Entitlement Eligibility Guideline

Chronic Elbow Tendinopathy (Epicondylitis)

Date reviewed: 22 January 2025

Date created: February 2005

***ICD-11* codes:** FB55.1, FB55.0

VAC medical code: 72632 Epicondylitis

Definition

Chronic elbow tendinopathy encompasses conditions affecting the tendons that attach to the elbow's lateral and medial epicondyles.

For the purposes of this entitlement eligibility guideline (EEG), the following conditions are included:

- chronic elbow tendinopathy
- chronic elbow tendinosis/tendinitis
- chronic elbow epicondylitis (lateral or medial).

Diagnostic standard

Diagnosis by a qualified medical physician (orthopedic surgeon, family physician), nurse practitioner, or physician assistant (within their scope of practice) is required.

The diagnosis is primarily clinical, based on the patient's history of chronic elbow pain, physical examination findings of tenderness at the lateral or medial epicondyle, and pain or weakness with resisted wrist extension or flexion.

Note: For Veterans Affairs Canada (VAC) entitlement purposes, the lateral or medial location of the tendinopathy must be specified.

Anatomy and physiology

Tendinopathy is an umbrella term that describes a broad range of tendon conditions characterized by pain, functional impairment, and often structural changes within the tendons.

Tendinosis refers to degenerative changes in the tendon characterized by abnormal tissue regeneration, disorganized collagen fibers, and a lack of inflammatory cells.

Tendinitis refers to inflammatory changes in the tendons.

Chronic elbow tendinopathy encompasses conditions affecting the tendons that attach to the elbow's lateral and medial epicondyles, giving rise to two distinct forms. **Lateral epicondylitis** (tennis elbow) and **medial epicondylitis** (golfer's elbow), are conditions resulting from chronic inflammation at the origin of the elbow extensor and flexor tendons resulting in pain and tenderness.

Lateral epicondylitis (tennis elbow)

The lateral epicondyle anchors the extensor tendons that facilitate wrist extension, which is movement of the hand away from the palm. Lateral epicondylitis is marked by pain and tenderness over the lateral epicondyle of the elbow, the aspect of the elbow which points upward when the palm is flat on a surface. This condition primarily arises from repetitive wrist extension, like the backhand in tennis, or radial deviation movements, leading to microtears and degeneration in the tendon attachment.

Medial epicondylitis (golfer's elbow)

The medial epicondyle anchors the flexor tendons that facilitate wrist flexion, which is movement of the hand toward the palm. Medial epicondylitis is marked by pain and tenderness over the medial epicondyle of the elbow, the aspect of the elbow which points downward when the palm is flat on a surface. Similar to its lateral counterpart, it results from overuse or repetitive forceful wrist flexion and pronation leading to microtears and degeneration in the tendon attachment.

Both conditions manifest as a consequence of overuse or stress, triggering degenerative changes at the tendon origins. Such pathological alterations include structural disorganization and a departure from the normal tendon architecture, directly impacting the elbow's function by inducing pain and limiting movement.

