examine these areas specifically.

## What is the treatment?

This is one of the most challenging conditions to treat successfully and it is fraught with recurrences. Often **activity modification** and ergonomic changes in the workplace are over looked as tools that can have a great positive impact.

Arthritis/Inflammation **medication** can be used but it rarely provides for complete relief.

Since it is the attachment of the muscles and tendons that move the wrist that cause the problem, often a **wrist splint** is prescribed. Additionally, a “**tennis elbow**” **splint** can be prescribed. This splint is placed firmly (but not too tight) around the muscles of the upper forearm in an effort to spread out the forces to the entire upper forearm—this splint is used **ONLY WITH ACTIVITIES AND NOT AT REST**.

Direct **ice massage** can be quite helpful.

Often medications and splints cannot fully relieve the symptoms and a corticosteroid **injection** can be given. The time interval between steroid injections should be several weeks to months. While there is no scientific rule for how many injections you can receive, as a practical matter it is generally 2-3.

**Therapy** is a mainstay of treatment. It is very helpful in decreasing pain and inflammation and it is prescribed in conjunction with oral medications, splints and injections.

Patients that do not obtain lasting relief from activity modification, injections, splints and therapy may require **surgery**. Surgery involves excising the degenerative portion of the tendon insertion. The success rate is approximately 80% and therefore is considered a last resort.

## What is the recovery like?

A soft bandage is worn until the sutures are removed. Lifting is restricted for several weeks. A gradual strengthening program is encouraged followed by an important conditioning phase. Return to full activities is often seen after 8 to 12 weeks.

## Will I need therapy afterward?

Yes. A highly trained hand therapist will guide you through first gaining range of motion and then a strengthening program and finally a conditioning program. This is very much like athletic training for your recovering arm.

\* If you were given an injection today, the numbing medicine will wear off in several hours. The effect of the injection will take effect in several days and in some cases up to 2-3 weeks.

If you are diabetic and had a steroid injection, check your blood sugar within 6 hours and treat appropriately.

If you have soreness from the injection, place an ice bag over the sore region and take some of your arthritis medication like Motrin or Advil.