

Comments on the article ‘Tennis elbow’

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Dear Editor,

I read very carefully the article ‘Tennis elbow’ by Keijsers et al.¹ and I would like to report the following:

1. They used the term Tennis Elbow (TE). The term TE categorises the condition according to cause and location of the symptoms. However, the term is misleading since it implies that the condition is caused by playing tennis when in fact it is used to describe pain and functional impairment resulting from a wide variety of activities such as hammering, gardening and secretarial work. However, Lateral Elbow Tendinopathy (LET) seems to be the most appropriate term to use in clinical practice because terms such as TE make reference to inappropriate etiological, anatomical and pathophysiological terms. The term LET will be used in this commentary.²
2. It is proposed that the natural history of LET is between 6 months and 2 years, which has since been widely cited. In contrast, recent reports have shown that symptoms may persist for many years and recurrence is common. Therefore, LET is not self-limiting and is associated with ongoing pain and disability in a substantial proportion of sufferers.³
3. They did not mention that the lateral elbow is a common site of referred pain from the cervical and upper thoracic spine and periscapular soft tissues.
4. The authors mentioned nothing about the isometric exercises and rotator cuff and scapular muscle strengthening.⁴
5. Exercise programme as a sole treatment approach does not respond positively in patients with LET. Thus, physiotherapists combine exercise programme with other physiotherapy techniques like physical modalities – electrotherapy (low level laser, transcutaneous electrical nerve stimulation, pulsed electro-

magnetic field therapy, therapeutic ultrasound, diathermy and iontophoresis), manual therapy (Cyriax manual technique, Mulligan manipulation, mobilization of the neck, manipulation of the wrist and radial neural mobilization), external support (taping/bracing), soft tissue techniques (deep transverse friction, IASTM and ERGON technique) and acupuncture.⁵ The authors should discuss the effectiveness of the above-recommended treatments.

A debate on the above topics is most welcome as existing aspects may contribute to misunderstanding and inappropriate treatment.

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