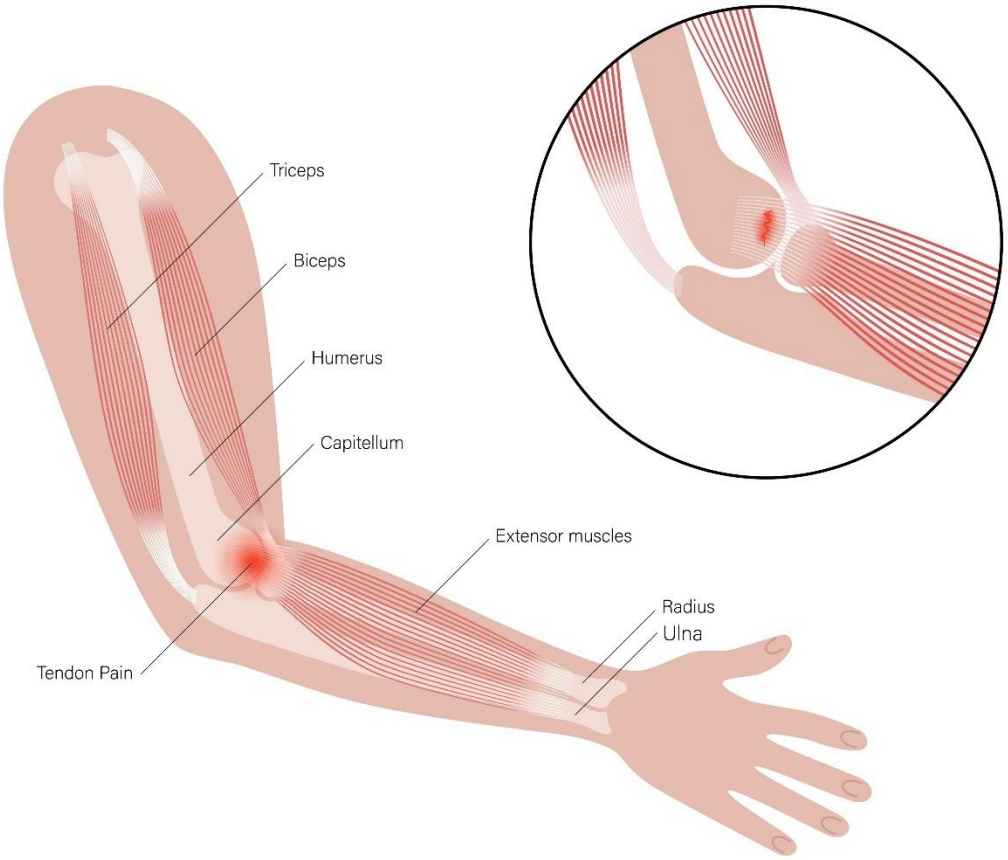
Clinical features

Chronic elbow tendinopathy, either lateral epicondylitis (tennis elbow) and medial epicondylitis (golfer's elbow), exhibits distinctive clinical features corresponding to the affected tendon and the specific movements. The diagnosis is primarily clinical, based on the patient's history of chronic elbow pain, physical examination findings of tenderness at the lateral or medial epicondyle, and pain or weakness with resisted wrist extension or flexion.

Lateral epicondylitis (tennis elbow)

Individuals experiencing tennis elbow commonly describe a progressive onset of pain located at the elbow's lateral aspect (the side of the elbow that faces away when the palm is oriented upwards), potentially extending into the forearm (Figure 1: Lateral epicondylitis). This discomfort is primarily made worse by movements that involve wrist extension (movement of the hand upwards, away from the palm side) or radial deviation (movement of the wrist towards the thumb side). Examples of activities that may provoke symptoms include manipulating a doorknob, executing a backhand stroke in tennis, or lifting objects with the palm facing downwards. This condition is denoted by tenderness at the lateral epicondyle and potentially a reduction in grip strength. The discomfort increases during activities that challenge the wrist to extend against resistance.

Figure 1: Lateral epicondylitis (tennis elbow)



