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**Seize the Evidence!**  
**Lateral Elbow Tendinopathy and the Role of Scapular Muscle Strengthening**




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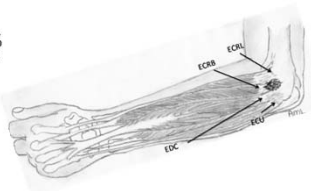
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**Lateral Elbow Tendinopathy (LET)**

- Most common cause of elbow pain<sup>1</sup>
  - Prevalence as high as 29% in occupational settings<sup>2,3</sup>
  - Incomplete resolution of symptoms or recurrence ranges from 20-38%<sup>4-6</sup>
  - Etiology likely to be multifactorial



**Lateral Elbow Tendinopathy**



- Lack of consensus on best management approach
  - Moderate and high levels of evidence support use of local exercise/strengthening for LET
  - Often studied as a part of a multimodal treatment approach




**LET and Local Strengthening**

- Systematic Reviews in past 5 years found
  - Raman et al, 2012<sup>7</sup>
    - Moderate to high quality studies show improvements in pain, strength, and disability as a response to local exercise interventions
    - Evidence is insufficient as to whether local strengthening adds to the benefits seen in multimodal treatment

**LET and Local Strengthening**

- Systematic Reviews in past 5 years found
  - Olausson, et al 2013<sup>8</sup>
    - Moderate evidence supports either cortisone injection or local exercise plus manipulation in short-term, but for intermediate-term cortisone injection were worse
    - No difference in long-term outcomes
      - Overall improvement
      - Pain
      - Grip strength



### LET and Local Strengthening

- Systematic Reviews in past 5 years found
  - Hoogvliet, et al 2013<sup>9</sup>
    - Moderate evidence supports the short and mid-term effectiveness of concentric and eccentric exercise as an adjunct to local mobilization in improving pain and function
  - Brantingham, et al 2013<sup>10</sup>
    - Multimodal treatment program which includes exercise appeared to be effective in reducing pain, increasing grip strength and function in short-term





### LET and Local Strengthening



- Cullinane, Boocock, and Trevelyan<sup>11</sup>
  - 2014 SR of articles that utilized local eccentric exercises either in combination with other treatments or in isolation
  - 12 studies included
  - Based on the information extracted from primarily medium quality studies
    - Concluded eccentric wrist extensor exercises are most effective in improving function as a part of a multimodal treatment program in short term (< 24 wks)

### LET and Local Strengthening

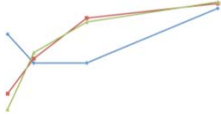
- Stasinopoulos & Stasinopoulos, 2016<sup>12</sup>
  - Report greatest short-term treatment effect in group performing a combined eccentric-concentric with isometric strengthening to the wrist extensors compared with
    - Eccentric- concentric strengthening alone or
    - Eccentric strengthening alone





### LET and Local Exercise



- Olausen et al 2015<sup>13</sup>
  - No long term (1-year) differences of percentage of self-reported recovery on a 6-point scale between 3 groups:
    - Control (Wait-listed)
    - Multimodal PT including local exercise plus corticosteroid injection
    - Multimodal PT including local exercise plus sham injection



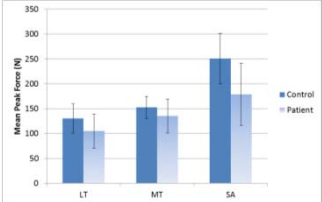
### LET and Scapular Strength Impairment

- Lucado et al, 2012<sup>14</sup>
  - When tennis players (all female) with LET (n=21) were compared to those without LET (n=21)
    - Lower trapezius strength adjusted for body weight was significantly lower (p<.001)
    - Strength ratio between upper trapezius and lower trapezius significantly higher (p=.005)
      - A higher ratio indicates greater strength of the upper trapezius when compared to the lower trapezius muscle fibers
      - May indicate a tendency for altered scapular control
      - Imbalance between the scapular upward and downward rotators may interfere with proper shoulder kinematics during tennis play






