

## **TENNIS ELBOW BUT I DON'T PLAY TENNIS! GOLFER'S ELBOW BUT I DON'T PLAY GOLF!**

**October is National Physical Therapy Month** and each Sunday in October we will answer the top four most common questions asked of us as seasoned manual (hands on) physical therapists. What is the difference between Spinal Stenosis (SS) or Degenerative Disk Disease (DDD) was the first question answered as we celebrate National Physical Therapy Month. This week, we will answer questions about elbow pain.

**Tennis or Golfer's elbow can happen to anyone who repeatedly uses their elbow, wrist and hand for their job, sport or hobby.** Tennis elbow (lateral epicondylitis) is the term used for pain on the outside or lateral aspect of the elbow. Golfer's elbow (medial epicondylitis) is the term used for pain on the inside or medial aspect of the elbow. Epicondyle is the name given to the bony bumps on the elbow. When you have epicondylitis there is inflammation of the bone from constant strain on the tendon and associated muscle that attaches to the epicondyle. The involved soft tissue with tennis elbow is the common extensor tendon (CET). CET attaches to the lateral epicondyle. It is the tendon of the muscles that bend your wrist/hand back (extension). In Golfer's elbow, the involved soft tissue is the common flexor tendon (CFT). CFT attaches to the medial epicondyle. It is the tendon of the muscles that bend your wrist/hand down (flexion).

Both Tennis and Golfer's elbow can occur **suddenly or over time as a result of excessive use of the wrists and hands for activities that require force such as gripping, lifting, twisting, carrying, pushing, pulling or as a result of any prolonged use of the wrist and hand such as typing or operating machinery. Improper technique in addition to repetitive stress of the soft tissue is cause for pain and limited function.** Pain may radiate into your forearm and wrist and the pain may increase when you use your wrists and hands for lifting objects, opening jars or gripping something tightly. You may have difficulty turning a door knob or holding a coffee cup, stiffness in the elbow and weakness in the arm.

When you have your **initial evaluation** session with us, a review of your medical history, surgeries, medications and a thorough physical examination will be performed of the neck, shoulders, elbows, wrists and hands. A series of specialized movement tests will be provided to help pinpoint the precise source of your pain. We can identify if there is an alignment issue, scar tissue, fracture, ligament or cartilage injury, tendonitis, bursitis, impingement, a pinched nerve, a tear or muscle imbalance causing dysfunction.

The physical examination helps us develop a **personalized treatment plan** for the physical therapy office setting and for at home. Your treatment plan will include Pain/Primal Reflex Release Techniques (PRRT) (see our June 3 article), Graston (see our June 24 article) and other manual therapies to reduce soft tissue restrictions and your pain. For most, pain is reduced at least 50 percent at the end of the first session. Modalities such as biofeedback, ice, heat, iontophoresis, ultrasound and electrical stimulation may be used to help manage pain and inflammation while pain free movement is restored with therapeutic exercise, functional training and postural correction. As always, our focus is on getting your pain and difficult function under control as you learn self-care and home exercise techniques to reach your goals.

**If you are interested in having us help you with your elbow or difficult function then contact us at (585) 396-1400.** You can also email us at [Zoe@lakecountrypt.com](mailto:Zoe@lakecountrypt.com) or [Robert@lakecountrypt.com](mailto:Robert@lakecountrypt.com). For more information about Lake Country Physical Therapy and Sportscare, PC, visit us at [www.lakecountrypt.com](http://www.lakecountrypt.com).

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