Tennis Elbow

Most of the muscles that extend your wrist are attached to a bony bump on the outside of your elbow called the lateral epicondyle. Sometimes, through injury or overuse, the site where these muscles insert can become irritated or inflamed. This condition is called lateral epicondylitis or “tennis elbow”- although the majority of those affected do not play tennis.

Activities involving repetitive wrist extension are a common cause of this condition, i.e., tennis, carpentry, bricklaying, knitting, playing piano, typing, or lifting objects with your palm facing down. The condition is 3 times more likely to strike your dominant arm.

The pain often begins as an intermittent or gradual discomfort during activity and progresses so that even simple activities, like holding a coffee cup, become painful. Pain may increase when you straighten your arm, grip a doorknob or shake hands. The pain may vary from mild to severe and commonly radiates into the forearm, sometimes to the wrist.

Without treatment, “tennis elbow” usually lingers - 80% of patients still report pain after one year. The first step in a successful treatment plan is to modify or eliminate activities that cause symptoms. Try to avoid lifting heavy objects with your palm facing down. Tennis or racquetball players may need to consider changing to a lighter racket or a smaller handle. We may prescribe a “counter force brace” for your elbow. This brace will act as a temporary new attachment site for your muscles thereby reducing some of the stress to your elbow. Sports creams and home ice massage may provide relief as well. Be patient with your recovery!

Our goal is to get you out of pain as fast as possible; then teach you how to stay out of pain so we don’t have to see you anymore!

Joint Manipulation
Your chiropractor has found joints in your body that are not moving freely. This can cause tightness and discomfort and can accelerate unwanted degeneration i.e. arthritis. Your chiropractor will apply a gentle force with their hands, or with hand held instruments, in order to restore motion to any “restricted” joints. Sometimes a specialized table will be used to assist with these safe and effective “adjustments”. Joint manipulation improves flexibility, relieves pain and helps maintain healthy joints.

Therapy Modalities
We may apply electrotherapy modalities that produce light electrical pulses transmitted through electrodes placed over your specific sites of concern. These comfortable modalities work to
decrease your pain, limit inflammation and ease muscle spasm. Hot or cold packs are often used in conjunction, to enhance the effect of these modalities. Another available option is therapeutic ultrasound. Ultrasound pushes sound vibrations into tissues. When these vibrations reach your deep tissues, heat develops and unwanted waste products are dispersed.

**Myofascial Release**
Overworked muscles often become tight and develop knots or “trigger points”. Chronic tightness produces inflammation and swelling that ultimately leads to the formation of “adhesions” between tissues. Your chiropractor will apply pressure with their hands, or with specialized tools, in order to release muscle tightness and soft-tissue adhesions. This will help to improve your circulation, relieve pain and restore flexibility.

**Therapeutic Exercise**
Muscle tightness or weakness causes discomfort and alters normal joint function, leading to additional problems. Your chiropractor will target tight or weak muscles with specific therapeutic stretching and strengthening to help increase tissue flexibility, build strength, and ease pain. Healthy, strong, and flexible muscles may help prevent re-injury.

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**TREATMENT GOALS AND OUTCOME MEASURES**

You initially rated the peak intensity of your Elbow problem at 6 out of 10. By the end of your initial care plan, it is our goal that your average pain intensity diminishes to 4 or lower for your Elbow problem.

Initially, you answered a series of questions that helped us determine how much your condition impacts your activities of daily living. Your disability score was 36 for your Elbow problem. Our goal is that after this initial care plan, your condition is less limiting and your disability score improves to 24 or less for your Elbow problem.

Your treatment will be most effective when scheduled at a rate of 3 times per week for 2 weeks. After this initial course of treatment we will reassess to make sure that you have met your initial treatment goal of at least 33% overall improvement. We will determine the need for any additional care after your reassessment.

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**THINGS YOU CAN DO TO HELP YOURSELF**

**Workstation Ergonomics**
Ergonomics is the science of adjusting your workstation to minimize strain in the following ways:

- Maintain proper body position and alignment while sitting at your desk – Hips, knees and elbows at 90 degrees, shoulders relaxed, feet flat on floor or footrest.
- Wrists should not be bent while at the keyboard. Forearms and wrists should not be leaning on a hard edge.
- Use audio equipment that keeps you from bending your neck (i.e., Bluetooth, speakerphones, headsets).
- Monitors should be visible without leaning or straining and the top line of type should be 15 degrees below eye level.
- Use a lumber roll for lower back support.
- Avoid sitting on anything that would create an imbalance or uneven pressure (like your wallet).
✓ Take a 10-second break every 20 minutes: Micro activities include: standing, walking, or moving your head in a “plus sign” fashion.
✓ Periodically, perform the “Brugger relief position” - Position your body at the chair's edge, feet pointed outward. Weight should be on your legs and your abdomen should be relaxed. Tilt your pelvis forward, lift your sternum, arch your back, drop your arms, and roll out your palms while squeezing your shoulders together. Take a few deep cleansing breaths.

