

Letters

Additional notes on lateral epicondylitis

Congratulations to Nicholas Johns and Vivek Shridhar for the interesting review on current concepts related to lateral epicondylitis (*AJGP* November 2020).¹ There are a few aspects worth mentioning.

First, the authors wrote, 'There is no sex bias in this condition', but a recent meta-analysis by Sayampanathan and colleagues found that apparently more females than males are affected by lateral epicondylitis. The incidence of lateral epicondylitis also appears to be associated with a current or former smoking history (odds ratio: 1.49; 95% confidence interval: 1.18, 1.87, $P < 0.001$).²

Second, regarding the clinical examination, we would like to refer to the widely used Patient-Rated Tennis Elbow Evaluation Questionnaire (PRTEE) and grip strength test. The 15-item self-reported PRTEE is an easy-to-use, reliable, reproducible and sensitive instrument to measure the patient's perceived pain and functional disability in lateral epicondylitis. As a result of its strong clinical measurement properties, the PRTEE has been adapted cross-culturally into many languages including Chinese, Dutch, German, French, Greek, Italian, Korean, Persian, Swedish and Turkish.³ The assessment of reduced extension grip strength using a hand-held dynamometer (5-8-10% grip strength decreases from a position of elbow flexion to a position of full extension) seems to be superior to the Maudsley's and Cozen's provocation tests mentioned by the authors. In terms of diagnostic accuracy, the sensitivity of the grip strength test ranges from 78% to 85%, while the specificity is between 80% and 90%.⁴

Third, therapeutic taping is used by many Australian healthcare practitioners in their management of lateral

epicondylitis.⁵ *AJGP* readers should know: there is moderate evidence that diamond deloading rigid tape and kinesio tape are effective for reducing pain (at rest and during movement) as well as improving grip strength and functional performance in patients with lateral epicondylitis.⁶⁻⁸

Fourth, the authors are absolutely right that stretching and eccentric strengthening exercises of the forearm extensor muscles with adequate intensity and duration significantly speed up the healing process and are a key component of successful management of lateral epicondylitis. A current meta-analysis with the participation of the University of Sydney showed that exercise interventions alleviate symptoms in lateral epicondylitis probably slightly better than passive therapies such as corticosteroid injections.⁹

Fifth, since the focus of the article was cited as the review of recent articles related to lateral epicondylitis, we were surprised that 22 of the 25 references used are five years old or older.¹ Numerous systematic reviews on the subject have been published in recent years. Overall, we think that the good clinical lateral epicondylitis article by Johns and Shridhar can be strengthened by additional discussion.

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