

EDITORIAL

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Nonsurgical Management of Tennis Elbow



Hypothesis: Pain is the result of fraying of Sharpey's fibers (muscle attachment to periosteum).

Treatment: Heavy progressive resistance exercises to wrist extensors. 10 repetitive maximum (RM) with elbow at 90° and 10 RM with elbow at 180°. Do twice daily.

Rationale: Exercise will create a dense collagenous scar (pain-free) at the attachment. One might conclude that similar consequences would occur at attachment as a result of multiple traumatic injections or even an intrusive scalpel occasion.*

After 3 to 7 weeks of exercise, my experience with 21 individuals with symptoms lasting 6 weeks to 1 year has been the following:

- 15 Pain relieved
- 4 Markedly improved
- 2 Symptoms only present with certain movements

Rest is *contraindicated* because symptoms will recur when activity is resumed.

Nonsteroidal anti-inflammatory drugs (NSAID) or local heat/cold can be used while exercise is underway. Pain will be increased during the first 2 to 3 weeks of heavy exercise.

NB. All pain in elbow and proximal forearm is *not* tennis elbow.

*I saw a pamphlet promoted in a tennis magazine listing 72 ways to cure tennis elbow. Need I say more?