

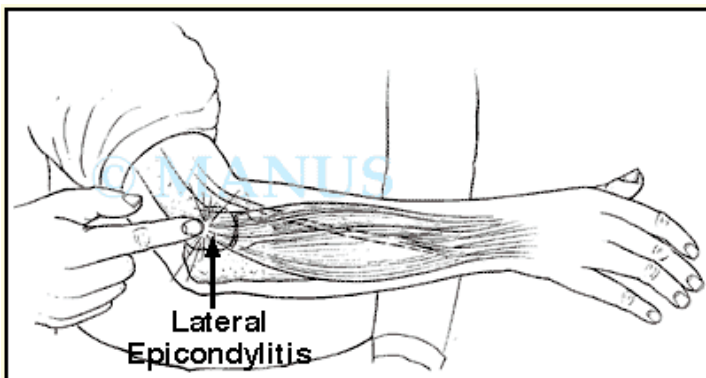
Epicondylitis

RSI Conditions

The term Repetitive Strain Injury is an umbrella term used to describe a number of specific musculoskeletal conditions, including epicondylitis, as well as 'diffuse RSI', which is more difficult to define but which recent research attributes to nerve damage. These conditions are often occupational in origin. Lack of adequate diagnosis or access to appropriate treatment can exacerbate the condition and sometimes leads to job loss and economic hardship.

What is Epicondylitis?

Epicondylitis is a common and well defined condition affecting the elbow. It is characterised by pain at the epicondyle, the bony parts on the inside and outside of the elbow joint. It appears under many names and is commonly known as Tennis Elbow in the lateral aspect (outside) and Golfer's Elbow in the medial aspect (inside). Epicondylitis is the result of some kind of muscle lesion or inflammation of tendons at the point where they attach to the bone. It has nothing to do with arthritis or any other disease.



Area of tenderness over the elbow.

The Symptoms

Epicondylitis usually starts with an ache in the forearm and the pain will feel worse with gripping or twisting movements. Certain sports or work activities may also cause discomfort. When the syndrome has existed for some time, there may be a constant, dull aching of the elbow or even sharp pain. Occasionally, pain radiates to the middle and ring fingers. Aching may increase in the evening, with elbow stiffness in the morning on awakening. There is no noticeable swelling, and no catching or locking of the elbow.

The Causes

Often Epicondylitis is caused by repeated strain on the muscles of the forearm that extend the wrist and fingers. Twisting or extension of the arm during work activities, e.g. VDU use or routine assembly line work, may strain these muscles and irritate their attachment at the elbow. Tennis Elbow is not restricted to leisure activities and tears in the tendon can also result from carrying a heavy load with the arm extended and palm towards the floor. Any sudden period of physical activity could cause a degeneration of the tendon. In rare instances, a direct blow to the elbow may cause this condition. It is often difficult to decide whether Epicondylitis is work-related and it is important to differentiate from symptoms caused by local nerve entrapment or referred shoulder and neck pain.

The Doctor's Examination

In the UK, GPs receive little training in the diagnosis and treatment of musculoskeletal disorders. Ideally your doctor will refer you to a specialist who has taken an interest in RSI-type conditions, usually a rheumatologist or neurologist. Examination of the effected elbow will usually reveal tenderness and discomfort when direct pressure is applied to this area, specifically the epicondyle. No other special diagnostic criteria exist.

Treatment

The type of treatment will depend upon the severity and length of time the condition has been present. Initial treatment of epicondylitis involves limiting the activities which place a strain on the muscles and tendons of this region. Most commonly you will be advised to return to work after a period of rest. You may be offered anti-inflammatories or a local cortisone injection to reduce pain, though these treatments alone are usually unsatisfactory.

Though each case has to be considered individually and non-occupational factors should also be investigated, generally some changes will be needed at work. Areas to consider include pacing, rest breaks, reducing repetition and force, posture, and the use of ergonomically designed tools and equipment to reduce the risk of further injury.

In rare cases surgery may be recommended. An incision is made on the outside of the elbow, and the surgeon will explore the tendon origin and take the appropriate steps to remove degenerative tissue. However, recovery rates vary and, before undergoing an operation, other alternative forms of treatment should be considered, including physiotherapy or deep tissue massage. For more detailed advice, please refer to the RSI Association Information sheet 'RSI – Its Nature and Treatment'.