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## Medial Epicondylitis

Medial epicondylitis, or golfer's elbow, describes a condition of injury or degeneration on the inner aspect of the elbow, where a tendon (the common flexor tendon) attaches to the bone. It is also known as epicondylitis, although inflammation is less commonly present. The condition is similar to other degenerative tendon conditions, such as rotator cuff syndrome and Achilles tendinosis. When it occurs on the *outer* aspect of the elbow, it is called lateral epicondylitis or tennis elbow.



### Symptoms:

The primary symptom is pain along the inner aspect of the elbow, sometimes dull and achy and sometimes sharp and burning. Pain may be made worse with gripping and grasping and elbow straightening. Swelling is occasionally present. Patients may lose grip strength, and may lose range of motion at the elbow. Oftentimes the loss of mobility is actually due to pain rather than true stiffness.

### Cause:



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As we get older, degeneration can affect multiple areas in the body. One area that is prone is where tendons attach to bone. Degeneration is the leading cause of medial epicondylitis. Injuries, whether an acute strain, or from chronic overuse, can also be associated with development of medial epicondylitis. A severe injury, or chronic tendinitis, can cause partial or complete tears, where the tendon can detach from the bone.

## Diagnosis:

A careful history and physical examination will diagnose most cases of medial epicondylitis. X-rays may be obtained to evaluate for other causes of elbow pain, and to evaluate for bony abnormalities. Diagnostic ultrasound can be used to visualize tears and tendinitis. Occasionally, an MRI may be required.

## Treatment:

Most patients with medial epicondylitis are treated nonsurgically. Injections and surgery are also options.

### Nonsurgical Treatment

- Modalities such as anti-inflammatories, ice, heat, and bracing can be helpful.
- Physical therapy is the mainstay of treatment, and can not only help to restore range of motion and strength to the elbow, but it may also encourage healing of the degenerated tendon to bone.
- PRP injection. PRP uses the body's own healing factors to help heal tendonitis and partial tears. PRP is one of the most effective ways to treat medial epicondylitis. It may speed time to healing, and reduce the duration of symptoms. Other *biologicals*, such as AmnioFix, may also be effective in stimulating the body's own healing response.
- Steroid injections. Cortisone is a powerful anti-inflammatory medicine that is injected around the tendon origin. It can help to reduce pain, but there is concern that it may interfere with healing of the tendon to bone. Repeat injections can actually cause the degeneration to worsen.

### Surgery



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The vast majority of patients with medial epicondylitis are treated nonsurgically. When surgery is necessary, it can be done in an outpatient setting with a small incision over the inner aspect of the elbow. Surgery is typically recommended only after 6-12 months of conservative treatment.