

The Newcastle upon Tyne Hospitals



NHS Foundation Trust

Tennis Elbow

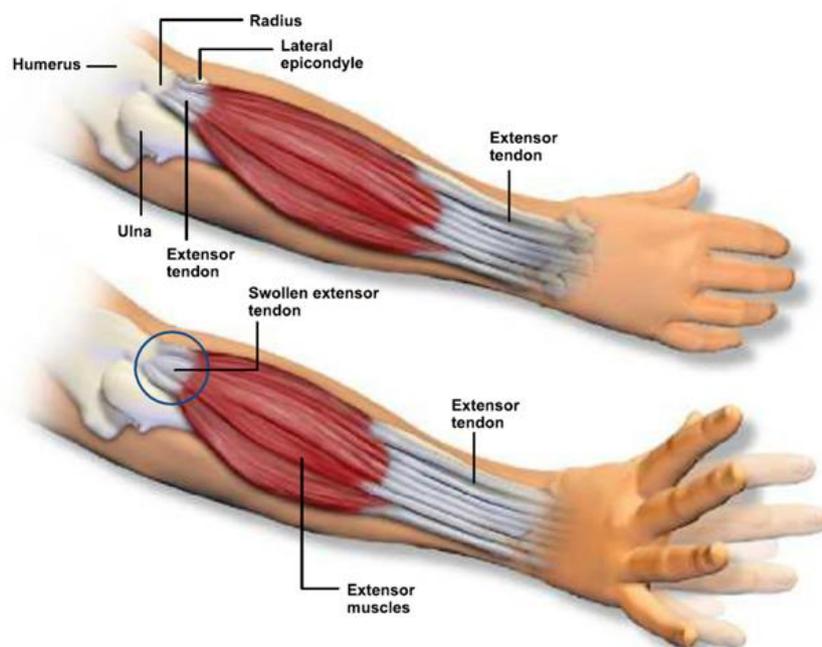
Staff Information Leaflet

Healthcare at its very best - with a personal touch

This leaflet is designed to give you an understanding of what to do if you think you have tennis elbow, the treatment that may be beneficial and some advice on what you can do to help yourself. If your symptoms persist you should seek advice from your GP or occupational health service.

Introduction

Tennis elbow, also known as lateral epicondylitis is a common condition that results in pain on the outside of the elbow and occasionally into the forearm. The tendons of the forearm muscles attach to your elbow joint at a bony point on the outside of you elbow called the lateral epicondyle. These muscles extend the wrist and are important in gripping activities.



Tennis elbow affects approximately 1 in 200 UK adults a year and is most common in the dominant arm. Despite its name, only 1 in 20 people actually get tennis elbow from playing tennis. Common repetitive activities can increase your risk of developing tennis elbow. Tennis elbow can also occur following an injury to elbow.

Symptoms

The symptoms of tennis elbow usually include:

- Pain on the outside of your elbow radiating into the forearm
- Pain and weakness on using the arm e.g. gripping and lifting
- Stiffness around the elbow and wrist

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The pain will often be worse when using your arm e.g. gripping small objects such as a pen, opening jars or doors or even filling the kettle. Repetitive wrist movements may also aggravate the symptoms. Occasionally you may experience pain and stiffness in other areas such as the neck and shoulder on the effected side. This is due to your body trying to compensate for the weakness in your elbow.

What can I do to help myself?

Most episodes of tennis elbow will resolve within six weeks if the correct advice and pain relief methods are followed. However, more severe cases can nigggle on a lot longer. In nine out of ten cases, the symptoms will resolve within one year.

Pain relief

Simple analgesia such as paracetamol and an anti-inflammatory such as Ibuprofen can be very effective for the treatment of tennis elbow. You can obtain advice regarding medication from your local pharmacist or G.P, but remember to read the packet and do not take over the recommended dosage.

Topical anti-inflammatory products in the form of a cream or gel can also be used. These are applied directly to the specific area of pain and are often recommended in the treatment of tennis elbow, as they can help reduce the pain and inflammation without the side effects of the anti-inflammatory tablets. You can discuss this option with your GP or pharmacist if you would like further information.

Ice Packs

Ice can be very effective in reducing the pain that results from tennis elbow.

Do not use ice if you have circulatory problems, such as Raynaud's disease, history of cold induced hypertension, peripheral vascular disease, allergy to cold, urticarial, joint pain or sickle cell anaemia. If your skin is usually numb over the injured area, please speak to your physiotherapist or GP before using a cold pack / ice.

Ice must be used correctly otherwise ice burns can occur. Please see the instructions below:

- Start by wetting a cloth under a cold tap and then wring the cloth out until it is just damp.
- Place the damp cloth over affected area and then place either a plastic bag of crushed ice or a packet of frozen peas on top of the cloth (The ice should be in small pieces to mould better to the area and help prevent ice burns).
- Leave the ice pack and cloth in place for approximately 10-15 minutes and repeat 3 to 4 times a day.

It is normal for your skin to go slightly red or pink. Remove the ice if extreme redness/pain, blistering or an increase in swelling occurs. If this does occur, please contact NHS 111 for further advice.

Activity

Resting the affected arm when possible and avoiding / modifying activities that cause discomfort is one of the most effective treatment methods for tennis elbow.

