Case Report

A Case Study on Tennis Elbow

Dr. Narendra Tiwari (PT)
BPT, MPT, PhD, MIAP, Assistant Professor
Pacific College of Physiotherapy
Bhillo Ka Bedla, Udaipur

Pankesh Kumar Sharma
3rd Year BPT, Pacific College of Physiotherapy
Bhillo Ka Bedla, Udaipur

Veer Singh Deora
3rd Year BPT, Pacific College of Physiotherapy
Bhillo Ka Bedla, Udaipur

Address for Correspondence
Dr. Narendra Tiwari (PT)
narendra.physio07@gmail.com

A CASE STUDY ON TENNIS ELBOW

A case study on classical tennis elbow of a lady, Mrs. Singh of 59 years old. Inthis typical presentation of the case, practice shows it is not only important to just look at the painful spot but also consider several additional problems. Those considered problemsmust be dealt well in order to get a good result.

Subjective Assessment for the case–Patient of the case felt pain on the outside of the left elbow with referral to top of shoulder and into the forearm. The pain was felt by the patient most of the time and turned to be severe and sharp when used. Tingling sensation was felt by patient at worst. There is no pain in cervical and thoracic region.

Aggravating factors – Lifting of objects,extension of wrist, kept in static positionsfor long time.

Easing factors – The patient can rest but not for too long as it stiffens.

24 hrs – Feels very stiff for 45 minutes to an hour in the morning. Minor ache in evening. Sharp ache depending on activities done by the patient.

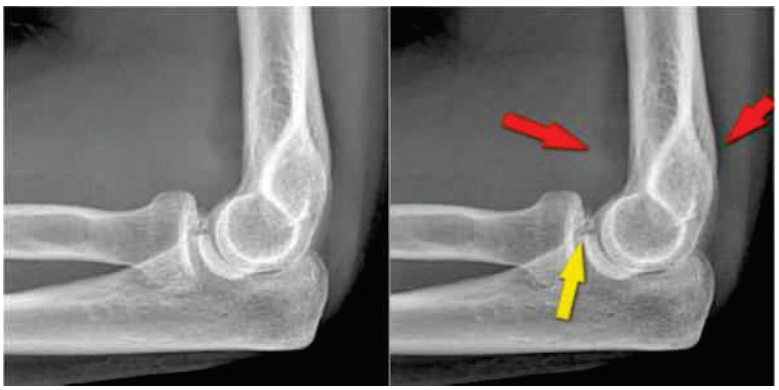
History – The patient had a gradual onset over two years, worse in the last three months since she was preparing for her daughter's marriage. Neither any particular reason for starting nor any obvious trauma.

Social History – The patient is a housewife, uses the gym and some machines that can affect her condition.

Past Medical History – The patient of the case did not have any previous problems in arm. It should be noted that the patient of case was previously treated for foot problem in the year 2013.

The patient was apparently all right with no symptoms of diabetes, epilepsy, high blood pressure, haemophilia, fits. No Rheumatoid Arthritis history in the patient`s family. The patient does not have any noted allergies. No Pacemaker. The patient is neither pregnant nor has any circulatory issues during treatment.

Drug History –No medication noted.



Radiological Finding of the patient

Objective Observation – Bad and improper posture, hyper flexion of thoracic spine, extension of neck. Muscle wasting in left forearm as compared to right forearm. No noticeable swelling.

Neck. Good range of motion to the left-side rotation. No referred pain even on hold. Both shoulder joints have full ranges motion in all directions, without any pain and stiffness. Proper shoulder stability and control but the outer neck muscles were stiff. Joint impingement test was found negative. Stiffness and tightness were noticed on first and second ribs.

LEFT ELBOW ASSESSMENT

Active movements. Slight stiffness on the movement of the elbow (by Patient). Pain in the end range ofwrist extension. Wrist flexion produced a stretch in the muscles of the forearm. Painful gripping.

