CONDITION

Tennis elbow

Tennis elbow is an overuse condition that causes pain where forearm tendons attach to the outer elbow.

WHAT IT IS
Overuse-related damage of the outer elbow tendon

BODY SYSTEM
Muscles, tendons and bones

MAIN SYMPTOMS
Outer elbow pain, tenderness, grip pain, forearm weakness

WHAT CAUSES IT
Repeated tendon overload and gradual tissue change

HOW IT IS DIAGNOSED
Symptom pattern and a focused arm examination

MAIN TREATMENT
Activity changes, pain relief and progressive exercise

CAN IT BE CURED?
Yes - most cases settle, though recurrence is possible

IS IT AN EMERGENCY?
No - routine care is usually appropriate

LONG-TERM OUTLOOK
Most recover, but symptoms may persist or recur

Overview

Tennis elbow is a painful condition affecting the tendons on the outer side of your elbow. Tendons are strong bands of tissue that connect muscles to bones.

The affected tendons join the forearm muscles to a bony point called the lateral epicondyle. These muscles help you lift your wrist and grip objects. Pain often develops when the tendon has been repeatedly loaded faster than it can adapt and repair.

The medical name lateral epicondylitis is still widely used. However, "-itis" means inflammation, and long-lasting tennis elbow is usually driven more by changes within the tendon than by ongoing inflammation. It may also be called lateral elbow tendinopathy or lateral epicondylalgia.

You do not need to play tennis to develop it. Work, hobbies, household tasks and other sports can all place repeated strain on the forearm tendons.

Tennis elbow is not usually dangerous, but it can make gripping, lifting, working and sleeping uncomfortable. Recovery can take time because tendons adapt slowly.

Symptoms

Pain is usually felt around the bony point on the outside of the elbow. It may spread a short distance down the upper forearm.

The pain often builds gradually rather than starting with one clear injury. It may be mild at first and become more noticeable as the tendon is repeatedly used.

Common symptoms include:

Symptoms may affect either arm. They often occur in the arm you use most, but this is not always the case.

Numbness, tingling or loss of feeling are not typical features of tennis elbow. These symptoms can suggest irritation of a nerve or another cause of elbow and arm pain.

- Pain or tenderness on the outer elbow
- Pain when gripping, shaking hands or turning a door handle
- Pain when lifting a cup, bag, kettle or pan
- Discomfort when extending the wrist or straightening the elbow
- Reduced grip strength because gripping hurts
- Aching after activity or, in more persistent cases, at rest

Causes and risk factors

Tennis elbow develops when the tendon on the outside of the elbow is exposed to more load than it can comfortably manage. This may happen after a sudden increase in activity or through repeated force over time.

The tendon can develop small areas of tissue disruption and become less able to handle strain. This is not usually a tendon tear in the everyday sense, and it does not mean the tendon is permanently damaged.

Activities that may contribute include:

Risk can rise when an activity is new, resumes after a break or increases quickly. Poorly matched equipment or movement technique may add strain, but tennis elbow can occur even with good technique.

It is more common in midlife, when tendons may adapt more slowly to changing loads. Smoking and some metabolic health conditions have also been associated with tendon problems, although they do not directly cause every case.

Sometimes there is no obvious trigger.

- Repeated gripping, lifting or twisting
- Using tools such as screwdrivers, shears or paintbrushes
- Computer or manual work involving repeated wrist movements
- Racquet sports, especially after a change in technique or playing time
- Weight training or exercises that heavily load the wrist and forearm
- Gardening, decorating, sewing or musical instrument use

Diagnosis

Tennis elbow is usually diagnosed from your symptoms and a physical examination. There is no single blood test or scan needed to confirm a typical case.

A clinician may ask about your work, exercise, hobbies, previous injuries and how the symptoms began. During the examination, they may press around the outer elbow and ask you to move your wrist, fingers or elbow against resistance. These movements can reproduce the familiar pain.

Scans are not routinely needed. An X-ray does not show the tendon well, but it may be used if arthritis, a fracture or another bone problem is suspected.

Ultrasound or MRI can show tendon changes, but these findings do not always match how much pain someone has. Imaging may be considered when the diagnosis is unclear, there was a significant injury, symptoms are not following the expected course or surgery is being discussed.

Other conditions can cause similar pain. These include nerve irritation, arthritis, injury to a ligament, pain referred from the neck and problems inside the elbow joint.

Treatment and management

Most cases are managed without surgery. Treatment aims to reduce aggravating load, control pain and gradually rebuild the tendon's ability to handle activity.

Adjusting activity

Complete rest is rarely necessary. Instead, reduce or change tasks that repeatedly trigger substantial pain. This may mean using two hands to lift, taking breaks, changing your grip or temporarily reducing training volume.

Keeping the elbow and arm moving within a manageable range helps prevent stiffness and loss of strength. As symptoms settle, activities can usually be increased gradually.

Pain relief

Cold or warmth may provide temporary comfort. A cold pack should be wrapped rather than placed directly against the skin.

Paracetamol or an anti-inflammatory medicine may help some people. Anti-inflammatory gels applied to the skin generally have fewer whole-body effects than tablets. These medicines are not suitable for everyone, so check the label and ask a pharmacist or clinician if you are unsure whether they are safe for you.

Exercise and physiotherapy

Progressive exercise is an important part of rehabilitation. Exercises usually strengthen the wrist and forearm muscles while gradually loading the affected tendon.

A physiotherapist can help choose an appropriate starting level, adjust technique and plan a gradual return to work or sport. Treatment may also address shoulder strength, movement patterns and equipment use.

