

## How Do You Treat *Tennis Elbow* in Your Practice?

**T**ENNIS ELBOW (LATERAL ELBOW PAIN) has a prevalence of 1.3% with no gender predominance. The pathology is thought to be due to an overuse syndrome of the long extensor muscles of the forearm leading to a localized fasciitis or enthesopathy at lateral epicondyle where the extensor tendons insert. Lateral elbow pain is brought on by resisted supination (e.g., wringing a towel or back-hand tennis serve), or simply gripping heavy objects. Tennis elbow pain was described in ancient texts of Traditional Chinese Medicine as *zhǒu láo*, which is due to repetitive injury of the tendons with stagnation of blood and excess moisture in the corresponding Large Intestine meridian.

In my clinical practice, for treating tennis elbow pain, 1–2 Ah Shi points (maximum tenderness) are normally selected, together with *Shǒusānlí* (LI 10), *Qūchí* (LI 11), and *Zhǒuliáo* (LI 12). Needles, 0.20mm×20 mm, are inserted perpendicularly except at the Ah Shi points which are at 20° to the skin surface. If pain is mild to moderate, it would be beneficial to add 2 Hz low frequency electrical stimulation from a TENS machine. For severe pain, TENS is not recommended and manipulation of needles should be performed to maintain De Qi.

During cold and damp weather, indirect moxibustion can be added to the area with a moxa stick to activate the Qi and alleviate blood stagnation. The duration for each acupuncture treatment should be 30–35 minutes, to be repeated 2 to 3 times weekly, for a period of 4 weeks. Across the board, over 60% of patients report pain relief and improvement of functionality of their forearm.

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**T**HE ISSUE IN TENNIS ELBOW is stagnation in an area between Large Intestine and Triple Energizer meridians. A French Energetics technique is successful for 90% of cases within 4–6 treatments—using either LR 3, LR 8, and GB 34 circuit, or SP 6, SP 9, and ST 36 tonified at 2 Hz along Yin meridian with local points LI 8 to LI 11 as tender plus Ah Shi tender points. The underlying pathology is tendinosis (degeneration without inflammation); the local points are crucial to promote improved blood flow and organized scar tissue formation at the lateral epicondyle. If there is cervical pain referred from the elbows, then the neck should also be treated.

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**A**CUPOINTURE IS AN EFFECTIVE treatment for tennis elbow and in my view, may well be the treatment of choice. It avoids the potential side effects of NSAIDs and steroid injections, and frequently works with 1 or 2 treatments. Anatomical acupuncture can be a simple initial approach, supplemented if necessary with meridian-related points. In a typical case, palpation of the forearm will generally reveal a number of trigger points in the wrist extensors, but there will often be a more extensive tension pattern involving triggers up into the shoulders, neck, upper back, and occasionally even the lower back.

Locally, the site of pain can be surrounded with needles, and satellite sensitive points needled and desensitized. This would include forearm points like LI 10,11, LI 4, LU 5,7, TH 5, PC 3, and HT 3. In the neck, GB 20 is useful, as are any tender Hua-Tuo-Jia-Ji points in the neck and upper back. Commonly sensitive points in the rhomboids might include: BL 13,14,15, and 38(43); in the shoulder:

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*Medical Acupuncture* is pleased to continue this regular feature, *Clinical Pearls*, which we have found to be very useful and practical to the readership, and a very popular regular feature in the Journal. All of us are confronted with clinical challenges, especially when dealing with therapeutic strategies. We hope this ongoing collection of *Clinical Pearls* will be easily accessible and ready to put into action for the benefit of our patients, and even ourselves. How often do we ask our colleagues, "How do you treat . . . ?" This time, we posed the question: "How do you treat tennis elbow in your practice?" Herein lie your contributions. We trust that our readership will continue to participate in this section by either asking the questions or supplying the "Pearls." If you have a "question" you would like to see answered, please send it to our Managing Editor at RosalynR@aol.com; RozMedAc@aol.com. We encourage and welcome your input and participation. Please address your answers to "Pearls" to our Managing Editor at RosalynR@aol.com; RozMedAc@aol.com.

GB 21, TH 15, and SI 10,11,12. General points like GB 34, GV 20, and LV 3 can be added during the initial treatment and the patient sent home with an ear tack on the elbow point.

