

# Lateral epicondylalgia

A new structured treatment program with an inter-disciplinary approach

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av

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Avhandlingen baseras på följande delstudier:

- I Nilsson P, Thom E, Baigi A, Marklund B, Månsson J  
*A prospective pilot study of a multidisciplinary home training programme for lateral epicondylitis*  
Musculoskeletal Care 2007; 5:36-50
- II Nilsson P, Baigi A, Marklund B, Månsson J  
*Cross-cultural adaptation and determination of the reliability and validity of PRTEE-S (Patientskattad Utvärdering av Tennisarmbåge), a questionnaire for patients with lateral epicondylalgia, in a Swedish population*  
BMC Musculoskeletal Disord. 2008; 9: 79
- III Nilsson P, Lindgren E-C, Månsson J  
*Lateral epicondylalgia. A quantitative and qualitative analysis of interdisciplinary cooperation and treatment choice in the Swedish health care system*  
Submitted
- IV Nilsson P, Baigi A, Swärd L, Möller M, Månsson J  
*Lateral epicondylalgia; A structured treatment program better than corticosteroids and NSAID in the long run*  
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# Lateral epicondylalgia

## A new structured treatment program with an inter-disciplinary approach

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### Abstract

**Background:** Lateral epicondylalgia (LE) is a common musculoskeletal diagnosis but there is no structured way to effectively treat and evaluate this disease.

**Study I:** *Aim:* To evaluate a new structured treatment program. *Design:* Prospective. *Method:* Intervention group (n= 51) was treated with a structured home training program and compared with a control group (n=27) treated conventionally. *Result:* After four weeks the intervention group experienced less pain, better function and had less sick-leave. After 16 weeks the intervention group still had better function and less sick-leave. Pain decreased but not significantly. *Conclusion:* A structured treatment program can improve function and reduce sick leave in patients with LE.

**Study II:** *Aim:* To translate, cross-culturally adapt, evaluate the reliability and validity of the questionnaire "Patient-rated Tennis Elbow Evaluation" (PRTEE-S). *Design:* Translation and cross-cultural adaptation. *Method:* The PRTEE, was cross-culturally adapted into Swedish. Patients with LE (n=54) were assessed to establish the validity and reliability of the PRTEE-S. *Result:* The reliability and the internal consistency were excellent with high validity. *Conclusion:* The PRTEE-S is a reliable and valid instrument to evaluate LE in Swedish-speaking patients, and can be used in both research and clinical settings.

**Study III:** *Aim:* To describe health care professionals' treatments, cooperation and their perceptions of acute LE. *Design:* Quantitative descriptive and qualitative content analysis. *Method:* Orthopedic surgeons, General Practitioners, physiotherapists and occupational therapists (n=321) answered a questionnaire including three open-ended questions. *Result:* Findings resulted in five categories; Right level of care, Increased quality of care, Decreased quality of care, Side effects and Inadequate treatment. Cooperation advantages were higher rated than disadvantages. *Conclusion:* Treatment cooperation benefits the patients by shortening the rehabilitation, minimizes risks and provides the professionals with opportunity for improved learning and exchanging experiences. These conditions must be met in order to improve health care quality.

**Study IV:** *Aim:* To evaluate a structured treatment program for patients with LE. *Design:* Prospective with a two year follow-up. *Method:* The intervention group (n=103) were treated interdisciplinary with a structured program and the control group, (n=194) was treated pragmatically and were evaluated with a questionnaire two years after their visit at the clinic. *Result:* More than half of the patients still experienced some pain and function loss from their elbow. The intervention group had less sick leave absence at the time for the first visit, less pain and function loss and fewer periods of recurrences and needed less additional therapy. *Conclusion:* LE is not always a self-limiting condition and needs treatment. A structured treatment program is more effective than NSAID and corticosteroid injections. Fewer additional treatment and sick leave was needed.

**General conclusions:** A structured program with an out-lined way to treat LE by using interdisciplinary cooperation could mean that pain, function loss and sick leave decreased with minimized side effects. LE could be evaluated by using PRTEE-S which is an easy, reliable and valid questionnaire.

**Keywords:** elbow, function, interdisciplinary, lateral epicondylalgia, pain, PRTEE-S, recurrence period, sick-leave, training program.

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