

# WHAT OUR PHYSIOS DO WHAT OUR PHYSIOS DO at

**MENAI DISTRICT PHYSIOTHERAPY  
& SPORTS INJURY CENTRE**

## 'TENNIS ELBOW'

### INTRODUCTION

Lateral epicondylitis or 'tennis elbow' is an injury occurring as a result of work and/or sport, commonly in racquet sports. It is said to occur in 40-50% of recreational tennis players who are over the age of 30 years but it is more common in the 40+ years age group.\*

### PATHOLOGY

A tennis elbow injury involves repetitive trauma to the muscles on the back of the forearm and around the elbow.

It was typically thought that this repetitive trauma would cause the muscles to become inflamed and, therefore, cause pain. However, studies have also found that there are actual changes happening to the muscle tissues themselves causing them to breakdown. This leads us to now understand that this injury is degenerative rather than inflammatory in nature and can, therefore, lead to a prolonged recovery.

\*Reference - 'Clinics in Sports Medicine'  
January 1995 Vol 4 No 1  
"Elbow Injuries" Field & Altchek.

In light of the changes in the tissue, physiotherapy will provide important measures to settle pain and restore function to the forearm.

### TREATMENT AND REHABILITATION PROGRAM.

#### **1. Massage**

Often called soft tissue massage (STM) or 'releases'. These techniques are performed on the muscle belly to help improve flexibility of the tissues. 'Frictions' or local massage around the elbow can also be beneficial to 'break up' the scarring and inflammation as described previously.

#### **2. Mobilisation**

Joints close to an injured area often become stiff due to local swelling and muscle tightness restricting movement. Physios use 'mobilisation', or movement techniques, to apply local stretch to the "tight" joint structures (such as capsule and ligaments) to improve joint function.

#### **3. Biomechanical Assessment**

Dysfunction in the shoulder, neck or upper back may contribute to tennis elbow either directly or indirectly.

It is possible for the neck and upper back to refer pain directly to the elbow, mimicking "tennis elbow". Indirectly, stiffness in these areas may increase load down into the arm. When combined with weakness or tightness in the shoulder, there is an increased likelihood of "tennis elbow".

#### **4. Neural Assessment**

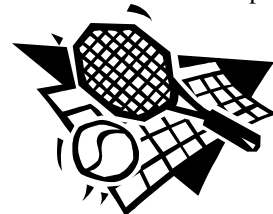
Often in more longterm cases, tightness may occur in the nerves of the neck to continuing symptoms in tennis elbow. Physios use 'mobilisation' techniques on the nerves, moving them through their surroundings, to help restore normal neural function. Restoring mobility to neck structures that restrict neural mobility (such as neck muscle flexibility) will also help restore neural function.

#### **5. Rehabilitation Program**

Tennis elbow sufferers are normally given a home exercise program to improve strength and flexibility in the forearm muscles. This compliments treatment in the clinic, helping maintain improvements made with treatment.

### SUMMARY

A variety of structures can contribute to tennis elbow. These need to be adequately addressed to restore normal function. Other precipitating factors, such as poor technique and incorrect grip size in racquet sports, poor work station or lifting technique need to be corrected as part of the whole rehabilitation program.



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