

FACT SHEET

Epicondylitis Medial and Lateral

What Else is it Called?

Tennis elbow (lateral) Golfers Elbow (medial)

What Is it?

- Epicondylitis occurs when the tendons in the elbow develop microscopic tears and inflammation.
- The muscles and tendons responsible for flexing and extending the wrist and fingers attach in the elbow region to the upper arm (humerus). The areas of attachment are the round knobs just above the elbow joint (epicondyles).
- The tendons develop inflammation, and sometimes, microscopic tears. This process is known as epicondylitis, either on the inside (medial) or outside (lateral) of the elbow.
- It is more commonly known as “tennis elbow” when on the lateral side and “golfer’s elbow” when found on the medial side.
- The cause is unknown. Prolonged gripping, such as using a hammer or tennis racket, or in repetitive use of the wrist for lifting as in assembly line work or cashiering may increase the symptoms.

How Is It Diagnosed?

History:

- The symptoms of pain, swelling and inability to use the wrist may appear suddenly, but more often onset is gradual and progressive.
- Individuals may relate a change in activity or increase in size and weight of tools being used immediately preceding the pain, but most cases occur without an obvious cause.
- Pain is localized to the epicondylar region initially, but may progress to involve the muscle mass of the forearm.
- Questions should be asked about neck and shoulder injuries.

What to look for:

- Two findings are diagnostic: pain localized over either epicondyle or just distal and increased pain with resisted wrist motion – flexion for medial and extension for lateral epicondylitis.
- As the condition become more chronic, pain and weakness may involve the forearm as well, especially with resisted wrist and finger motion.

Tests:

- X-rays may be done to rule out intra-articular pathology.

What is the Expected Return to Work Time?

Duration depends on whether dominate or non dominate extremity is involved, severity, and work requirements (use of wrist, forearm).

Job Classification.....	RTW Minimum – Maximum
Sedentary Work.....	0 days – 42 days (calendar days)
Light Work.....	0 days – 42 days
Medium Work.....	7 days – 56 days
Heavy Work.....	14 days – 56 days
Very Heavy Work.....	14 days – 63 days

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How is it Treated?

- Rest from the aggravating activity, ice packs or massage, anti-inflammatory medication for pain and inflammation, and a supportive band around the forearm would be the initial conservative treatment.
- Treatment exercise can be started immediately, and strengthening exercises can be started as the pain subsides.
- Local injection of corticosteroid may be used in difficult cases. The injection may not be fully effective for five to seven days and can be repeated about three times.
- Splints or long arm casts to provide restriction of both the wrist and elbow can be used in individuals who are not responding to other methods of treatment.
- Physical therapy modalities may treat the symptoms like pain but do not change the recovery time.
- Surgery is rarely necessary to repair the tendon tears or clean inflamed tissue from around the tendon insertion.

What is the Predicted Outcome?

Although recovery may be slow and tedious, most individuals will have relief of all symptoms by twelve months from onset. Recurring episodes later in life are common.

What are the Work Restrictions and Accommodations?

- Change in job requirement, sharing or alternating tasks, and limiting time and frequency of repetitive activities are important accommodations.
- Increasing or decreasing the size of tool grips so the wrist can be held in 'ideal' position can be helpful as well.
- Use of splints, straps and casts will affect dexterity.

What Are the Common Prescriptions?

- Anti-inflammatories
- Steroid injection

*"A safe and timely return to work benefits the patient and his or her family by enhancing recovery and reducing disability."
Canadian Medical Association*