RAPID RESEARCH

@physicaltherapyresearch

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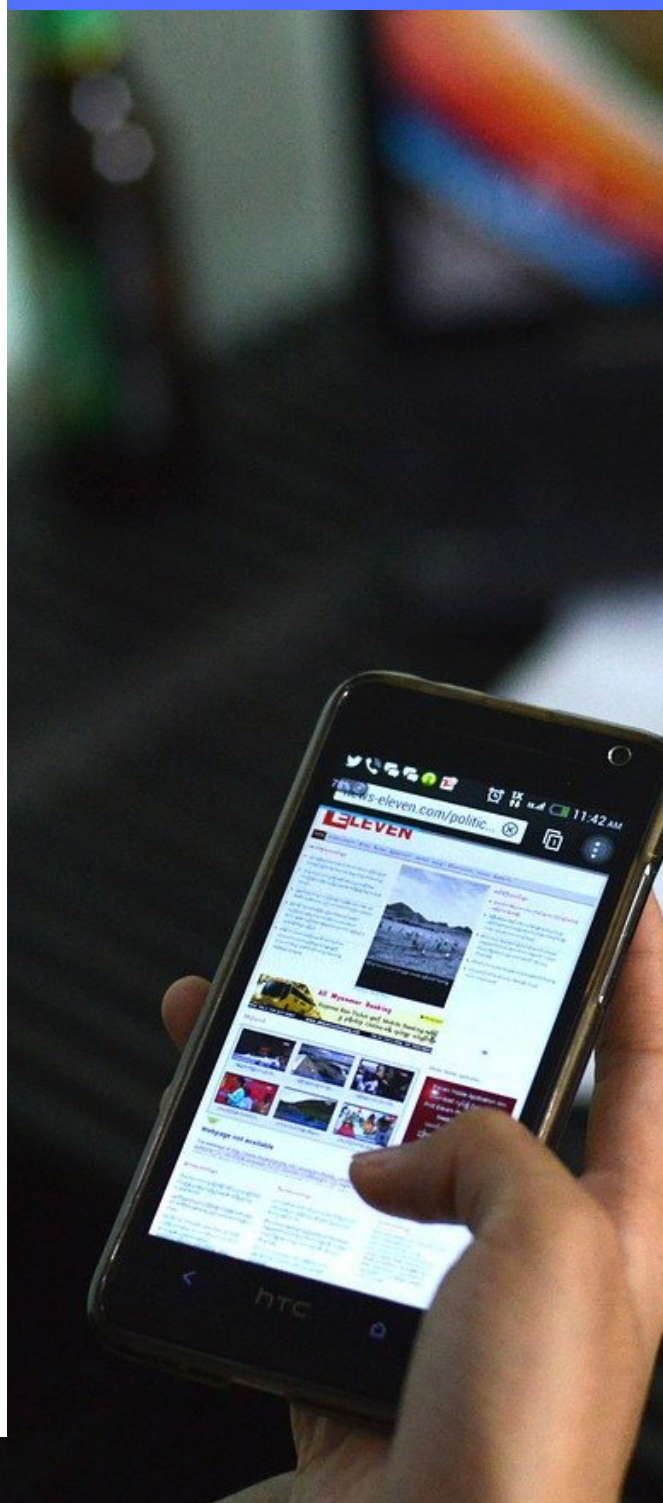
Inside This Week:

Tennis Elbow

- Efficacy of Physical Therapy for Tennis Elbow
- Hyaluronic Acid Injections for Chronic Tennis Elbow
- Mobilization vs. Steroid injection vs. Wait-And-See for Tennis Elbow

