A PROSPECTIVE CONTROLLED STUDY ON:

DRY NEEDLING & TENNIS ELBOW

**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**

**Inclusion Criteria:**
- Pain at 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**

- Week 3: Dry Needling = Significant Improvement in Pain and Function
- Month 6: 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:**


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**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.