Passive movements. Full range of motion in elbow joint when movement was performed by the Physiotherapist. Wrist Flexion with elbow extension aggravates pain at elbow.

Muscles. There was no pain in elbow flexion and extension in all ranges. Gripping wrist, extension of thumb and finger and hand causes pain in the forearm muscles and tendon at the level of lateral epicondyle.

Additional Tests Nerve stretch test was found positive and pain in the forearm.

Other tests likecervical spine palpation, stiffness and pain in C4/C5/C6 on the left side. Tenderness infirst and Second ribs. Tightness and tenderness in muscles on the lateral side of the neck.

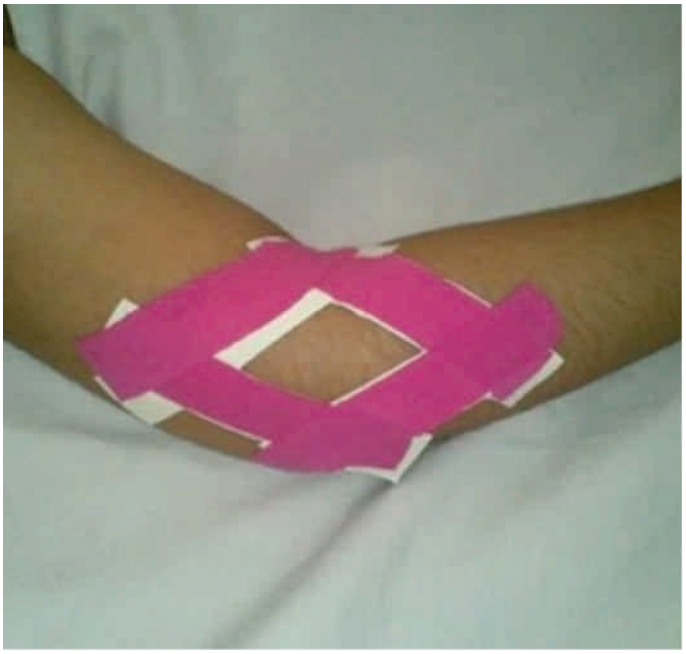
Palpation Pain and swelling in forearm muscles and tendonbelow lateral epicondyle.

PROBLEM LIST

1. Dysfunction of cervical spine at C4/C5/C6 with problems related to postures
2. Tightness in muscles of lateral side of neck associated with stiffness in first rib and second rib.
3. Neck and rib problems associated with nerve stretch test.
4. Tendon tear on lateral side of elbow along with scarred swollen tissue.

TREATMENT PLAN

1. Mobilisation of neck and ribs. Focused on correction of muscular imbalances in shoulder girdle by manual techniques and exercise based techniques.
2. For Nerve tension signs – mobilising of the nerve tissue will reduce Nerve tension.
3. Deep tissue mobilisation of the scarred musculo-tendinous junction.
4. Planned exercise routine for the restoring tissue structures back to normal.
5. Focus to reduce the local inflammation.



Tapping of elbow joint in tennis elbow patient

OVERVIEW OF TREATMENT TECHNIQUES USED

1. Neck manipulation and mobilisation – trigger points released with MFR and MET.
2. Nerve tension positions in arm relieved bymobilisation of nerve tissue.
3. Local deep mobilisation of painful area in extensor tendon with extensors on stretch.
4. Exercises for loading of muscle and tendon, nerve mobilisation and neck muscle stretching and self-neck mobilisations.
5. Acupuncture and electrotherapy. Possible use of braces to off-load the area in the short term to allow healing.

The mentioned assessment, treatment and home exercise prescribed to the subject would take place on the first visit. For this kind of condition with a two years history, I would expect to have to see the patient about 5 to 8 times over a couple of months to clear all the problems. Subsequent treatments will vary accordingly as per progress in the condition. It is important to involve the patient in their treatment ensuring they will understand what has happened to them and what can be done by themselves to help them for their faster recovery. The main aim of this case study is to clear all of the symptoms.