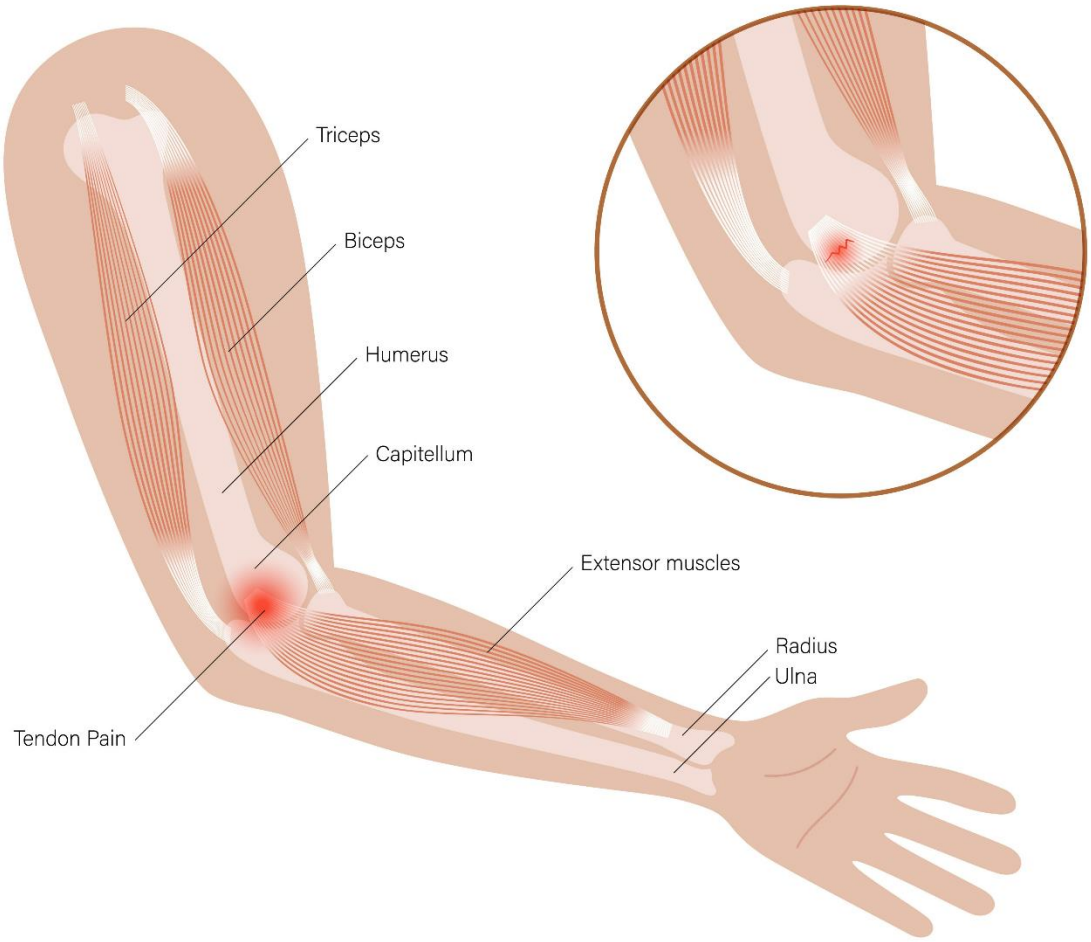
An illustration of a human arm displays key anatomical structures, including the triceps, biceps, humerus, capitellum, extensor muscles, radius, and ulna. Pain from **lateral epicondylitis** originates at the **lateral aspect of the elbow** and is commonly triggered by activities such as manipulating a doorknob, executing a backhand stroke in tennis, or lifting objects with the palm facing downward. Source: Veterans Affairs Canada (2024).

Medial epicondylitis (golfer's elbow)

Individuals with golfer's elbow predominantly report pain on the elbow's medial aspect (the side of the elbow that faces towards the body when the palm is oriented upwards), which may spread into the forearm (Figure 2: Medial epicondylitis). The pain intensifies during activities that involve wrist flexion (movement of the hand downwards towards the palm side) and pronation (rotational movement of the forearm that positions the palm downwards). Actions triggering this pain include swinging a golf club, performing a throwing motion, or grasping objects with the palm facing upwards. Medial epicondylitis is characterized by tenderness at the

medial epicondyle and discomfort during tasks that demand wrist flexion against resistance and may lead to a decrease in grip strength.

Figure 2: Medial epicondylitis (golfer's elbow)



An illustration of a human arm displays key anatomical structures, including the triceps, biceps, humerus, capitellum, extensor muscles, radius, and ulna. Pain from **medial epicondylitis** originates at the **medial aspect of the elbow** and is commonly triggered by activities such as swinging, grasping, or throwing. Source: Veterans Affairs Canada (2024).

Both forms of epicondylitis, rooted in tendinopathy due to overuse or repetitive stress, distinctly compromise the ability to execute specific wrist and forearm movements associated with the extensor and flexor tendons.

