

Case Presentation for Lateral Epicondylitis

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ABSTRACT

CASE HISTORY: The patient is a 44-year-old right-hand-dominant male who presented to the musculoskeletal clinic today for further evaluation of right elbow pain. He states that he has been dealing with the pain for approximately 5 months in duration, and it seemed to progressively gotten worse over that time period. He states that the pain is mainly localized to the outside of his elbow. He is unable to identify a specific traumatic episode leading to the pain. He is a mechanic at a local car garage and does state that he does extensive manual labor with his hands. He has tried taking Aleve and Tylenol, which have provided minimal to moderate relief of symptoms. Additionally, he has tried icing his elbow, which has provided minimal benefit as well. He states the pain radiates down the posterior aspect of his forearm without associated numbness or tingling. He has not noticed a decrease in his grip strength. He has not had this previously evaluated with a physician. **PHYSICAL EXAM:** Examination of the right elbow does not demonstrate any acute deformity, asymmetry, or ecchymosis. He has tenderness to palpation along the lateral epicondyle. He has full range of motion with elbow flexion, extension, pronation, and supination. Full range of motion with wrist extension, flexion, radial and ulnar deviation. He demonstrates 5/5 strength testing with pronation, supination, elbow flexion and extension, as well as with wrist flexion and extension. However he does have elicitation of pain most notable with supination and wrist extension. Valgus and varus stress testing is negative. Neuro vascularity is intact distal in the medial, radial, and ulnar nerve distributions. **DIFFERENTIAL DIAGNOSES:** Lateral epicondylitis; Radial tunnel syndrome; Posterior interosseous nerve syndrome; Cervical radiculopathy; Osteochondritis dissecans; Elbow fracture. **TESTS & RESULTS:** Patient had x-ray of the right elbow performed that was negative for any acute fracture. Mild amount of calcifications seen along the lateral epicondyle. **FINAL DIAGNOSIS:** Lateral epicondylitis **DISCUSSION:** Lateral epicondylitis is also known as "tennis elbow". It is the most common overuse syndrome related to excessive wrist extension. Lateral epicondylitis is actually a misnomer to the underlying pathophysiology, as tennis elbow involves microscopic collagen disarray and degeneration, rather than true signs of an acute inflammatory response. The lateral elbow is typically 4-10 times more commonly involved compared to the medial elbow and is usually a result of occupational rather than recreational activities. **OUTCOME OF THE CASE:** We had an extensive discussion with the patient regarding his diagnosis and appropriate treatment options for lateral epicondylitis. After further discussion, we proceeded with the use of anti-inflammatory medications to be used as needed. Additionally, we reviewed progressive eccentric and isometric strengthening exercises including holding a weight with the wrist extended and then flexing the wrist while maintaining tension in the wrist extensors. He will also obtain a tennis elbow splint to reduce the activity of his wrist extensors and flexors. **RETURN TO ACTIVITY AND FURTHER FOLLOW-UP:** He will return to clinic in 6 weeks for reevaluation, and consider a corticosteroid injection if he continues to have persistent pain.