ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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ELBOW CONDITION

Tennis Elbow (Lateral Epicondylitis)

Lateral Epicondylitis — Patient Condition Guide

The forearm extensor tendons at the lateral epicondyle — for education; your anatomy may differ

OVERVIEW

Tennis elbow is pain on the outside of the elbow where the forearm extensor tendons attach to the bony bump called the lateral epicondyle. Despite the name, most cases come from repetitive gripping and wrist activity rather than tennis. It is a degenerative wear of the tendon (tendinosis) more than true inflammation.

ANATOMY

The extensor tendons of the forearm — particularly the ECRB — originate at the lateral epicondyle on the outside of the elbow. Repeated overuse causes small tears and degeneration where the tendon meets the bone.

SYMPTOMS

- Pain and tenderness over the outside of the elbow
- Pain with gripping, lifting, or bending the wrist back
- A weak or painful grip
- Pain that radiates down the forearm

DIAGNOSIS

Dr. Pettit diagnoses tennis elbow with a focused exam — tenderness over the lateral epicondyle and pain with resisted wrist extension. Imaging is usually not needed but may be used to assess severity or rule out other causes.

TREATMENT OPTIONS

Most cases improve without surgery: activity modification, a counterforce brace, a physical-therapy program emphasizing stretching and eccentric strengthening, anti-inflammatory measures, and occasionally an injection (corticosteroid or PRP). Persistent cases may benefit from a minor procedure to remove the diseased tendon tissue.

RECOVERY OUTLOOK

Most patients improve over several weeks to months with a consistent program. Surgery is rarely needed, and recovery afterward typically takes a few months.

TENNIS ELBOW (LATERAL EPICONDYLITIS)

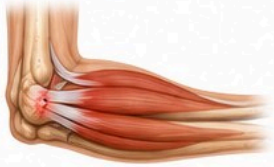
UNDERSTANDING YOUR CONDITION & TREATMENT OPTIONS

Tennis elbow is an overuse injury that causes pain and tenderness on the outside of your elbow. It occurs when the tendons that attach your forearm muscles to the bony bump on the outside of your elbow (the lateral epicondyle) become irritated or inflamed.

It is commonly caused by repetitive gripping, wrist extension, or forearm rotation activities—such as tennis, golf, weightlifting, or even daily tasks like using tools or typing.

WHAT IS LATERAL EPICONDYLITIS?

The extensor muscles of the forearm help straighten your wrist and fingers. Repetitive use or overloading these muscles can cause microtears in the tendons at their attachment to the lateral epicondyle, leading to pain and inflammation.



COMMON CAUSES

- Repetitive wrist extension and gripping (tennis, racquet sports, golf)
- Lifting with improper technique
- Overuse from work or daily activities (typing, carpentry, plumbing, painting)
- Muscle imbalances or poor conditioning


Sports


Work


Daily Activities

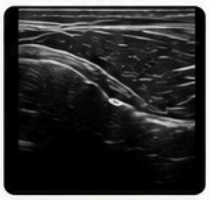
COMMON SYMPTOMS

- Pain or burning on the outside of the elbow
- Pain that worsens with gripping, lifting, or twisting
- Weakness in the forearm or hand
- Difficulty lifting objects, opening jars, or shaking hands
- Stiffness or pain after periods of rest or in the morning

DIAGNOSIS

Your doctor will perform a physical exam and review your history. Imaging is rarely needed but may be used to rule out other conditions.


Physical Exam


Ultrasound
(may show tendon irritation)

TREATMENT OPTIONS

1. NON-SURGICAL TREATMENT
(First-line treatment)

- Rest and activity modification
- Ice and/or anti-inflammatory medications
- Brace or counterforce strap
- Physical therapy to improve strength, flexibility, and address mechanics
- Stretching and strengthening exercises for forearm muscles
- Ergonomic adjustments

GOAL: Reduce pain and inflammation, restore strength and function, and return to activities.

2. ADVANCED NON-SURGICAL OPTIONS
(If symptoms persist)

- Corticosteroid injection (short-term pain relief)
- Platelet-Rich Plasma (PRP) injection
- Extracorporeal Shock Wave Therapy (ESWT)
- Dry needling
- Specialized rehabilitation program

GOAL: Decrease pain, promote tendon healing, and improve long-term outcomes.

3. SURGICAL TREATMENT
(Rarely needed)

Surgery is considered only for symptoms that persist for 6–12 months or longer and fail all other treatments.

Surgical goals:

- Remove damaged tendon tissue
- Promote healing of healthy tendon
- Relieve pain and restore function

GOAL: Relieve pain and restore full function when all other treatments fail.

REHABILITATION EXERCISES (Perform 3–5 times per week unless otherwise directed)

STRETCHING

Wrist Extensor Stretch
Arm straight, palm down. Use your other hand to gently bend your wrist down and hold.


Hold 20–30 seconds
Repeat 3–5 times

Wrist Flexor Stretch
Arm straight, palm up. Use your other hand to gently bend your wrist down and hold.


Hold 20–30 seconds
Repeat 3–5 times

STRENGTHENING (Start light and progually)

Eccentric Wrist Extension
Use a light dumbbell. Use your other hand to lift the weight, then slowly lower it with the injured arm.


3 sets of 10–15 reps

Eccentric Wrist Flexion
Palm up. Use your other hand to lift the weight, then slowly lower it with the injured arm.


3 sets of 10–15 reps

Forearm Pronation/Supination
Hold a hammer or therabar. Rotate your forearm palm up, then palm down.


3 sets of 10–15 reps

Grip Strength
Squeeze a soft ball or grip device.


3 sets of 15–20 reps

ADVANCED (As symptoms improve)

Wrist Extension
Lift dumbbell up with the back of your hand.


3 sets of 15–20 reps

Wrist Flexion
Lift dumbbell up with your palm facing up.


3 sets of 15–20 reps

Stop any exercise that increases pain. Mild muscle soreness is normal. Progress resistance as tolerated.

TYPICAL RECOVERY TIMELINE

0–2 WEEKS
Pain Relief Phase
- Reduce pain and inflammation
- Rest and activity modification
- Gentle stretching
- Ice and/or medications

2–6 WEEKS
Early Recovery
- Improve range of motion
- Begin strengthening
- Address daily activity mechanics

6–12 WEEKS
Strength & Conditioning
- Progress strengthening
- Improve endurance
- Return to most daily activities

3–6 MONTHS
Advanced Activity
- Sport- or work-specific training
- Improve power and control
- Gradual return to full activities

6+ MONTHS
Return to Full Activity
- Return to sports and full activity
- Maintain strength and flexibility

Recovery times vary. Most people improve in 6–12 weeks, but full recovery may take 3–6+ months depending on severity and treatment.

PREVENTION TIPS

- Warm up before activity
- Use proper technique
- Strengthen forearm muscles
- Take breaks from repetitive activities
- Use ergonomic tools and equipment

WHEN TO SEEK MEDICAL CARE

- Pain that doesn't improve after a few weeks of rest and treatment
- Severe pain or weakness
- Numbness, tingling, or swelling
- Pain that interferes with daily activities or sleep

Scan for exercise videos and more information about tennis elbow.

ROBERT PETTIT, MD
SPORTS MEDICINE & JOINT REPLACEMENT SPECIALIST

Tennis elbow (lateral epicondylitis) — causes, symptoms, and treatment · for education; your anatomy may differ

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/tennis-elbow.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.