

Special Article - Tendon

Lateral Elbow Tendinopathy and 448 kHz Capacitive Resistive Monopolar Radiofrequency

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Received: September 04, 2018; **Accepted:** September 18, 2018; **Published:** September 25, 2018

Short Communication

Lateral Elbow Tendinopathy (LET) commonly referred as lateral epicondylitis or tennis elbow is a common sports/musculoskeletal injury. LET is usually defined as a syndrome of pain in the area of the lateralepicondyle which may be degenerative rather than inflammatory. The main complaints of patients with LET are decreased function and pain both of which may affect daily activities. Physiotherapy is usually proposed for the treatment of LET. Many physiotherapy maneuvers, electrotherapeutic and non-electrotherapeutic modalities, has been recommended for the rehabilitation of LET. These treatments have different theoretical mechanisms of action, but all have the same aim, to improve function and reduce pain. Thus, there is need for more research in order to find out the most effective treatment technique in LET patients since this variety of treatment modalities suggests that the most proper treatment approach is not known.

The most common physiotherapy treatment for LET is a supervised or in clinic exercise program. One program consisted of isometric Exercises Of Extensor Carpi Radialis Brevis (ECRB), the most common site injury of LET, as well as isotonic (concentric and eccentric mainly) and static stretching exercises of ECRB is usually recommended [1]. The exercise program should include exercises not

only for ECRB strengthening but also for supinator strengthening [2]. In addition, rotator cuff and scapular muscles strengthening is also needed [3]. Finally, therapists should use techniques to improve the proprioception since LET patients have also reduced proprioception [4].

Electro therapeutic modalities, have also been recommended in the management of LET. These modalities do not use as a substitute for exercise but as a supplement to exercise program. More recently, physiotherapists are able to use a new modality called 448 kHz Capacitive Resistive Mono Polar Radiofrequency (CRMRF). However, the evidence of the CRMRF in the management of LET is minimal. The mechanism of this method is under research. Future studies are needed to standardize CRMRF parameters in the management of LET (acute, chronic and calcific), and secondly, well-conducted trials are needed to find out the effectiveness of CRMRF in the treatment of any kind of LET. In addition to the analysis of the effectiveness of the CRMRF treatment, a cost-effectiveness analysis should be incorporated in the trial, because reduced costs are important issues for the recommendation of a treatment. Finally, further studies on the possible mechanisms the effects of CRMRF on LET are also needed.

References

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