Racquet Sports
Here are a few pointers for selecting your racquet:
✓ Improper grip size is a known contributor to elbow problems. When you grip the racquet, you should be able to snugly slide the index finger of the other hand between the tips of your fingers in the base of your palm.
✓ A good grip overwrap can help prevent slipping and decrease the amount of force required to hold the racquet. (Factor the extra wrap into grip size, though)
✓ Players should quickly release their grip tightness after ball-to-racquet strike in order to reduce stress on the elbow.
✓ Increasing the size of your racquet head can help to reduce arm stress.
✓ Avoid choosing “longer” or “heavier” racquets that will increase the amount of stress on your elbow.
✓ Graphite is a light racquet but does not absorb vibration well. When possible, choose a more flexible frame that helps to absorb some of the shock of the ball’s impact.
✓ Avoid playing with old or wet tennis balls as the additional speed and mass of the ball increases stress on your elbow. “Softer” or “stage 2” tennis balls weigh less than standard tennis balls which will produce less stress on your elbow when you strike the ball. These balls can also slow down the game slightly.

The following exercises have been specifically selected to assist with your recovery and help minimize future problems. Exercises should be performed slowly and within a relatively comfortable range. Maintain good posture and breathe naturally. Do not hold your breath. Unless otherwise instructed, stop any exercises that cause pain, or radiating symptoms.

CHOOSE ONE OF 3 SIMPLE WAYS TO VIEW VIDEO DEMONSTRATIONS OF YOUR EXERCISES

Click
Login:278083
Password:CbhgM
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Phase I
Wrist Extensor Stretch- Table
Begin standing near a table with your arm dropped and elbow straight. Flex your wrist so that your fingers are pointing away from your thigh with your palm upward. (Butler's tip position) Place your hand and wrist flat on the table and gently lean your shoulder over the top of your hand until you feel a stretch. Against the resistance of the table, attempt to extend your wrist straight for seven seconds. Relax and lean further over the top of your hand to increase the stretch. “Lock in” to this new position and repeat three contract/relax cycles twice per day or as directed. To increase the stretch, make a fist.

Eccentric Wrist Extensors
Begin sitting with your forearm on a table or armrest with your hand off the edge, palm down as shown. Begin with your hand in the extended/up position. Grasp a weight with your hand and slowly lower at a count of four seconds. Release the weight and use your healthy arm to reset to the starting position. Repeat three sets of 10 repetitions twice per day or as directed. This exercise may alternately be performed with an elastic band stretched between your hand and foot.

Wrist Supination/ Pronation
While standing with your arm outstretched in front of your abdomen, hold a weight or broomstick and rotate your hand from palm up to palm down 30 times daily or as directed.

Elbow Self-Mobilization
Loosely grip a rolled washcloth with the hand of your affected side while standing next to an open doorframe or wall edge. Raise your affected arm 60-80 degrees and place the back of your upper arm against the wall. Place a small towel behind your arm for comfort and better positioning. Your forearm and hand should be extending into the open space, thumb pointing down. With the uninvolved arm, grasp your forearm near the elbow and apply a gentle pressure to rotate from a relaxed position into full thumb-down elbow extension. At the end of this movement, squeeze the towel with a moderate force for one full second. Relax and repeat 3 sets of 6 extension/squeezes, or as directed. This mobilization should be pain-free; if it is uncomfortable, reposition by rotating your thumb slightly upward.

The following Phase II exercises will be started at a later date as you progress. Do not begin Phase II exercises until you are directed to do so by our office. You will continue your Phase I exercises until otherwise directed.

Phase II
**Tyler Twist**

Begin with your affected elbow at your side, forearm pointing forward, and wrist extended. Grasp one end of the Therabar so that it is pointing upward. With your other palm facing away from you, wrist extended, thumb pointing down, grasp the top side of the Therabar. As you stabilize the Therabar with your affected hand, twist with your upper hand forward so that your knuckles line up. Fully extend both arms so you are holding the Therabar directly in front of you. Slowly (at a count of four seconds) allow the Therabar to uncoil by rolling your affected wrist. When the bar has completely uncoiled, release it with the unaffected hand, reset, and repeat three sets of 15 repetitions daily. Allow 30-60 seconds of rest in between each of the three sets.