Patient presents with pain over the lateral epicondyle

History and Physical Assessment*

Lateral epicondylalgia

- Baseline assessment with outcome measures *(see Appendix F)*
- Education on load management, ergonomics, biomechanics
- Strongly consider controlled tendon loading exercise as well as elbow mobilization with movement if effective
- Consider manual therapy for the cervical and thoracic spine if there are signs of dysfunction on assessment**

May consider adjunct therapies or medical referrals which can improve outcomes: needling, electrophysical agents, nitric oxide, iontophoresis, frictions and Mill’s manipulation

Avoid corticosteroid injections

For more acute symptoms, may consider adjunct therapies: acupuncture, taping, splinting or bracing

Ongoing reassessment

Symptoms improving?

NO

- Consider requesting further investigation
- Revisit biomechanical and upper quadrant exam
- Progress exercise-focused multimodal treatment

YES

- Progress home-based exercise and work/sport specific activity
- Reassess as needed
- Continue other treatments as indicated

Reassess at 12 weeks using outcome measure

Symptoms substantially improved?

NO

- Continue exercise-focused treatment
- Consider adding shockwave therapy

YES

After 12 months, counsel regarding surgery, job reassignment

* Differential diagnoses include: nerve entrapment, neuropathic pain, chronic pain syndrome, referred pain (cervical, neuro-myofascial), synovitis of radiohumeral joint, radiohumeral bursitis, osteochondritis dissecans, generalized inflammatory disorder

** Evaluate response to manual therapy and incorporate into treatment if patient experiences pain-relief

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