

Dr. Robert Wysocki

Lateral/Medial Epicondylitis – Non-operative Treatment

Four to six weeks of therapy is typically prescribed, weaning as tolerated as symptoms improve. A forearm counterforce brace is provided for use as much as possible especially during activities that worsen symptoms.

A volar cock-up wrist splint is applied if patients find they are performing frequent forceful wrist extension/flexion through work or activities. Ice, friction massage are started twice daily and ultrasound/iontophoresis are instituted three times a week as necessary.

Activity modification in the form of avoiding activities which worsen symptoms is encouraged.

Standard Milch stretching of the common extensor mass for lateral epicondylitis and stretches of the flexor/pronator mass for medial epicondylitis are demonstrated, and a home program designed.