You can modify aggravating activities so that they put less stress on the muscles and tendons of the forearm by:

- Avoiding lifting, gripping or twisting the affected arm when possible.
- Wearing an elbow clasp during aggravating activities – see below for further information.
- Make sure that your palms are facing upwards when lifting to reduce the strain on your wrist muscles.
- Using lightweight tools with a larger grip.
- Ensuring you take regular breaks from repetitive tasks.

Elbow clasp

Wearing an elbow clasp / support when performing aggravating activities can help decrease the stress on the muscles and tendons of your forearm, preventing further micro-trauma and helping to ease the pain. You can buy these from pharmacy shops or on line.



Exercises

These exercises have been designed by a physiotherapist to prevent stiffness or weakness of the elbow and wrist. If performed correctly and regularly they will aid your recovery, and help prevent reoccurrences of tennis elbow.

To be effective and prevent reoccurrence these exercises **MUST** be performed for **3 months**

Do not continue the exercises if they significantly increase your pain or swelling. If this were to occur, please see your GP / Physiotherapist for further advice.

Exercise 1 – Elbow flexion/extension



Stand.

Bend your elbow and then straighten your elbow.

Repeat 10 times.

Exercise 2 – Elbow pronation/supination



Keep your elbow by your side and bent at a right angle. Turn the palm of your hand towards the floor and then to the ceiling.

Hold each stretch for up to 5 seconds.

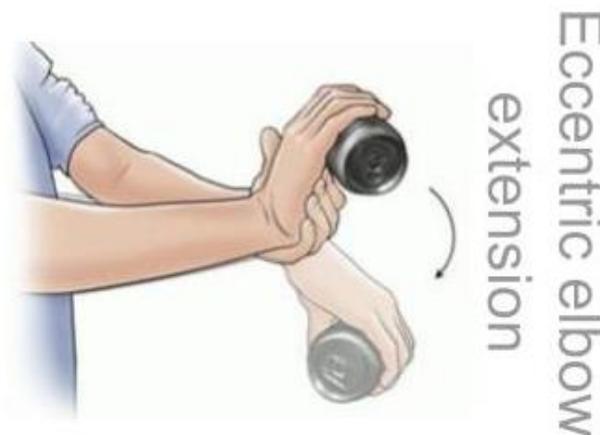
Repeat up to 10 times.

Exercise 3 – Strengthening exercise programme

This progressive strengthening exercise programme will take 12 weeks to complete and should be performed as stated below:

1. Place the affected forearm on a table, facing downwards, with the wrist and hand over the edge. Your wrist should be in an extended position (lifted up and back) as shown in the diagram below. Your elbow should be bent and in a comfortable position.
2. Hold a small weight in the affected hand. Very slowly lower the weight over the edge of the table until the wrist is pointing down (flexing the wrist).
3. Use your non affected hand to lift the hand and wrist back to the start position. It is vital that this is done **PASSIVELY** (without using the muscle of the affected arm).

**The lowering action is the important part of the exercise as it addresses the problem at the tendons. The lifting action is not helpful at this time, so the hand should be lifted back up using the other hand.*



The number of repetitions and the amount of weight should be progressively increased. You can start with a weight of approximately 0.3- 0.5kg (a tin) and increase this **every three weeks**. The repetitions are increased by two **every day**.

The exercise should be done twice a day for three continuous days followed by 1 day rest. For example:

	Week 1	Week 2	Week 3
Monday	6 reps x 2 day	Rest	28 reps x 2 day
Tuesday	8 reps x 2 day	18 reps x 2 day	Rest
Wednesday	10 reps x 2 day	20 reps x 2 day	30 reps x 2 day
Thursday	Rest	22 reps x 2 day	32 reps x 2 day
Friday	12 reps x 2 day	Rest	34 reps x 1 day
Saturday	14 reps x 2 day	24 reps x 2 day	Rest
Sunday	16 reps x 2 day	26 reps x 2 day	36 reps x 1 day

What about work?

Maintaining all normal activities including work improves your chance of recovery by keeping you moving. This helps you keep your 'work fitness' and prevents your elbow getting weak, which can prolong your pain.

Remember... You do not have to be pain free to return to or remain at work.

It may be necessary to do temporary lighter or modified duties. This should be discussed with your line manager initially. If further clarification is needed your Occupational Health advisor can identify more specific role modifications

What should I do if I am still experiencing problems?

If you are unable to agree on restricted roles with you manager or you are still having problems despite following this advice then your Occupational Health team can help. The Occupational Health team can advise you on how to bridge the gap to help you return to normal activities. You can also gain access to the Occupational Health physiotherapist by:

Self-referral

The Occupational Health can assist in the management of musculoskeletal problems that affect your ability to work. Staff are able to self-refer to physiotherapy via the Occupational Health intranet web page or from the trust Occupational health internet page.

<http://nuth-intranet/cms/SupportServices/OccupationalHealth/Physiotherapy.aspx>

http://www.newcastle-hospitals.org.uk/about-us/staff-information_newcastleohs_ohs-referrals.aspx

Management referral

If you feel your symptoms are having a significant effect on your ability to carry out your role, discuss this with your manager and request a referral to the Occupational Health Service.

For more information on tennis elbow or how to stay active, why not try:



<https://www.nhs.uk/>



<https://www.nhsinform.scot/>



www.activenewcastle.co.uk/

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