Journal of
Surgical Orthopaedic
Advances

LETTERS TO THE EDITOR

Treatment of Lateral Epicondylitis: Try It, What Do You Lose?

Dear Editor:

About 40 years ago I was attending the Orthopaedic Academy Meeting and bought a hand vibrator to use in posttraumatic cases. When I had my first attack of lateral epicondylitis, it came to my mind to use this gadget for treatment.

Like all other orthopaedic surgeons I had tried all methods of treatment for this condition, from cortisone to surgery, with temporary to permanent success, more often with the former. One day, when I had it myself, I thought of applying massage to the painful spot. The result was excellent. Subsequently, when I had my first patient with a lateral epicondylitis, I applied the vibrator over the most sensitive spot for about 1 minute. The following day the pain and tenderness were both less intense. Cautiously, I repeated the same procedure on the 3rd day which completed my recovery. Subsequently, I used the same treatment on other patients with invariably good results. Ever since, I have been using no other method of treatment for this condition. However, some cases necessitate it once or twice more to obtain a complete cure. I should also add that I have never used it in chronic cases where there are already local pathological changes. These cases do not seem to respond so favorably. Shift on to the vicinity in enlarging circles for about an inch around. Obviously, there is pain but this is tolerable because it lasts only during application of the vibrator. No postprocedure care or medication is needed. Signs of recovery appear with a day or two. A follow-up examination in a week is necessary.

The procedure is very simple; no special preparation is necessary. The patient sits by the table and rests the arm on it; the elbow is flexed to 90° and the forearm is in mid-pronation-supination. Without any pressure, a small electric vibrator is applied to the most prominent part of the lateral epicondyle, which is usually the most tender, for a few seconds. Residual pain or tenderness may necessitate another session. However, very rarely is a third attempt required.

I am interested in knowing the underlying scientific explanation from a physiatrist or one of my colleagues. I highly recommend this simple and harmless procedure to my orthopaedic colleagues. Since I have been successfully using this treatment for many years, I have been recommending its use to the new residents and physicians to be, whom I have met over the years.

Philip I. Salib, MD, FACS
Orthopaedic Surgeon
Harvard Medical School-Massachusetts General Hospital

~

Idiopathic Scoliosis: Evaluation of Bracing in Right Thoracic Curves, Bohlen, BA, JSOA 11(1):58, 2002

Dear Editor:

I believe that the abstract entitled "Idiopathic Scoliosis: Evaluation of Bracing in Right Thoracic Curves" by Barry A. Bohlen, published in volume 11, number 1, may be somewhat misleading in its conclusion. It is stated in the abstract that the "bracing protocol was in the night fashion, which consisted of wearing the brace after school until the next morning" without specifying which type of brace/device was used.

Experience and evidence has shown that brace effectiveness is directly proportional to the number of hours worn (1). The stated conclusion,"This study shows that bracing has little effect on the progression and final outcome of right thoracic idiopathic scoliotic curves," is not warranted unless the phrase "under this bracing protocol" is added.

Federico Adler, MD
Clinical Professor
The University of Kansas Medical Center

1. Rowe, D., Bernstein, S. M., Riddick, M. F., Adler, F., Emans, J. B., Gardner-Bonneau, D. A meta-analysis of the efficacy of non-operative treatments for idiopathic scoliosis. J. Bone Joint Surg. 79-A:664–674, 1997.