For those who want to use Meridian Energetics, Contrary and Inverse points can be used for a case of recent onset, while for more recalcitrant cases, more formal N–N+1 circuit may be necessary, with the goal of moving energy stagnation in the Yang Ming. In this situation, high frequency (100–150 Hz) electrical stimulation may be used with the black lead on the Arm Yang Ming and the red lead decussated to the contralateral Leg Yang Ming or Tai Yin.

Many patients will obtain significant improvement within a few treatments scheduled once or twice a week. However, he/she should be cautious about returning to the offending activity (since the problem may then return).

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**T**HE METHOD I USE TO TREAT TENNIS ELBOW is the same method I would use to treat most types of pain, whether external or internal. Called *Acupuncture 1, 2, 3*,<sup>1</sup> this is a treatment system composed of 3 steps:

1. Identify the “imbalanced” meridian
2. Identify which meridians can treat the imbalanced meridian
3. Identify the appropriate points to image the imbalanced meridian; then, plan a treatment strategy.

If the correct choices are made, results should be almost instantaneous. Dr Tan (the instructor of this approach) says, “*Li Gan Jian Ying* (stand a pole under the sun and you should immediately see its shadow).”<sup>1</sup>

First, treatment is based on treating the imbalanced channel (is not based on Zang-Fu theory).<sup>1,2</sup> Second, needling must achieve a strong De Qi sensation. Third, during treatment, the patient often needs to move the “injured” part; thus, treatment is distal and not local. Fourth, needling must be appropriate for the level of the problem: skin-to-skin, muscle-to-muscle, bone-to-bone.

Tennis elbow usually occurs around the lateral humeral epichondyle LI 11 (Quchi), or the annular ligament of the radius SJ 10 (Tianjing). In the case for simplicity, I examine and treat LI 11.

The last caveat related to treatment strategy is left-right/up-down. For example, when the problem is on the right upper body, treat on the lower body, either the left or the right side. If the choice is to treat on the upper body, treat

on the contralateral side. (There is an exception to same-side needling discussed below.)

- Step 1: Identify the “imbalanced” meridian; in this case, Large Intestine (LI).
- Step 2: Identify the meridian(s) to treat the imbalanced meridian. There are at least 7 “systems” to do this as noted in Table 1.
- Step 3: Image where the treatment will occur and select appropriate point(s). Just as one can image the body on the ear or the hand, other body imaging patterns exist. There are many imaging options available; a simple example is presented in Table 2.

Since the pain is in the LI Meridian at the elbow, identify comparable points at the level of the left elbow and/or the right and left knee.

Imbalanced meridian LI, level LI 11; thus, treatment options would be: System 1 ST 35 (Dubai) contralateral; System 2 LR 8 (Ququan) ipsilateral or contralateral; System 3 LU 5 (Chize) contralateral; System 4 KI 10 (Yingu) ipsilateral or contralateral; System 5 same as System 1; System 6, the exception, LI, treat a distal point such as LI 3 (Sanjian) or LI 4 (Hegu) or special point Ling Ku ipsilateral; System 7 SP 9 (Yinlingquan) ipsilateral or contralateral.

TABLE 1. SEVEN SYSTEMS TO IDENTIFY THE TREATING MERIDIAN (LI HAND YANG MING)

System	System Name	Balanced With	Side to Needle
1 Yin-Yin Yang-Yang	Sharing <sup>1</sup>	ST Foot Yang Ming	Contralateral
2 Yin-Yang Yang-Yin	Bie-Jing Branching Channels <sup>1</sup>	LR Foot Jue Yin	Ipsilateral Contralateral
3 Yin-Yang Yang-Yin	Biao Li Internal/External <sup>1</sup>	LU	Contralateral
4 Yin-Yang Yang-Yin	Chinese Clock Opposites <sup>1</sup>	KI	Ipsilateral Contralateral
5 Yin-Yin Yang-Yang	Chinese Clock Neighbors <sup>1</sup>	ST	Contralateral
6 Yin-Yin Yang-Yang	Imbalanced Meridian <sup>3</sup>	LI	Ipsilateral
7 Bu Gua Heritage	Ba Gua Fu Zi <sup>4</sup>	SP	Ipsilateral Contralateral