

Tennis Elbow

Tennis elbow: irritation where the forearm tendons attach to the outer elbow.

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What you're feeling

You likely feel pain on the outside of your elbow. This area is where your forearm muscles connect to the bone. The discomfort often starts gradually. It may feel like a dull ache or a sharp sting. You might notice it more when you lift objects. Gripping things tightly can also trigger pain. Simple tasks like turning a doorknob or holding a coffee cup may become difficult.

The pain often flares up after activity. You might feel it increase during or right after using your arm. Reaching behind your back to fasten a bra can be painful. Tucking in your shirt may also hurt. Some people find that sleeping on the affected side disturbs their rest. The pain can sometimes travel down your forearm. It rarely goes past your wrist.

You may wonder if the pain will last forever. The good news is that tennis elbow is a self-limiting condition. This means it tends to resolve on its own over time. Symptoms have a steady half-life of three to four months. This means the intensity often drops significantly every few months. Most cases resolve by 6 months no matter what treatment is used. Approximately 90% of people with untreated tennis elbow achieve symptom resolution by 1 year.

Your surgeon cannot reliably predict who will or will not improve with nonoperative treatment. However, longer symptom duration does not indicate a poorer prognosis without surgery. The probability of recovery remains fairly constant over the timespan regardless of prior symptom duration. Persistent symptoms are a poor indication for surgery as the majority of patients experience resolution without it.

If you do not respond to nonoperative approaches, surgery is an option. For the small percentage of patients who do not respond, surgery provides near 90% satisfaction rates. Surgical interventions may be performed with a high rate of success. However, surgery should be considered discretionary. It should only be pursued if it outperforms the natural history of the disease.

What's actually happening

Tennis elbow is a wear-and-tear injury to the tendons on the outside of your elbow. These tendons connect your forearm muscles to the bony bump on the outside of your elbow, called the lateral epicondyle. Think of these tendons as thick ropes that help you grip things and bend your wrist. When you repeatedly lift or twist objects, these ropes take a heavy load.

Over time, this stress causes tiny tears in the tendon fibers. Your body tries to heal them, but the repair process often falls behind the damage. The tissue becomes weak and painful. This is why you feel pain when you shake hands, turn a doorknob, or lift a coffee cup. The pain is your body's signal that the tendon is struggling under pressure.

The problem is not just in the tendon itself. The way your arm moves also plays a role. Research shows that your shoulder muscles and upper back strength are essential for managing this condition. If your shoulder is weak or positioned poorly, your elbow has to work much harder. This extra strain makes the tendon pain worse. It is like asking one person to carry a heavy box while another person refuses to help.

Your surgeon will check how your elbow feels and moves to confirm the diagnosis. They may look at your neck and shoulder too, because issues there can affect how your elbow senses position and strength. Sometimes, imaging like an MRI shows changes in the tendon, even if you do not have pain. This means the tendon might look different on a scan, but it does not always mean it is the source of your current discomfort.

Most of the time, this condition gets better on its own. About 90% of people see their symptoms resolve within one year, even without surgery. The pain often follows a steady pattern, improving significantly every three to four months. This is why your surgeon will likely recommend rest, physical therapy, and bracing first. Surgery is only considered if these non-surgical steps do not help after a long period.

What we can do about it

Most cases of tennis elbow get better on their own or with simple care. About 90% of people see their symptoms resolve within one year, even without treatment. The pain tends to fade steadily, with a half-life of three to four months. This means your discomfort improves by half every few months. Your surgeon cannot reliably predict who will improve and who will not, so it is wise to give non-surgical methods a fair chance.

Start with rest and activity modification. Avoid movements that trigger pain, such as heavy gripping or repetitive wrist extension. Physical therapy aims to strengthen the forearm muscles and improve flexibility. This approach helps manage the condition for most patients. You should also consider that nonsurgical treatments like rest, physical therapy, and injections are the mainstay of care. While these methods provide small pain relief, they are generally safe and effective for the majority.

If pain persists, your surgeon may discuss medical options. These include pain medication and anti-inflammatories to manage discomfort. Injections, such as cortisone or hyaluronic acid, can reduce inflammation and pain for a limited time. Platelet-rich plasma (PRP) or autologous blood injections are also available, though evidence shows they do not necessarily reduce pain or improve function more than other treatments. It is

important to note that MRI scans are not routinely used for diagnosis, as imaging findings often do not match symptoms. If conservative care fails, surgery is an option. Arthroscopic release provides symptomatic improvement in most patients, with near 90% satisfaction rates for those who do not respond to nonoperative approaches. Surgery is typically reserved for cases where symptoms persist despite adequate time and therapy.

What to expect

Tennis elbow is a common condition that often resolves on its own. Approximately 90% of people with untreated tennis elbow achieve symptom resolution by 1 year. The probability of recovery remains fairly constant over time, regardless of how long you have had symptoms. Longer symptom duration does not indicate a poorer prognosis without surgery.

Symptoms of tennis elbow have a steady half-life of three to four months. This means your pain and stiffness tend to improve gradually over this period. Tennis elbow resolves by 6 months in most cases, no matter what treatment is used. About 3/4 of patients with acute lateral epicondylitis recover within 52 weeks.

Because most cases respond to appropriate nonoperative treatment, surgery is rarely the first step. Persistent tennis elbow symptoms are a poor indication for surgery because the majority of patients experience symptom resolution without it. Surgeons are unable to reliably predict which patients will or will not improve with nonoperative treatment. Failed nonoperative treatment should not be used as an indication for surgery unless reliable predictors of non-recovery are identified.

If you do not respond to nonoperative approaches, surgery provides near 90% satisfaction rates. For the small percentage of patients who do not respond to nonoperative approaches, surgery provides near 90% satisfaction rates. Arthroscopic tennis elbow release provides symptomatic improvement in most patients with lateral epicondylitis. Arthroscopic release in patients with radial epicondylitis is a reproducible method with a marked postoperative increase in function within a short rehabilitation period.

The risk of complications is similar regardless of whether open or arthroscopic release techniques are used. Patients may be counseled that their risk of infectious complications may be slightly higher with open releases compared to other techniques. The incidence of failure requiring revision surgery for lateral epicondylitis is low (1.5%). Three or more preoperative injections is the most significant risk factor for revision surgery after operative treatment of lateral epicondylitis.

Open surgical techniques for lateral epicondylitis offer excellent results with a low rate of complications at a mean follow-up of 9.8 years. However, controversy remains regarding the optimal modality for quickest recovery and the role of surgical intervention for refractory cases. Your surgeon will help you decide if surgery is right for you based on your specific situation.

When to see someone

See your GP if your elbow pain does not improve with rest. Most people recover within six months without surgery. About 90% of people see symptoms resolve by one year, even without treatment. Your recovery chance

stays steady regardless of how long you have had pain. Symptoms often fade with a steady half-life of three to four months. Seek specialist review if you feel weakness, instability, or locking. Ask for help if pain interferes with sleep or work. Sudden worsening also warrants a check-up. Physical examination helps confirm the cause. Persistent pain alone is rarely enough to justify surgery. Most cases resolve on their own.