Some discomfort during rehabilitation does not necessarily mean new damage. However, rapidly increasing or lasting pain may mean the load needs adjusting.

Braces and straps

A forearm strap or wrist brace may reduce pain during certain activities by changing the force placed through the tendon. It does not repair the tendon by itself, and not everyone finds it helpful.

The brace should not cause numbness, swelling or skin colour changes. It is usually used as a temporary aid rather than a replacement for progressive exercise.

Injections and other procedures

A corticosteroid injection can reduce pain in the short term, but the benefit may not last. Studies have found a higher chance of symptoms returning after steroid injection than with some other approaches. Repeated injections may also damage tendon or nearby tissue, so they are not a routine long-term solution.

Evidence for platelet-rich plasma, dry needling, shockwave therapy and other procedures is mixed or uncertain. Availability and recommendations differ. It is reasonable to discuss the limits, possible harms and costs before choosing one of these treatments.

Surgery is uncommon. It may be considered when symptoms remain disabling after prolonged, well-planned non-surgical treatment and the diagnosis has been reviewed. Surgery removes or repairs abnormal tendon tissue, but recovery still requires rehabilitation and improvement is not guaranteed.

Complications

Tennis elbow does not usually cause serious complications. The main concern is persistent pain that limits work, exercise, sleep or everyday tasks.

Avoiding use of the arm for a long time can lead to weakness and reduced confidence in movement. On the other hand, repeatedly forcing the tendon through heavy, painful activity may delay improvement.

Symptoms can return after recovery, especially if a demanding activity is increased quickly. A major tendon rupture is not typical of ordinary tennis elbow, although tendon injury may occur after significant trauma or repeated invasive treatment.

Prevention

Tennis elbow cannot always be prevented. Tendon symptoms may develop even when your technique and equipment are appropriate.

You may be able to reduce strain by increasing new or demanding activities gradually. Regular breaks, varied tasks and a grip that is no tighter than necessary can also help.

For racquet sports, suitable grip size, string tension and coaching may reduce avoidable load. In manual work, changing tools, handle size or working position may help. Strengthening the forearm and shoulder can prepare the arm for repeated activity.

If symptoms begin, responding early by reducing the most aggravating load may be more useful than pushing through steadily worsening pain.

Living with it and what to expect

Tennis elbow often improves, but recovery may take several months. Some cases last longer

than a year. Symptoms can fluctuate, with better and worse days linked to activity, sleep and changes in workload.

Improvement is rarely a straight line. You may notice that ordinary tasks become easier before the elbow feels completely pain-free. Grip strength and confidence often return gradually.

Many people can continue working or exercising with temporary changes. This may involve lighter loads, shorter sessions, different tools or extra breaks. A phased return is often easier for the tendon than moving suddenly from rest to full activity.

Tennis elbow does not usually damage the elbow joint or lead to arthritis. Once symptoms settle, the arm can often return to normal use. Recurrence is possible, particularly after a rapid increase in gripping or lifting, but it does not necessarily mean the original treatment failed.

When to get medical help

Arrange a routine appointment if elbow pain has not improved after several weeks of sensible activity changes, or if it is getting worse. Assessment is also appropriate if pain regularly disturbs sleep, limits work or daily activities, or the diagnosis is uncertain.

Seek earlier medical advice if you have numbness, tingling, marked weakness, repeated dropping of objects, significant swelling or difficulty moving the elbow. These are not typical features of uncomplicated tennis elbow.

Get urgent medical help after a major injury if the elbow looks deformed, you cannot move it, or there was a snap followed by sudden weakness or extensive bruising.

A cold, pale or blue hand, loss of feeling, or rapidly increasing swelling after an injury needs emergency assessment. A hot, red, very swollen elbow with fever also requires prompt medical care because infection or another inflammatory condition may be present.

Common questions

Can I get tennis elbow without playing tennis?

Yes. Most cases are linked to repeated gripping, lifting or wrist movements rather than tennis itself. Work, gardening, decorating, gym exercises and household tasks can all contribute.

Will tennis elbow go away on its own?

It often settles over time, but recovery can be slow. Changing aggravating activities and gradually strengthening the arm may support recovery. Persistent or worsening symptoms should be assessed in case another condition is causing the pain.

Should I completely rest my arm?

Usually not. Reducing the most painful tasks can help, but prolonged complete rest may lead to weakness. Gentle movement and a gradual return to loading are generally more useful than keeping the arm still.

Can I keep going to the gym?

Many people can continue exercising after adjusting exercises, weight, grip or training volume. Movements that cause substantial or lasting pain may need to be reduced temporarily. A physiotherapist can help if you are unsure how to adapt your programme.

Does an elbow strap cure tennis elbow?

No. A strap may reduce discomfort during gripping or lifting, but it does not heal the tendon by itself. It is best viewed as an optional short-term aid alongside activity changes and progressive exercise.

Is tennis elbow the same as golfer's elbow?

No. Tennis elbow affects tendons on the outside of the elbow. Golfer's elbow affects tendons on the inner side. Both can result from repeated loading, and neither requires you to play the sport in its name.

Sources

- NHS: Tennis elbow - symptoms, self-care, treatment and when to seek help
- National Institute for Health and Care Excellence: Tennis elbow - Clinical Knowledge Summary on assessment and management
- American Academy of Orthopaedic Surgeons: Tennis Elbow (Lateral Epicondylitis) - diagnosis, non-surgical care and surgery
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