

“TENNIS ELBOW” SIDELINES MORE THAN JUST TENNIS ENTHUSIASTS:

Orthopaedic expert discusses prevention and effective new treatment options for more than four million sufferers

NY, NY and Greenwich, CT, September 2005 – For the vast majority of Americans who don't play racquet sports, “Tennis Elbow” is one diagnosis they don't expect to hear. Yet, according to the American Academy of Orthopedic Surgeons, only five percent of the 4+ million people diagnosed with this overuse injury are tennis players. In fact, most of those who suffer from tennis elbow develop it from repetitive stress or motion during work-related tasks or hobbies, or through other sports like golf or baseball.

“Tennis Elbow is a bit of a misnomer,” confirms Kevin Plancher, M.D., a leading NY-area orthopaedist, sports medicine expert and official orthopaedic surgeon of the U.S. Ski and Snowboard teams. “Yet, many patients who experience the debilitating effects of this injury enjoy some sort of sport or physical activity, and so getting them back on the court – or the field, or the track, or the gym, or wherever they enjoy being active – is a key objective,” Dr. Plancher notes.

Easier said than done...

Tennis Elbow, technically known as lateral epicondylitis, is an inflammation of the tendon that attaches to the ulna, one of the three bones that make up the elbow joint. The attachment, like the Achilles tendon or rotator cuff in the shoulder, is thought to have a poor blood supply and gets injured easily. “The standard non-operative treatment which works in 95% of patients for Tennis Elbow is the RICE approach – Rest, Ice, Compression and Elevation,” Dr. Plancher explains. “Non-steroidal anti-inflammatory drugs (NSAIDs) and corticosteroid injections are often prescribed as well,” he adds, although their efficacy as of late has come into question.

Dr. Plancher points out that, while many cases of Tennis Elbow respond well to this treatment, it can take weeks or months to restore a full painless range of motion that can participate in sports. In a recent British study, in fact, the majority of patients who received steroid injections experienced an increase in pain for several days afterwards, before the pain-relieving effects of the steroids became evident.¹ “It's also clear that these approaches provide largely temporary relief, which means the patient would desire a repeat injection and/or continue with the pain relievers indefinitely,” Dr. Plancher adds.

Surgical relief now available

According to the AAOS, surgery is recommended for approximately five percent of all Tennis Elbow cases each year, because the pain and other symptoms have not responded to traditional treatment approaches for at least six months. However, according to Dr. Plancher, those numbers may increase, due to the recent development and perfection of a minimally-invasive, **safer arthroscopic surgical technique** to “release” the injured tendon or tendons that are causing the Tennis Elbow symptoms.

“For the past several years, arthroscopic techniques for elbow surgery have been at the forefront of orthopedic surgical research,”² Dr. Plancher says. “We are now able to surgically repair or release the injured tendons using the two portals, three millimeters each, which means a much quicker surgical recovery than would be necessary with an open procedure,” he notes. “This is also a longer-term solution to the problem of Tennis Elbow, and patients are able to regain range of motion and resume normal activities – be it work or sports – more quickly,” Dr. Plancher adds.

An Ounce of Prevention

Of course, the best defense is a good offense, and for tennis elbow, prevention is the ideal offensive strategy. Dr. Plancher offers several techniques that can help any athlete or worker avoid a diagnosis of Tennis Elbow, and tips to reduce the severity of the injury and decrease recovery time when a patient does develop Tennis Elbow:

- 1. Warm it up** – Always spend a few minutes prior to a game or match gently warming up the muscles and areas of the body that will be used during any sport. For the elbow, gentle arm circles and bicep stretches will allow fluid to flow into the elbow joint, providing protection to the joint.
- 2. Be aware** – Most Tennis Elbow cases are the result of repeated awkward and forceful movements involving the elbow joint. Be aware of your form, and use only the amount of force necessary to accomplish each move. Ask a professional to evaluate your stroke.

3. **Let it rest** – To avoid overuse injuries, it's important not to overuse the joint! "This sounds obvious, but many Tennis Elbow patients are guilty nonetheless," Dr. Plancher says. Engage in sports that use different muscles and joints on alternating days, giving each joint a day or two to recover.
4. **Don't ignore it; it won't go away** – Acute pain in the elbow joint during or after engaging it often means Tennis Elbow. Apply ice to the outside of the elbow immediately, and contact an orthopedist if the pain doesn't subside within 48 hours of rest.
5. **Choose wisely** – If you do decide to have arthroscopic surgery to correct Tennis Elbow, choose your surgeon with care. "Because the procedure is relatively new, very few surgeons are experienced in the technique," Dr. Plancher advises. Because of the risks involved with the nerves, blood vessels and tendons in the elbow, it may be worthwhile to locate an orthopedic surgeon with expertise in the area of elbow arthroscopy.

1. Clin J Pain. 2005 July/August;21(4):330-334.
2. Clin Sports Med. 1996 Apr;15(2):261-81.

Bio:

Kevin D. Plancher, M.D., M.S., F.A.C.S., F.A.A.O.S, is a leading orthopaedic surgeon and sports medicine expert with extensive practice in knee, shoulder, elbow and hand injuries. Dr.Plancher is an Associate Clinical Professor in Orthopaedics at Albert Einstein College of Medicine in NY. He is on the Editorial Review Board of the Journal of American Academy of Orthopaedic Surgeons and the American Journal of Medicine and Sports.

A graduate of Georgetown University School of Medicine, Dr.Plancher received an M.S. in Physiology and an M.D. from their school of medicine (cum laude). He did his residency at Harvard's combined Orthopaedic program and a Fellowship at the Steadman-Hawkins clinic in Vail, Colorado where he studied shoulder and knee reconstruction. Dr.Plancher continued his relationship with the Clinic for the next six years as a Consultant. Dr. Plancher has been a team physician for over 15 athletic teams, including high school, college and national championship teams. Dr.Plancher is an attending physician at Beth Israel Hospital in New York City and The Stamford Hospital in Stamford, CT and has offices in Manhattan and Greenwich, Connecticut. www.plancherortho.com.

Dr.Plancher lectures extensively domestically and internationally on issues related to Orthopaedic procedures and injury management. During 2001, 2002, 2003, 2004 and 2005 Dr.Plancher was named among the Top Doctors in the New York Metro area and was the New York State Representative for the Council of Delegates to the American Academy of Orthopaedic surgeons. For the past six years Dr.Plancher has received the Order of Merit (Magnum Cum Laude) for distinguished Philanthropy in the Advancement of Orthopaedic Surgery by the Orthopaedic Research and Education Foundation. In 2001, he founded "The Orthopaedic Foundation for Active Lifestyles", a non-profit foundation focused on maintaining and enhancing the physical well-being of active individuals through the development and promotion of research and supporting technologies. www.ofals.org.