Synopsis of the 4 Step Approach for Medial Epicondylitis
From Acupuncture Handbook of Sports Injuries and Pain by Whitfield Reaves, OMD, pp. 239-247
TCM 218 Acupuncture Assessment and Treatment of Musculoskeletal Disorders, Part I
CSTCM
Compiled by Jon Cacherat, M.Sc., L.Ac.

Clinical Overview of Medial Epicondylitis

- AKA Golfer's Elbow
- Inflammation of the common flexor tendon with possible micro-tears at the site of the attachment
- Usually due to repetitive motion disorders but can also be acute
- May also be referred to as a tendinosis with degeneration of the tendon sheath as well as the tendon itself
- Tenderness with palpation at the medial epicondyle and distally following the forearm flexors
- Pain with resisted wrist flexion and/or hand pronation
- Patient will typically have difficulty lifting and grasping objects and unscrewing lids to jars
- Pain in medial elbow
- Pain and stiffness down the forearm
- Onset is usually gradual
- Pain can be dull and intermittent
- Moderate to severe pain
- Aggravated by hand and wrist activities
- Treatable with acupuncture but not as easy as lateral epicondylitis
- Be on the lookout for cubital tunnel syndrome, ulnar nerve entrapment, or even a fracture
- Qi and Blood Stagnation in the channels and collaterals
- Encompassed by the HT and SI meridians. Internal organ imbalances are unclear

Prognosis

- Treat 2 x week for 3 weeks, then re-evaluate
- Continue treatment 1 x week after initial 3 weeks
- Refer out after 10 treatments if no progress

Step One: Initial Treatment

- Technique #1 TMM: SI-9, HT-9 bleeding technique or retain needles for 20-30 minutes. Be judicious and careful about bleeding/needling HT-9
- Technique #2 Opposite Side (Contralateral): opposite side ashi points, SI-8, HT-3
- Technique #3 Opposite Extremity (Upper/lower): KI-10
- Technique #4 Empirical Points: no well-known points for golfer's elbow

Step Two: Meridians and Microsystems

- Technique #5 Shu-Stream Combinations: SI-3 affected side + UB-65 opposite side; HT-7 affected side + KI-3 opposite side
- Technique #6 Traditional Point Categories: HT-5, SI-4 + HT-5, PC-5, PC-6. Use palpation to to assist in choosing best active points
- Technique #7 Extraordinary Meridians: DU SI-3 + UB-62; use the Du meridian in the event of a cervical nerve root impingement
- Technique #8 Auricular Therapy: Elbow, Shoulder, Master Shoulder, Cervical Spine, Shen-men, Thalamus, Adrenal, Endocrine

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Step Three: Internal Organ Imbalances

- Technique #9 Qi, Blood, Zang-Fu: This is usually due to repetitive motion injuries and not so much Zang-Fu imbalances. Still, be on the lookout for LR Qi Stag, LR Yin Def., LR Blood Def. Use GB-34 on affected side and LR-3 on the other.

Step Four: Site of Injury

- Technique #10: Primary lesions of medial epicondylitis are typically quite small. Precision acupuncture is essential. This is a "Yin" surface, thus making it more sensitive overall.
- Ashi points at the Medial Epicondyle: use oblique to transverse insertion of needles threaded distally. Use paired needles and insert at the "high" point of the epicondyle. Thread distally following the flexor group towards the wrist. Stay superficial enough to avoid hitting bone. Avoid needling into the flexor tendon. However, needling must penetrate deeper than the cutaneous zone. Stay as close to the bone and tendons as possible. Use 1.5" needles. Penetrate at least an inch. Consider electroacupuncture between the paired points or with other local or distal points. Thread moxa to the "high" point of the medial epicondyle should be considered if this treatment has minimal or no benefit
- Cupping: bleeding cup over the epicondyle. Carefully use a lancet at the painful bony prominence. Due to curvature of the anatomy here, retaining a cup may be tricky. A bit of lotion applied first may help suction.
- Common Flexor Tendon: about 1 cun distal to the epicondyle,
- Flexor trigger points: about 2 to 5 cun distal of the epicondyle. Tend to be in the Arm Shaoyin Jingjin even though not really any HT points in this area. Look for palpable bands. Consider retained pairs of needles into trigger points found in this area. Electroacupuncture is very useful
- LI-11 + "Outer" SI-8: These points are found on the radial and ulnar sides of the lateral epicondyle. "Outer" SI-8 is located in the depression between the lateral epicondyle and the olecranon process. Needle "outer" SI-8 obliquely. Electrostim is very good here
- LI-12 + LI-10: "Above and below" technique. Again, electrostim
- Neck and Scapula: Tennis elbow typically presents with neck and shoulder issues as well. Well worth considering as part of treatment. GB-20, UB-10
- Bai Lao: 2 cun superior, 1 cun lateral to DU-14. Near to C4, C5, C6
- Hua Tou Jia Ji points: C1 to T1
- SI-10, SI-11, SI-12, SI-14, SI-15
- Liniments
- Mellow heat before activities may be helpful
- Cross-fiber massage