

DRY NEEDLING & TENNIS ELBOW



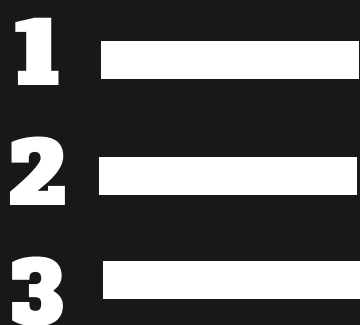
Tennis Elbow or more formally known as lateral epicondylitis/epicondylagia is a form of lateral elbow pain attributed to mechanical overuse OR failure of physiological healing.



PURPOSE

Compare the use of dry needling to common first-line treatments in lateral epicondylitis over a period of 6 months.

- Common First Line Treatments:
- Oral/Topical Anti-Inflammatory
 - Ice
 - Brace



PROTOCOL N- 92

Inclusion Criteria:

- Pain @ lateral epicondyle > 3 months
- Pain with forced supination
- Pain with forced wrist extension
- Pain with forced 3rd finger extension

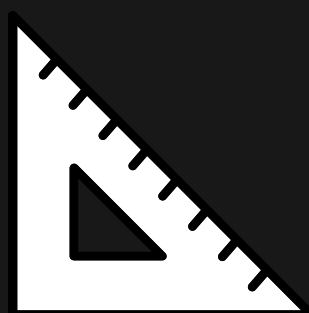
Dry Needling Group: N-51

- Type:** 5 -.25x25mm single use needles
- Depth:** 2-5 mm
- Method:** Mechanical Rotation 3-4 times
- Retention Time:** 10 minutes

First Line Treatment Group: N-41

- 100 mg Ibuprofen 2x per day
- Proximal Forearm brace 3 weeks

DATA Patient-Related Tennis Elbow Evaluation



✓ = Significant Improvement in Pain and Function

	Week 3	Month 6
Dry Needling	✓	✓
1st Line of Treatment	✓	

CONCLUSION

There was a significant difference in pain and function at 3 weeks and 6 months for dry needling group only. Dry Needling is a safe, effective treatment method for lateral epicondylitis.

Article:

UYGUR, Esat, et al. "Dry needling in lateral epicondylitis: a prospective controlled study." International Orthopaedics (2017): 1-5.

