

# Tennis elbow a painful, but treatable condition

## HEALTHY LIVING



Anne Stewart, OTR/L CHT

Lateral epicondylitis is a common elbow problem. It is otherwise known as tennis elbow; however the majority of people who are afflicted by this problem

do not actually play tennis. Men and women are affected equally and it is more common over the age of 40. Pain develops at the outside of the elbow, called the lateral epicondyle and often can very debilitating. Symptoms can linger for six to 24 months.

Lateral epicondylitis

generally develops over time from overuse with elbow and wrist motions, often when the elbow is held in a fully extended or straightened position while using a sustained grasp and or twisting motion of the forearm. Many people who perform physical labor, such as carpenters, construction workers, truck drivers or even someone who has a less physical but more repetitive occupation can experience symptoms. There are also many recreational or yard activities that could contribute to elbow pain as a result of cycling, tennis playing, wood cutting and repetitive carrying.

The lateral epicondyle is the outer bone located at the elbow. The extensor tendons of the hand and

wrist insert onto this area. When there is excessive or strenuous motions of these tendons, overtime there can be a degeneration of the tendon attachment. There is poor vascular supply in this area which contributes to these micro tears of the tendon. The body tries to heal this by creating increased blood flow or inflammation. As a result, scar tissue is laid down to better secure the tendon attachment. This attachment is not as flexible or resilient as the normal healthy tendon and often creates stiffness and pain on the lateral epicondyle. Other conditions which will often coincide with lateral epicondylitis are radial tunnel syndrome. Symptoms can often radiate up or down the arm

and often people will feel tightness and achiness in their extensor forearm muscle from an irritated radial nerve. This pain is located more in the top of the forearm muscle belly as opposed to the outer bone of the elbow.

What are the steps to get treated and what type of treatments are available for this condition? People with these symptoms should first make an appointment to see their primary care physician or orthopedic surgeon for a diagnosis. The physician may recommend an anti-inflammatory oral medicine and or a cream as well as rest. Sometimes the patient will be given a wrist splint, which is often used for carpal tunnel syndrome as well or a forearm tennis elbow strap. Occasionally

the doctor will recommend a cortisone injection for pain relief. Often, the patient will be referred to an occupational and/or certified hand therapist for an evaluation and appropriate treatment.

Therapy treatments could consist of, but are not limited to, ultrasound, massage, splinting, forearm stretches and nerve glides, iontophoresis, electrical stimulation and exercises. It is often said that conservative treatment, including therapy, often will benefit the majority of patients. There are certainly a small percentage of patients that do not get better and the physician will perform surgery to better reinforce the area where the tendon attaches to bone. The patient can then be referred

for therapy post operatively for guided range of motion and strengthening when appropriate.

In summary, lateral epicondylitis, or tennis elbow, is a common wrist and elbow condition that can be successfully treated by an occupational or hand therapist. Start with an examination by your physician and follow through with their recommendations.

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# Male contraceptive is safe, effective — and can't find a company

By ARI ALTSTEDTER  
BLOOMBERG

Doctors are on the cusp of launching the first new male contraceptive in more than a century. But rather than a Big Pharma lab, the breakthrough is emerging from a university startup in the heart of rural India.

Years of human trials on the injectable, sperm-zapping product are coming to an end, and researchers are preparing to submit it for regulatory approval. Results so far show it's safe, effective and easy to use—but gaining little traction with drugmakers. That's frustrating its inventor, who says his technique could play a crucial role in condom-averse populations.

A new birth control method for men has the potential to win as much as half the \$10 billion market for female contraceptives worldwide and cut into the \$3.2 bil-

lion of annual condom sales, businesses dominated by pharmaceutical giants Bayer AG, Pfizer Inc. and Merck & Co., according to estimates from the last major drug company to explore the area. India's reversible procedure could cost as little as \$10 in poor countries, and may provide males with years-long fertility control, overcoming compliance problems and avoiding ongoing costs associated with condoms and the female birth-control pill, which is usually taken daily.

It could also ease the burden on the 225 million women in developing countries, who the World Health Organization says have an unmet need for contraception. Yet so far only a U.S. non-profit has taken up development of the technology abroad.

For Sujoy Guha, 76, the biomedical engineer who invented the product, the

challenge is to find a company that wants to sell it. But male contraception is an area Big Pharma has so far shown little interest in.

"The fact that the big companies are run by white, middle-aged males who have the same feeling—that they would never do it—plays a major role," said Herjan Coelingh Bennink, a gynecology professor who helped develop the contraceptives Implanon and Cerazette as head of research and development in women's health for Organon International from 1987 to 2000. "If those companies were run by women, it would be totally different."

Guha's technique for impairing male fertility relies on a polymer gel that's injected into the sperm-carrying tubes in the scrotum. The gel, which has the consistency of melted chocolate, carries a positive charge that acts as a

buffer on negatively charged sperm, damaging their heads and tails, and rendering them infertile.

The treatment, known as reversible inhibition of sperm under guidance, or RISUG, is reversed with a second shot that breaks down the gel, allowing sperm to reach the penis normally.

The expected launch of RISUG over the next two years will contribute to the Indian contraceptive market's 17 percent growth through 2021, according to a report last year from Pharmaion Consultants, based near New Delhi.

The procedure is 98 percent effective at preventing pregnancy—about the same as condoms if they are used every time—and has no major side effects, according to R. S. Sharma, head of reproductive biology and maternal health at the Indian Council



Sumit Dayal | Bloomberg

Research assistants work at the reversible inhibition of sperm under guidance (RISUG) male contraceptive treatment research and development laboratory at the Indian Institute of Technology Kharagpur.

of Medical Research. About 540 men have received it in India, where it continues to prevent pregnancies in their partners 13 years after treatment, he said.

A submission to regulators this year will seek approval for RISUG as a permanent method of birth control. That

will be appended with clinical data supporting reversibility, Sharma said.

India has more married women with an unmet need for family planning than any other country, and social stigma and a lack of privacy in stores has kept condom use to less than 6 percent.