### LET and Scapular Strength Impairment

- Day et al, 2015<sup>15</sup>
  - The involved side of the patients with LET had significantly lower strength compared to control group without LET
    - Middle Traps (P=.031)
    - Serratus Anterior (P<.001)
    - Lower Traps (P= .006)



Muscle	Control (N)	Patient (N)
LT (Lower Traps)	~120	~100
MT (Middle Traps)	~140	~130
SA (Serratus Anterior)	~150	~130

## LET and Scapular Strength Impairment

- Day et al, 2015<sup>15</sup>
  - The involved side of the patients with LET had significantly lower endurance of scapular muscle groups compared to control group without LET (P = .003)

Group	Time (seconds)
Control	~85
Patient	~55

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## LET Case Study

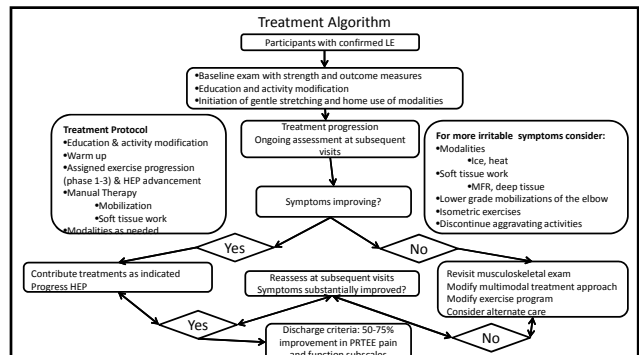
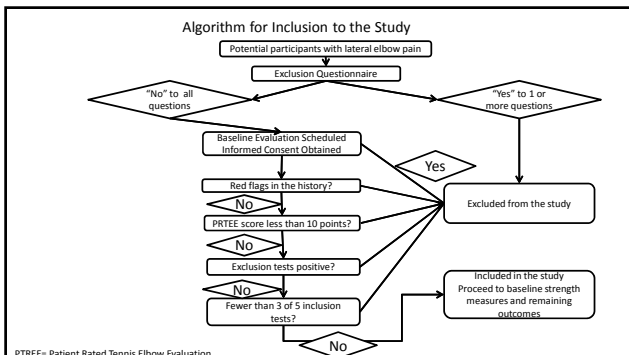
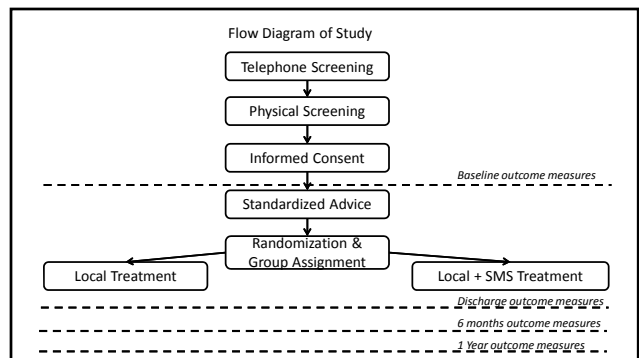
- Bhatt et al, 2013<sup>17</sup>
  - Patient with a 5-month history of LET
  - Periscapular weakness and malpositioning evident on eval
  - Exercise intervention of MT and LT strengthening progression implemented (5 visits over 10 weeks)
    - NPRS decreased from 7 to 0/10 pain
    - PFGS increased 38%
    - MT/LT strength increased to 5/5
    - Scapular position improved to visual inspection
    - Full resolution of symptoms and function (DASH)

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## SMS for LET Protocol

- Funding from Orthopedic Section of the American Physical Therapy Association for the Mercer site
- Funding from American Society of Hand Therapists for the South Alabama site
- Current n= 5 from Mercer site n= 11 from South Alabama site (total following protocol =16) to date

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## SMS for LE Preliminary Results

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