

Sports Therapy

- Acute and Chronic Injury Rehabilitation
- Overuse Injury Treatment
- Retraining for Return to Sport
- Taping and Bracing
- Pre-season Screening

Spinal Therapy

- Joint Mobilization and Manipulation
- Exercise Prescription
- Postural Assessment
- Back and Neck Care

GUNN IMS - Intra-Muscular Stimulation

Pilates Based Core Stability Training

ICBC Treatment of Injury Post MVA

Active Rehabilitation Programs

WCB Treatment for Work Related Injury

Worksite Evaluation, Ergonomic Assessment & Wellness Program Development

Functional Capacity Assessment and Medical Legal Reporting

Women's Health

- Post Mastectomy
- Urinary Incontinence Training
- Pre and Post Natal Care
- Osteoporosis

Injury Prevention Education

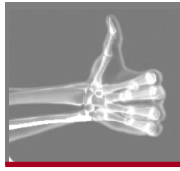
Seniors Programs

- Fall Prevention
- Fitness
- Post Surgical

Respiratory Care

Arthritis Treatment and Management

Neurology



Burrard Physiotherapy

You're In The Right Hands

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TENNIS ELBOW

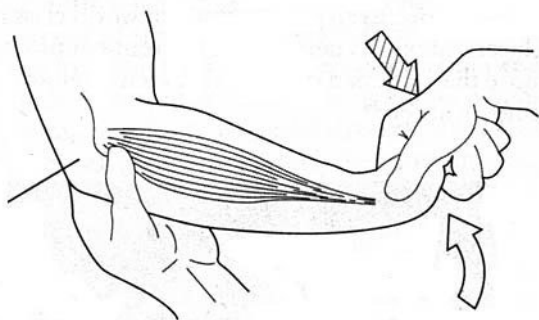


TENNIS ELBOW

This condition plagues many a racquet sports player and has been described for over a century, originally being named *lawn tennis arm*. It is also called lateral epicondylitis. It is certainly not confined to tennis players and can occur with a wide range of activities from carrying groceries to keyboard & mouse use. It must be carefully differentiated from other conditions, which also cause pain around the outside of the elbow.

WHERE IS THE PAIN?

This injury is an inflammation at the elbow attachment of the muscles, which bend the wrist and fingers backwards. These muscles originate from the bony point on the outside of the elbow and they are strongly activated to stabilize the



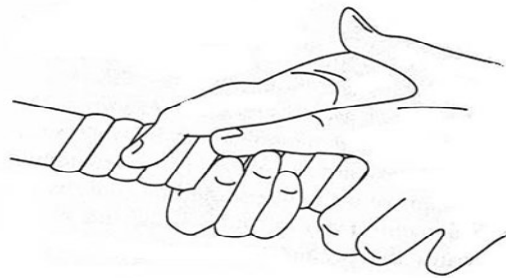
wrist with any gripping motion. When load on the muscles becomes more than they can resist, microscopic tears of the tendon can result. These tears cause inflammation that results in sharp pain on the outside of the elbow or in the forearm muscles with any gripping, lifting or carrying activity.

PREDISPOSING FACTORS

Typical factors, which increase the likelihood of this condition developing, are:

- ◆ Novice players with weak muscles or muscle imbalances. You need some basic grip strength before you begin! Don't grip the racquet too tightly and rest between points by putting the racquet into the other hand.
- ◆ Overuse (playing multiple games per week), especially in those aged over 35.
- ◆ Improper equipment. Correct grip size and string tension (usually too high) are important and often overlooked.

A string tension of 2-3 lbs less than normal spreads the impact over a little more time and lessens peak tendon loading. A handle that is too large or too small tends to increase loading so you should have the grip properly sized. Mid-size racquets are more forgiving because of their larger sweet spot. Composite racquets may help dampen and absorb vibration.



- ◆ Poor tennis stroke technique and using too tight a grip. Use of the arm instead of the body to generate stroke power over-stresses the arm. Backhand is the main culprit because of the peak loading on the extensor tendon, followed by the serve and then the forehand. Good style and hitting the ball in the sweet spot of the racquet will do more to reduce this condition than any racquet change.
- ◆ Occupations, which involve a lot of lifting or repetitive hammering, are also at risk.

TREATMENT EARLY IS BEST!

Early assessment and treatment is the key to preventing a chronic and debilitating injury. Modifying activity is initially necessary, as is assessment of racquet grip size and string tension. A good coach can help with stroke mechanics as the injury resolves. At Burrard Physiotherapy, your physiotherapist may use electrotherapy (ultrasound, laser, interferential) and ice to reduce the pain and inflammation. Icing should continue at home for 15 minutes 3 times a day.



Frozen peas make a good ice pack. Mobility exercises to restore tendon flexibility and arm strength will be started and carefully progressed as quickly as possible. Discomfort is the guide. If it is hurting, stop! You are only making the condition worse if you continue your activity with pain or try to progress the exercises too quickly. A brace will often help lessen symptoms as you resume activity. As resolution occurs, exercise in the form of a specific strengthening program continues to be the mainstay of preventative management.

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REMEMBER: Early recognition and therapy is your best chance of avoiding chronic disability!

