



ELBOW PAIN – TENNIS ELBOW (LATERAL EPICONDYLITIS)

How do we treat it?

- **Rest** for 6 weeks
- **Wrist extension splint** that you wear at night time
- **Avoiding activities** where you have your hand facing down (pronation) and you lift your hand/wrist up
- **Counter force strap** that you wear over your forearm at the “flexor mass” (muscles)
- **Corticosteroid injection** next to the tendon
- **Platelet Rich Plasma (PRP):** See handout. This is a form of “glue” to help heal your tendon. It causes an inflammatory response to help your body to heal this naturally with your own blood products called platelets. This is a slower healing process, but one that is showing very promising results. This is completed upstairs in our Golden Clinic Location without sedation. We use a local anesthetic while using ultrasound guidance. Treatment of patients with chronic lateral epicondylitis with PRP reduces pain and increases function significantly, exceeding the effect of corticosteroid injection even after a follow-up of 2 years. [Am J Sports Med.](#) 2011 Jun;39(6):1200-8
- **Tenex:** See handout or www.TenexHealthPatient.com. This is an advanced technology that uses a combination of ultrasound imaging specifically targeted to damaged tissue WITH the advanced TX Micro Tip which precisely breaks down and removes only the damaged tissue that causes pain. It then creates an inflammatory process for your body to naturally heal your injured tendon. This is completed at Golden Ridge Surgery Center, downstairs from Panorama. This can be completed under sedation if desired.
- **Surgery:** Open excision and releasing pressure and scar tissue around your tendon. This can result in instability with your tendon and elbow. We can easily avoid surgery if you only have tendinosis and a low grade tear. High grade tears have to be surgically repaired. We try to avoid this if at all possible.