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MEDIAL and LATERAL EPICONDYLITIS Treatment Guidelines

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Introduction: Classic medial and lateral epicondylitis is caused by repetitive microtrauma and may result in degeneration of tendons in the forearm. Lateral epicondylitis (tennis elbow) is caused by microtrauma of the extensor carpi radialis brevis tendon. Medial epicondylitis is also known as "golfer's elbow" or "swimmer's elbow." Protocol adapted from Wilk and Andrews.

Phase I Acute Phase (approximately 0 to 14 days)

- Goal: Decrease inflammation and pain of the involved muscular origin.
- Gentle passive ROM.
- Cryotherapy – ice massage at home multiple times per day.
- Modalities as necessary (TENS, iontophoresis, phonophoresis).
- NSAIDS.
- Friction massage.
- Use counter-force brace to decrease tension on region of damage.
- Avoid aggravating activity.

Phase II (approximately 3 to 8 weeks)

- Goal: Increase flexibility, strength and endurance
- Flexibility –wrist and elbow flexion and extension, pronation and supination, radial and ulnar deviation
- Upper limb strength.
- Continue cryotherapy pre and post session.
- Concentric, eccentric strengthening of involved muscle groups.
- Continue counter-force brace.

Phase III (approximately 9 to 12 weeks)

- Goal: Return to full activity.
- Initiate gradual return to previous activities.
- Wean off counter-force brace.
- Equipment modification
 - Grip size of racquet/tools.
 - Tennis players: Graphite, ceramic, composite racquet have good shock absorbing characteristics.
- Emphasize maintenance program.

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