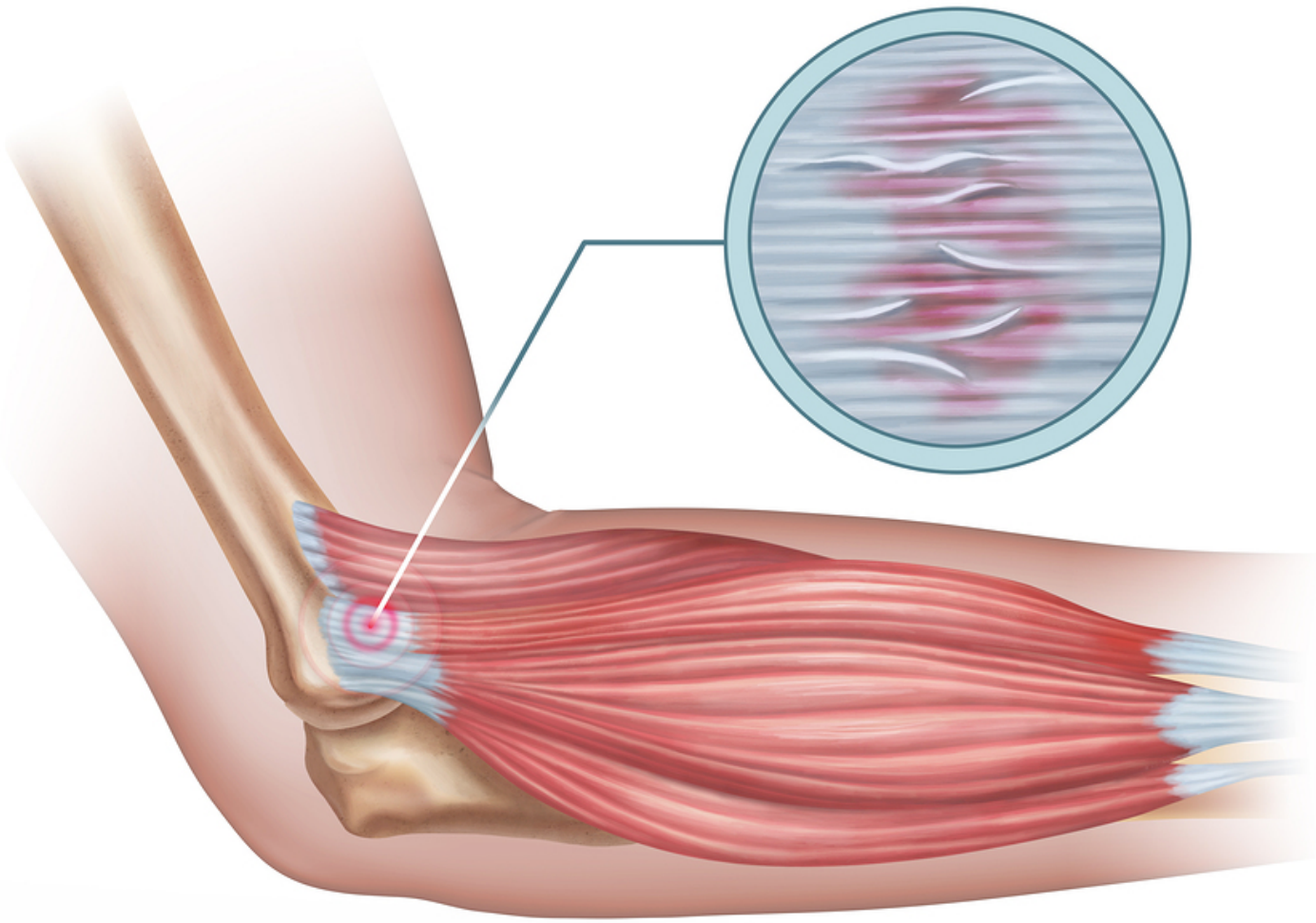


JANUARY 2022

EFFICACY OF PHYSICAL THERAPY FOR TENNIS ELBOW

Click for Full Text (Weber et al 2015)

There are a wide range of suggested treatments for Tennis Elbow (Lateral Epicondylosis), this study analyzed benefits from various treatment strategies.



KEY FINDINGS

16 studies included.
Treatments assessed for:
Overall pain relief
Pain relief during maximum handgrip strength tests
Maximum handgrip strength.

Effect of Electro-therapies on Pain
Treatment groups reduced by 32%
Placebo groups reduced by 21%

Effect of Electro Corporeal Shockwave Therapy (ECSWT) on Pain
Treatment groups reduced by 34.79%
Treatment vs. Control showed non-significant results

Pain During Max Handgrip Tests After Low Level Laser Therapy
Treatment groups reduced by 19%
Control Groups reduced by 2.58%

Pain During Max Handgrip Tests After Low Level Laser Therapy
Treatment groups reduced by 19%

MAIN TAKEAWAYS

Average pain relief amounted to 32.9 units/100 in treatment groups and to 21.1 units in control groups.

Patients' pain relief resulted from a combination of treatment specific agents and non-treatment specific agents.

Important non-specific agents can be e.g., spontaneous remission, expectancy, motivation, conditioning and other psychosocial agents.

95% of patients in treatment groups reduce pain by 28-38%
vs. 14-28% in control groups.

Which electro-therapy treatment to use might not be as important as maximizing non-treatment specific effects

JANUARY 2022

HYALURONIC ACID INJECTIONS FOR CHRONIC TENNIS ELBOW

Click for Full Text (Zinger et al. 2022

For most patients, tennis elbow resolves within 6 months, however some cases do become chronic. This study tested the efficacy of injections with hyaluronic acid (HA) to reduce pain in chronic TE.

KEY FINDINGS

17 patients completed the HA injection treatment.
Average pain lasting 28.1 months prior to study.
Each participant injected 3x, 2-weeks apart

The Pain levels in the HA group **decreased from a baseline of 76.4/100 to 14.3/100 at 12 months.**

All 17 patients in the HA group showed pain score reductions above the minimal clinically important difference of at least 18.

The PRTEE score **improved from 67 to 28.1.**

The QuickDASH score **improved from 53.7 to 22.5.**

MAIN TAKEAWAYS

HA injections proved effective at treating chronic TE.

Other than the pain of injection, no negative side effects of HA injection were observed over the course of the study.

A larger study to further confirm findings should be performed.

JANUARY 2022

MOBILIZATION VS. STEROID INJECTION VS. WAIT-AND-SEE FOR TENNIS ELBOW

Click for Full Text (Vang & Niznik 2021)

This research investigated the short term and long term efficacy of elbow mobilization & exercise compared with corticosteroid injections and wait and see.

KEY FINDINGS

198 Participants Randomized to:

8 sessions of PT or Corticosteroid injections or Wait and see.

Corticosteroid injection:

Significantly better effects at 6wks but 72% had recurrence of pain.

Significantly poorer outcomes in long term vs PT.

Physiotherapy:

Superior to wait and see in the short term.

No difference was seen at 52 weeks.

Sought less additional treatment, vs injection or wait-and-see group.

MAIN TAKEAWAYS

Recurrence rates were higher and recovery delayed in the mid to long term after corticosteroid injection compared with physiotherapy or wait and see

Physiotherapy (mobilization with movement and exercise) was superior to injection after 6 weeks and to wait-and-see at 6 weeks, but not 52 weeks

Patients who received physiotherapy sought significantly less other treatment

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