

LETTERS

MANAGEMENT OF TENNIS ELBOW

Tennis elbow myths

Peter J Mahaffey *consultant plastic and hand surgeon*

Bedford Hospital NHS Trust, Bedford, UK

Orchard and Kountouris present a good summary of the evidence on so called tennis elbow, which is essentially that it's a painful self-limiting condition that gets better spontaneously and is not helped (at least on the basis of proper research) by medical intervention.¹

Conventional treatments—and indeed some of the rapid responders to their article²—vividly express the “need to do something” motive of doctors confronted with this condition. It's just a pity that Orchard and Kountouris compound the mystique around this condition by repeatedly referring to a tendon. There is no tendon at the site of the condition, as anyone

who has explored the area will know. Rather, it is a musculoligamentous insertion. Hence there is no gliding problem and no tendinopathy as usually understood. Can we please put this myth to bed once and for all?

Competing interests: None declared.

- 1 Orchard J, Kountouris A. The management of tennis elbow. *BMJ* 2011;342:d2687. (27 May.)
- 2 Rapid responses. The management of tennis elbow. *bmj.com* 2011. www.bmj.com/content/342/bmj.d2687.full#responses.

Cite this as: *BMJ* 2011;342:d3837