

PT vs. Cortisone for Tennis Elbow

Reference:Bisset L, Beller E, Jull G, Brooks P, Darnell R, Vicenzino B. Mobilisation with movement and exercise, corticosteroid injection, or wait and see for tennis elbow: randomised trial. BMJ. 2006 Sep 29

This was an RCT involving 198 patients with 'tennis elbow' of at least six weeks' duration. The patients were randomly allocated to one of three groups.

Group #1: Eight sessions of physiotherapy (**Mulligan mobs & exercises**)

Group #2: Corticosteroid injection

Group #3: "Wait and see" / control

Result:

Interesting Result #1: Although corticosteroid injection had significantly better outcomes at 6 weeks, these patients ironically had significantly higher recurrence rates and significantly poorer outcomes after one year compared to physiotherapy.

Interesting Result #2: The patients in the physiotherapy group had significantly superior outcomes relative to the patients in the "wait and see" group at 6 weeks; there were no differences between the two patient groups after one year. (It is worth noting that most of the patients in both groups reported a successful outcome.)

Interesting Result #3: Patients who had physiotherapy used significantly less NSAIDs, than did those in both the "wait and see" or injection groups.

Clinical Relevance: In the short term, only 8 PT treatments including the **Mulligan mobilizations** and exercises is likely to be more beneficial than corticosteroid injections or just ignoring the problem.

Clinical Relevance #2: Even though cortisone injections can be quite effective in the short term, paradoxically patients who receive them can expect high recurrence rate.

(Basically, for tennis elbow, good PT is still the way to go for the short & long term!)

Personal Comment:For details on the Mulligan Elbow Mobilization, simply search the APTEI Clinical Library with keywords of "Mulligan" or "Elbow".

Credit for the above review: Bahram Jam, PT (APTEI)