Note: The duration of elbow tendinopathies usually ranges from weeks to months after which there is usually complete recovery.

Lateral elbow tendinopathies is typically seen in a middle-aged population (30-65 years) with an equal sex distribution. However, medial elbow tendinopathy typically affects people aged 40-60 years and more commonly affects female than male sex.

Entitlement considerations

Section A: Causes and/or aggravation

For (VAC) entitlement purposes, the following factors are accepted to cause or aggravate the conditions included in the Definition section of this EEG, and may be considered along with the evidence to assist in establishing a relationship to service. The factors have been determined based on a review of up-to-date scientific and medical literature, as well as evidence-based medical best practices. Factors other than those listed may be considered, however consultation with a disability consultant or medical advisor is recommended.

The timelines cited below are for guidance purposes. Each case should be adjudicated on the evidence provided and its own merits.

Factors

1. **Overuse:**

    a) **Performing forceful and repetitive activities** with the hand or forearm on the affected side, or
    b) **Performing forceful and sustained activities** with the hand or forearm on the affected side.

    Forceful means applying a substantial amount of force or pressure, using the muscles of the hand or forearm.

    Repetitive means performing the same or similar hand or forearm movements repeatedly over time.

    Sustained means for at least one hour per day, on more days than not, over at least three months before the clinical onset of chronic elbow tendinopathy. If specified activities have ceased before the clinical onset or aggravation of chronic

elbow tendinopathy, then onset or aggravation must have occurred within 30 days of cessation.

Note: Activities with the hand or forearm that involve bending or straightening of the elbow; rotation, pronation, supination, twisting or screwing motion of the forearm; and flexion, extension or bending of the wrist or hand are examples of activities considered repetitive or forceful.

2. **Specific trauma** to the soft tissue around the elbow joint prior to clinical onset or aggravation. For specific trauma to cause or aggravate chronic elbow tendinopathy, the following should be evident:

   a) within 24 hours of the injury, development of tenderness, pain, swelling, discoloration, or altered mobility, or any other pertinent sign or symptom, should occur in the elbow joint, and

   b) signs/symptoms should recur, either continuously or intermittently, from the time of the specific trauma to the time of diagnosis.

3. Having one or more of the following **systemic arthritic diseases** at the time of clinical onset or aggravation of chronic elbow tendinopathy:

   - ankylosing spondylitis
   - Behcet syndrome
   - gout or another crystal-induced arthropathy
   - enteropathic spondyloarthropathy
   - psoriatic arthropathy
   - reactive arthritis
   - rheumatoid arthritis
   - undifferentiated spondyloarthropathy.

4. Inability to obtain **appropriate clinical management** of chronic elbow tendinopathy.

Section B: Medical conditions which are to be included in entitlement/assessment

Section B provides a list of diagnosed medical conditions which are considered for VAC purposes to be included in the entitlement and assessment of chronic elbow tendinopathy. No included medical conditions were identified at the time of the publication of this EEG.

Section C: Common medical conditions which may result, in whole or in part, from chronic elbow tendinopathy and/or its treatment

No consequential medical conditions were identified at the time of the publication of this EEG. If the merits of the case and medical evidence indicate that a possible consequential relationship may exist, consultation with a disability consultant or medical advisor is recommended.

Links

Related VAC guidance and policy:

- Ankylosing Spondylitis – Entitlement Eligibility Guidelines
- Rheumatoid Arthritis – Entitlement Eligibility Guidelines
- Pain and Suffering Compensation - Policies
- Royal Canadian Mounted Police Disability Pension Claims - Policies
- Dual Entitlement – Disability Benefits - Policies
- Establishing the Existence of a Disability - Policies
- Disability Benefits in Respect of Peacetime Military Service – The Compensation Principle - Policies
- Disability Benefits in Respect of Wartime and Special Duty Service – The Insurance Principle - Policies
- Disability Resulting from a Non-Service Related Injury or Disease - Policies
- Consequential Disability - Policies
- Benefit of Doubt -Policies

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SOPs - Repatriation Medical Authority

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