

Lateral, Medial Epicondylitis

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What is it?

The lateral epicondyle is the bony prominence located on the outer aspect of the elbow, whereas the medial epicondyle is located on the medial side. These are important structures because here multiple tendons originate. The tendons of muscles that help extend and supinate the wrist originate at the lateral epicondyle, whereas the tendons of muscles that flex and pronate the wrist originate at the medial epicondyle. Either of these can become inflamed, torn or begin to degenerate through activities that cause repetitive motions or direct trauma. The most common muscle involved is the extensor carpi radialis brevis. Wrist extensor/flexor overload, poor flexibility, poorly fitted equipment and improper hitting techniques may contribute to lateral/medial epicondylitis. Repetitive motions including the use of keyboards can be a major contributing factor. Lateral epicondylitis (tennis elbow) is ten times more common than medial epicondylitis (golfer's elbow).

How does it present?

Patients will develop pain over the lateral (outer) or medial (inner) aspect of their elbow, which can occur both gradually and acutely. This pain may start in the elbow and move into the forearm. Activities that involve wrist extension such as typing, lifting weights in extension or even picking up a full cup of coffee usually aggravate tennis elbow, whereas flexion / pronation activities typically aggravate golfer's elbow. Usually a history of overuse is established and activities that require repetitive movements will usually aggravate the pain.

How do we evaluate it?

Evaluation of lateral / medial epicondylitis is based upon history and physical examination. Pain is present with palpation of the outer (lateral) or medial (inner) aspect of the elbow. Pain can be reproduced with certain resistive movements performed by the physician. Further investigations are usually not necessary, but may be useful to help rule out other diseases.

Treatment?

Initial treatment involves rest from aggravating activities that cause pain; ice, NSAIDS (non-steroidal anti-inflammatories) and tennis / golfer's elbow braces. Occasionally wrist splints, which are worn at night and prevent over extension, can reduce pain. Ergonomic aids around the keyboard and good posture are important in preventing recurrence of symptoms. Physical therapy involves strength training and flexibility to aid in the rehabilitation of patients with epicondylitis. Manual therapy may also be effective in reducing the symptoms. Occasionally corticosteroid injections are performed to reduce ongoing pain and inflammation. Proper use of equipment and using equipment that fits the individual needs to be addressed in the racquet sport athlete. It may take from two weeks to six months for patients to become pain free. Rarely surgery is indicated for refractory cases.