Elbow tendinopathies
(Tennis and Golfer’s Elbow)

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IMAGING

• Often unnecessary
• However, we routinely perform Ultrasonography
X Ray

• Suspicious bony abnormalities
• Pain for 3-6 months
• AP, Lat, Axial
MRI

• Pain more than 6 months
• Plan for surgery
DIAGNOSIS

• a clinical diagnosis: Hx, P/E, Ultrasound

• Exam:

  • focal tenderness
  • MET: Pain on full, passive wrist extension
  • LET: Pain on full, passive wrist
D.Dx

1- painful elbow motion: intra-articular pathology

• Osteoarthritis
• Osteochondritis dissecans of the olecranon
D.Dx
2-Acute elbow trauma

- Micro-fracture at epicondyles
D.Dx
3-Radial tunnel syndrome
D.Dx: 4-cubital tunnel syndrome
D.Dx:
5-Medial elbow pain in overhead athletes

• injury to the ulnar collateral ligament (UCL)
• Pain over the medial joint line
• less pain with resisted elbow flexion
• positive milking maneuver
Treatment
No treatment
Wait and watch

• Pain may persists for 6m to 2y
NSAIDS

• Helps the treatment of pain
• Topical NSAID may not to be effective
Modification of activity and biomechanics

• Avoid activities that exacerbate symptoms
• Specially in athletes: correction of faulty mechanics
Brace

• Counterforce brace

• But, many patients prefer a simple compression sleeve

• No significant differences between PT & counterforce brace
Dynamic extensor brace

- Decrease pain and improve function
Wrist volar splint

A multicenter cohort study with 4614 workers:

- higher rates of limited duty,
- more medical visits,
- higher charges,
- longer durations of treatment
Physiotherapy

• Effective initial treatment
• Eccentric and isometric strengthening
Steroid injection

Indications:

1- Pain does not improve with NSAID, activity modification, counterforce brace, and PT
2- tennis player who wants to compete in a tournament
3- laborer who needs to keep working

• Improves short-term (6 week) outcome
• But does not prevent recurrence
• May lead to worse long-term outcomes
• We do not advocate multiple injections

• Peppering technique: tendon is punctured 40 to 50 times, better long term results
Topical nitroglycerin

• Stimulate collagen synthesis by wound fibroblasts.
• theoretically improves tendon healing.
• controlled trial of 86 patients: NG better results than placebo patch.
Ultrasound-guided percutaneous needle tenotomy

• First: injecting local anesthetic
• Then: needle under ultrasound guidance

• fenestrate tendinotic tissue
• break up calcifications
• abrade the surface of underlying bone
Iontophoresis & Phonophoresis

• may provide some short-term benefit
• Dexamethasone and naproxen