

Results Testimonial



“ I first came in on my second break on the same finger. I could barely bend my finger at first. But over time Phyllis and Andrew helped me get my finger strong and now I’m able to bend it all the way. Now I’m able to return to basketball and volleyball. Out of the super heroes I know they are my favorite super heroes.”

- Phoenix M.

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manipulation and exercise has a superior benefit to wait and see in the first six weeks and to corticosteroid injections after six weeks, providing a reasonable alternative to injections in the mid to long term.”¹

Combination programs are common in physical therapy practice, and their effectiveness is well documented. In his article “Lateral elbow tendinopathy: Evidence of physiotherapy management,” Dr. Stasinopoulos Dimitrios recommends that physical therapists combine eccentric exercises with stretching exercises, isometric contraction, electrotherapy, manual therapy, deep transverse friction, taping, acupuncture, and other forms of therapy for the best results.³

Both the 2006 and the 2019 findings indicate that to maximize recovery, it’s wise for physicians and physical therapists to work together to treat tennis elbow and other tendinopathies on a case-by-case basis. If you’re seeing an uptick in patients with tennis or golf elbow and want to explore implementing physiotherapy, then don’t hesitate to call our office. We’d love to work with you to ensure your patients recover quickly and permanently.



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Physician Update

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The Recommended Treatment Path for Elbow Tendinitis

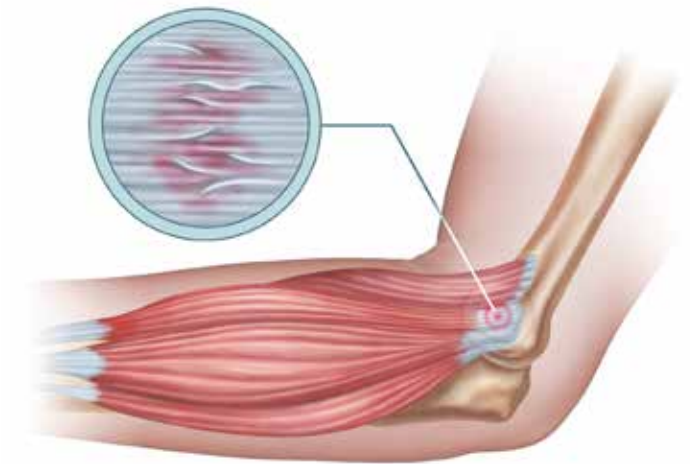
Research Shows Exercise-Based Therapies Are an Effective Approach

Tendinopathy makes up 30% of all general practice musculoskeletal consultations², and one common type is lateral epicondylitis, or tennis elbow. Tennis elbow isn’t exclusively caused by tennis play but rather by the overuse of the tendon at the elbow. According to the Mayo Clinic, plumbers, construction workers, cooks, and even office workers are at risk of tennis elbow because similarly repetitive motions are involved with handling tools, including kitchen knives and computer mice.

The Cleveland Clinic reports that tennis elbow impacts 1%–3% of the population and 10%–50% of tennis players. Now that the weather has turned and summer is here, it’s likely that physicians and physical therapists will see an upswing in these cases, along with those of medial epicondylitis, or golfer’s elbow.

When a patient with tennis elbow or another tendinopathy walks into a physician’s office, there are multiple treatment options the physician might consider, including exercise-based therapies, corticosteroid injections, and surgery.^{1, 2} However, studies have found that some of these methods are more effective than others. In 2019, researchers at the University of Glasgow systematically reviewed 12 studies of the treatment of tendinopathy, including three focused specifically on lateral elbow tendinopathy, to compare the effectiveness of surgery, sham surgery, and physiotherapy as treatment methods. Only randomized controlled trials were considered, although their quality varied.²

Perhaps surprisingly, the researchers concluded that surgery was not superior to sham surgery, though they suggested additional trials are needed to confirm those findings. Ultimately, they concluded that exercise was the best initial treatment option, reporting, “We recommend that health care professionals who treat tendinopathy encourage patients to comply with loading exercise treatment for at least 12 months before the option of surgery is seriously entertained.”²



These findings echoed that of a 2006 study published in the British Journal of Medicine, wherein researchers compared physiotherapy to corticosteroid injections and the “wait and see” approach. The study, conducted in Brisbane, Australia, followed 198 patients between the ages of 18 and 65 who’d been diagnosed with tennis elbow at least six weeks prior and had thus far gone untreated. The study found that in the short term, corticosteroid injections were the most effective treatment, but they resulted in higher recurrence rates than either physiotherapy or the wait-and-see approach. Additionally, injections had “significantly poorer outcomes in the long term compared with physiotherapy.”¹ The wait-and-see approach was found to have comparable results to physiotherapy in the short term (at 52 weeks). However, researchers found that patients who took the wait-and-see approach were more likely to seek additional treatment, like medication. Bisset et al. concluded, “Physiotherapy combining elbow

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¹ Bisset, L., Beller, E., Jull, G., Brooks, P., Darnell, R., & Vicenzino, B. (2006). Mobilisation with movement and exercise, corticosteroid injection, or wait and see for tennis elbow: Randomised trial. *BMJ: British Medical Journal*, 333(7575), 939-941. doi: jstor.org/stable/40700745

² Challoumas D, Clifford C, Kirwan P, et al. (2019). How does surgery compare to sham surgery or physiotherapy as a treatment for tendinopathy? A systematic review of randomised trials. *BMJ Open Sport & Exercise Medicine*, 5:e000528. doi: 10.1136/bmjsem-2019-000528

³ Dimitrios S. (2016) Lateral elbow tendinopathy: Evidence of physiotherapy management. *World J Orthop*, 7(8):463-466. doi:10.5312/wjo.v7.i8.463