

# Non-Operative Tennis Elbow Treatment Protocol

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## Purpose & Philosophy

Tennis elbow, or lateral epicondylitis, is a degenerative tendinopathy of the extensor carpi radialis brevis rather than an inflammatory condition. Successful non-operative treatment focuses on load modification, progressive tendon loading, and correction of contributing mechanics rather than prolonged rest alone.

## Appropriate Candidates

Patients with lateral elbow pain localized to the extensor origin, preserved elbow stability, no acute tendon rupture, and symptoms related to gripping or repetitive wrist extension.

## Phase 1: Pain Control & Load Modification (Weeks 0–3)

Goals include reducing pain and excessive tendon load while maintaining function. Activity modification is emphasized, avoiding repetitive gripping and forceful wrist extension. Counterforce bracing or wrist splinting may be used temporarily. Isometric wrist extensor exercises are initiated as tolerated. Pain control includes acetaminophen and ice; NSAIDs may be used selectively if appropriate.

## Phase 2: Progressive Strengthening (Weeks 3–6)

Focus shifts to restoring tendon capacity through progressive loading. Eccentric and concentric wrist extensor strengthening is introduced, along with forearm endurance work. Grip strengthening is progressed carefully, guided by pain response.

## Phase 3: Advanced Loading & Functional Training (Weeks 6–10)

Goals include improving load tolerance and preparing for sport or work-specific demands. Progressive resistance, functional gripping tasks, and upper-extremity kinetic chain strengthening are emphasized. Attention is paid to symptom response and fatigue.

## Phase 4: Return to Sport or Full Activity (Weeks 10–14+)

Gradual return to sport, work, or recreational activities is initiated. Racquet or tool-specific mechanics are addressed to reduce recurrent overload. Progression is symptom-guided rather

than time-based.

## Adjunct Treatments

Adjuncts may include physical therapy modalities, topical agents, or biologic injections such as PRP in select chronic cases. Corticosteroid injections may provide short-term relief but are generally avoided due to poorer long-term outcomes.

## Return-to-Activity Criteria

Minimal or no pain with gripping and resisted wrist extension; restored forearm strength and endurance; ability to tolerate sport- or work-specific demands without symptom flare.

## Failure of Non-Operative Treatment

Persistent pain beyond an adequate rehabilitation course, progressive weakness, or functional limitation should prompt reassessment and discussion of further interventions.

## Key Principles

Tennis elbow is a load-management problem. Successful treatment requires patience, progressive strengthening, and avoidance of repeated overload during healing.

## Key References

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