

Tennis Elbow in Adolescents

Tennis elbow is a condition in which tendon fibers that attach on epicondyle on the elbow's exterior degenerates. The tendons talked about here anchor the muscles that help wrist and hand to lift. Although tennis elbow occurs mostly in patients of thirty to fifty years of age but it can happen to people of any age. Also tennis elbow affects almost fifty percent of teenagers who are in racquet sports thus the name "tennis elbow". But still most of the patients who suffer with tennis elbow are people who don't play racquet sports. Majority if the times there isn't any specific injury before the symptoms start showing up. Tennis elbow can also happen to people who use their forearm muscles frequently and vigorously for day to day work and recreational activities. Ironically some patients develop the condition without any of the activity related reasons that leads to the symptoms.

The symptoms of tennis elbow include severe burning pain on the elbow's exterior region. In majority of the cases this starts as a slow and mild pain gradually worsening with the passage of few weeks or sometimes months. The pain worsens when one tries to lift objects. In some cases it may pain even while lifting light objects like a book or full coffee cup. In the severest cases it can pain even at the movement of the elbow.

The diagnosis of the tennis elbow involves physician enquiring about the medical history of the teenager and a physical examination of the elbow by pressing directly on the part where bone is prominent on the elbow's exterior to check if it causes any pain. The physician may also ask the teenager to lift the fingers or wrist and apply pressure to check if it causes any pain again. X-rays are never opted for diagnosis. However a MRI scan may be done to see changes in tendons at the attachment to the bone.

There are many treatment options available and in majority of the cases non-surgical treatment is given a try. The ultimate goal of the 1st phase of the treatment is pain relief. Be ready to hear from the physician to stop any activity leading to the symptoms. The doctor may also tell the teenager to apply ice to elbow's exterior and he/she may also tell the teenager to take anti-inflammatory medicines for relief from pain.

The symptoms also diminished with the help of orthotics. The physician may also want to go for counterforce braces and also wrist splints which can greatly cut down symptoms by providing rest to tendons and muscles. The symptoms should show signs of recovery within 4 to 6 weeks otherwise next option would be to go for a injection called corticosteroid in the vicinity of the elbow. This greatly reduces pain and is also very safe to use. There are many side affects involved

if it is overused.

Once there is a relief from pain the treatment's next phase starts which involve modification of activities in order to prevent the symptoms from returning. The doctor may also prescribe the teenager to go for physical therapy which may include stretching exercises to gradually increase the strength of the affected tendons and muscles. Physical therapies have high success rates and return your elbow back to normal working again. Again non-surgical procedures are highly successful in eighty five to ninety percent patients.

Surgical procedure is considered only when patients undergo relentless pain that doesn't improve even after 6 months of non-surgical treatment. The procedure involves removal of affected tendon tissue and attaching it back to bone. The surgery is done on outpatient basis and does not need stay at the hospital. The surgery is done by making a small incision on elbow's exterior's bony prominence. In recent years a surgery known as arthroscopic surgery has also been developed but no major benefits have been seen using it over the traditional method of open incision.

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