

# Transcutaneous electrical nerve stimulation for the management of tennis elbow: a...

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Journal Article Review al Affiliation Methods This was a randomized controlled trial in primary care to examine the effectiveness of information and advice given by a medical practitioner on exercise and analgesia through employing transcutaneous electrical nerve stimulation as a non-drug method of analgesia to minimize the intensity of pain in patients with tennis elbow. The study setting was based on 38 different general practices in the UK (West Midland area) where clinical diagnosis was conducted by a general practitioner. The patient population targeted both male and female individuals aged 18 years and over with a first or new clinical diagnosis of tennis elbow. Furthermore, the patients were supposed to speak, write and read English in order to give a written consent. In addition, the participants were excluded if one had received treatment through physiotherapy or gone for consultation in the last 6 months for tennis elbow; if one had inflammatory arthritis history, contraindications to TENS, the elbow had gross structural abnormality or neuropathic pain. The study group commenced with an assessment of 422 patients, but only 241 adults were eligible, thus randomly placed on either primary care management only or primary care management together with TENS. There was blinding where treatment allocation was concealed from all participants and study personnel during the study to ensure independent selection of participants. Both primary and secondary outcome measures were self-reported elbow pain intensity at six weeks, six months and twelve months through postal questionnaire. The analysis was with the intention to treat.

## Results

The adherence to TENS and exercise recommendations reported was low at

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the sixth week with only 42 patients in the primary care management plus TENS group meeting the prior identified adherence criteria. However, both intervention groups demonstrated significant improvements in pain and secondary upshots, specifically throughout the initial duration (six weeks) of follow-up. Nevertheless, no statistically or clinically significant variations were recorded between the groups during any monitoring. After the first six weeks, the pain difference improvement between the groups was -0.33, that is, 95% confidence interval to 0.31:  $P = 0.31$  in support of the primary care management alone group, adjusting sex, age and the pain baseline score. Therefore, the TENS presented no additional clinical advantages over primary care management comprising of advice and information on exercise and analgesia for tennis elbow patients, possibly owed to poor observance of treatment recommendations. However, it is evident that patients with tennis elbow could relieve their pain through TENS.

#### Reference

Chesterton, L., Lewis, A., Sim, J., Mallen, C., Mason, E., Hay, E., & van der Windt, D. (2013). Transcutaneous electrical nerve stimulation as adjunct to primary care management for tennis elbow: pragmatic randomised controlled trial (TATE trial). *BMJ*, 347(sep02 4), f5160-f5160. doi: 10.1136/bmj.f5160

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