

Physiotherapy: Tennis Elbow

Musculoskeletal Physiotherapy Community & Therapy Services

**This leaflet has been designed
explain the benefits of the
treatment activity you have been
taught, act as a reminder of
technique and who to contact with
any questions.**



Information for patients and visitors

Introduction

You have recently been seen by the Physiotherapist and taught techniques to help manage your condition. This leaflet is designed to remind you of the correct technique and any personalised advice given during the session.

What is tennis elbow?

Tennis elbow, also known as lateral epicondylitis, is caused by a strain to tendons in the forearm. The tendons become inflamed where they join the bony part on the outside of your elbow. When the tendon is repeatedly stressed or aggravated it becomes inflamed, where they join the bony part on the outside of your elbow joint. Any activity that involves gripping and twisting of the forearm can cause this type of strain. Most cases are not related to tennis or any type of exercise. Golfer's elbow is a similar condition that affects the inside of the elbow joint near the funny bone.

This is a common and often lingering condition, which can become chronic if not treated correctly. It is therefore important that you progress your exercises only when you experience minimal or no pain at the level that you are performing. Regaining full strength and flexibility in the hand and forearm is vital, before you fully return to your previous activities.

Treatment

Phase 1

During the acute stage of your injury you should:

- **Rest** – These means avoiding further overuse, but not total avoidance of movement. You should continue your day to day activities but where possible

avoid activities that aggravate the injury. Pain is the best guide to determine the appropriate type and level of activity, try to avoid aggravating symptoms

- **Ice** – This is recommended if inflammation is present. Using ice will help relieve pain and muscle spasms. Ensure the ice is wrapped in a towel, then place on the painful area for a maximum of 20 minutes at a time
- **Wear** – An epicondylitis clasp may be worn, this may be recommended by your Physiotherapist

Phase 2

Stretching

The arm should be held in front with the elbow fully extended and the palm facing the floor. Slowly bend the wrist down until a stretch is felt. Hold the stretch for 20 seconds and repeat 2 to 3 times per day. Vigorous stretching is to be avoided. Do not continue into pain but you may feel some discomfort.



Strengthening

With the elbow bent and the wrist supported, perform the following exercises:

When completing the exercises, hold at the point of discomfort for 5 seconds and then relax.

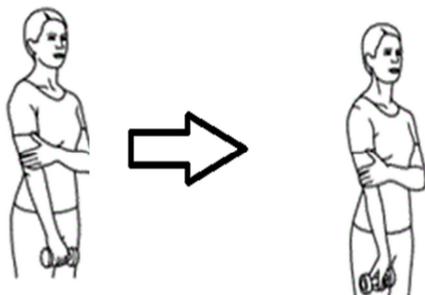
Information for patients and visitors

Aim to repeat the exercises 10 times, 3 times per day. Aim to perform these 3 times a week on alternative days.

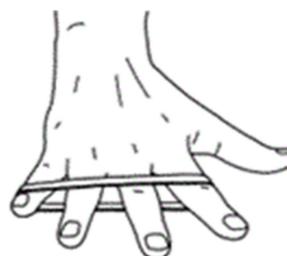
- **Wrist Extension** – Place a small weight in the hand with the palm facing down. Support the forearm at the edge of a table or on your knee so that only your hand can move. Raise your hand slowly as far as possible and lower slowly.
- **Wrist Flexion** – Place a small weight in the hand with the palm facing upwards. Support the forearm as above, bend the wrist up slowly as far as possible and lower slowly



- **Forearm Pronation / Supination** – Grasp a rolling pin in the middle with the forearm supported. Rotate the hand slowly so the palm is facing down then return to the starting position. Then rotate the hand to the palm up position, slowly return to the starting position. To increase the resistance, move the hand further towards the end of the rolling pin



- **Finger Extension** – Place a rubber band around all finger tips. Spread the fingers against resistance. To increase the resistance add a second band



- **Ball Squeeze** – Place a rubber ball, or other squeezable object, in the palm of your hand and squeeze



Do not continue into pain but you may feel some discomfort/aching after completing the exercises. When you can perform the exercises without pain, the load or the speed should be increased. Your Physiotherapist will guide you on this further. When your symptoms are resolved and you have regained full range of movement and strength you may increase your level of activity to its normal level.

References

Arthritis Research UK 2012 Tennis Elbow, leaflet, The Chartered Society of Physiotherapy accessible via www.csp.co.uk

Contact Details for Further Information

Information for patients and visitors

Musculoskeletal Team, Physiotherapy
Department, Diana Princess of Wales
Hospital

01472 875276

Musculoskeletal Team, Physiotherapy
Department, Scunthorpe General Hospital

01724 290010

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:

nlq-tr.PALS@nhs.net

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DN33 2BA
01472 874111**

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