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Tennis Elbow

FREQUENTLY ASKED QUESTIONS

Tennis elbow (lateral epicondylitis) is a common cause of pain on the outside of the elbow. It usually gets better without surgery — this sheet explains what helps.

UNDERSTANDING TENNIS ELBOW

1 What is tennis elbow?

It is an overuse problem in the tendon that attaches the wrist-lifting muscles to the outside of the elbow. Repeated strain causes small areas of tendon breakdown that are slow to heal. Despite the name, most people who get it do not play tennis.

2 What are the symptoms?

Pain on the outside of the elbow that is worse with gripping, lifting with the palm down, shaking hands, turning doorknobs, or using a mouse or tools.

3 How long does it last?

It is frustratingly slow but usually goes away on its own. Most people improve within **6–12 months**, and about **9 out of 10** recover without surgery.

4 Do I need an x-ray or MRI?

Usually not. The diagnosis is made by examination. Imaging is used if the symptoms are unusual or not improving.

TREATMENT

5 What helps the most?

- **Modify activities:** lift with the palm facing up, use a lighter grip, and take breaks from repetitive tasks.
- **Home exercises** (below) — especially the slow-lowering (eccentric) exercise.
- **A counterforce strap** worn just below the elbow during activity.
- **Ice** after activity, and a short course of anti-inflammatory medication or anti-inflammatory gel, if safe for you.

6 Should I get a cortisone injection?

A steroid injection often relieves pain for a few weeks, but studies show the pain is **more likely to come back**, and results at one year can be worse than without an injection. We use them sparingly, mainly when pain is preventing you from doing your exercises.

7 What about PRP (platelet-rich plasma)?

PRP uses your own blood to try to stimulate healing. Some studies show benefit and others do not. It is usually not covered by insurance. We are happy to discuss whether it is reasonable for you.

8 When is surgery considered?

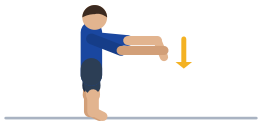
Only if significant pain continues despite **6–12 months** of consistent treatment. Most patients never need it.

9 Will it come back?

It can. Keeping up the stretching and strengthening exercises and adjusting how you grip and lift help prevent it.

HOME EXERCISE PROGRAM

Mild discomfort during exercises is expected and OK; **stop if pain is sharp or lasts more than an hour afterward**. Start with a 1–2 lb weight (a soup can works) and increase slowly. Expect 6–12 weeks of consistent work before major improvement.

		EXERCISE	HOW TO DO IT	DOSE
1		**Wrist extensor stretch**	Arm straight in front, palm down. Use the other hand to gently bend the wrist down until you feel a stretch on top of the forearm.	**Hold 30 sec, 3 reps, 2–3×/day**
2		**Eccentric wrist extension**	Forearm on a table, palm down, wrist over the edge. Use the other hand to lift the weight up, then **slowly lower it** over 3–5 seconds with the sore arm.	**3 sets of 15, daily**
3		**Forearm rotation**	Forearm on a table holding a hammer by the handle. Slowly turn the palm up, then palm down. Hold closer to the head to make it easier.	**3 sets of 10–15**
4		**Grip strengthening**	Squeeze a soft ball or putty firmly, hold, then relax.	**3 sets of 10 × 5 sec**

Still have questions? Call our office at **469.800.7200**. This sheet is general information — your doctor or therapist may adjust your program.