

Elbow Pain

J Hand Ther. 2004 Apr-Jun;17(2):243-66.

Rehabilitation for patients with lateral epicondylitis: a systematic review.

[Trudel D](#), [Duley J](#), [Zastrow I](#), [Kerr EW](#), [Davidson R](#), [MacDermid JC](#).

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The purpose of this systematic review was to determine the effectiveness of conservative treatments for lateral epicondylitis and to provide recommendations based on this evidence. Five reviewers searched computerized bibliographic databases for articles on the conservative treatment of lateral epicondylitis from the years 1983 to 2003. A total of 209 studies were located; however, only 31 of these met the study inclusion criteria. Each of the articles was randomly allocated to reviewers and critically appraised using a structured critical appraisal tool with 23 items. Treatment recommendations were based on this rating and Sackett's Level of Evidence. This review has determined, with at least level 2b evidence, that a number of treatments, including acupuncture, exercise therapy, manipulations and mobilizations, ultrasound, phonophoresis, Rebox, and ionization with diclofenac all show positive effects in the reduction of pain or improvement in function for patients with lateral epicondylitis. There is also at least level 2b evidence showing laser therapy and pulsed electromagnetic field therapy to be ineffective in the management of this condition. Practitioners should use the treatment techniques that have strongest evidence and ensure that studies findings are generalized to patients who are similar to those reported in primary research studies in terms of patient demographics and injury presentation

Clin Exp Rheumatol. 1985 Oct-Dec;3(4):333-6.

Chronic lateral humeral epicondylitis--a double-blind controlled assessment of pulsed electromagnetic field therapy.

[Devereaux MD](#), [Hazleman BL](#), [Thomas PP](#).

Pulsed electromagnetic fields (PEMF) have been shown to be beneficial in the treatment of rotator cuff tendinitis. As lateral humeral epicondylitis (tennis elbow) is a similar chronic tendon lesion, 30 patients with both clinical and thermographic evidence of tennis elbow were randomly allocated to receive either active or inactive PEMF therapy. Treatment was continued for a minimum period of eight weeks. At this time there was no statistical difference between the two groups.