A Rolfer™ Heals His Own Tennis Elbow With Combined Tissue Treatment and Exercise, Then Brings That Information Into Sessions With Clients

My own tennis elbow condition got so bad in 2012 that I could not pour milk from a gallon container without a lot of pain. I had learned some new Rolfing® techniques and in my eagerness I lost good coordination, self-awareness and self-care. I also learned that, like for me, it is common for such an injury to move from not feeling especially painful to total debilitation in a day.

Any injury like this is a complex affair of missed opportunities for coordinative action – in this case, lack of support in the back, ribs and shoulder girdle through the rhomboids, middle trapezius, serratus anterior (the magic muscle), and good sensing in all the affected joints: fingers, hand, wrist, elbow, glenohumeral and all of the physiological mechanisms that allow supported gliding of the scapula on the ribs. AND…when it’s messed up, it’s messed up and needs to be treated. Otherwise, ain’t no way just helping the coordinative pattern is really going to work. Now that my elbow is over %95 better, I am really enjoying re-patterning my use of the arm while I work, dance and drink milk (actually not drinking dairy right now. Hmmmm…hoist the large laundry detergent bottle, then.)

From what I understand, a tendinosis condition means that there are actual tiny tears in the tendon that will not heal without concentrated work. A lot of pain ensues when people try to strengthen this area when there is a tendinosis. An injured muscle or tendon needs good blood flow and actual loading (work) to heal. Unfortunately the body resists doing any work through that tendon, to protect the tears in the tissue, and will divert movement around it in any concentric contraction (curling the weight up). It was Sam Ianetta of Functional Fitness in Boulder CO who taught me that a tendon put into eccentric contraction (lowering the weight) must fire, even if there are tendinosis tears. It cannot help it. Because of this, it re-activates tissue growth and repair in the tendon! He taught me a few eccentric contraction-type exercises. Once I had figured it out, I made up my own, and figured out how that could work inside of a manual therapy treatment or home self-care session.

The area of tendinosis feels like it collects little globular areas on and around it. They feel to me like the tiny balls of tapioca in that tea drink so favored by the smart tea drinking set around Boulder CO. This is probably the body’s attempt to buttress the injured tension with dense connective tissue. It’s effect, though, is to impede the muscles gliding on its adjacent muscle synergists or antagonists.

In order to get free and supported movement (and by supported I mean the tensional support from adjacent muscles, as well as the leveraging of support from more distant muscles and joints, these globules need to soften. Like a lot of Rolfing SI work, the method for breaking up these impeding globules involves active client movement: I ask them to supply a light resistance as I treat the area with one hand using the other hand to put it into stretch. This “resisted stretch” – putting load on the targeted muscles and tendons while they are elongating – is an eccentric contraction!

I believe that the level of success I had, for myself, was persistent effort. The success I have had with clients has had to do with combining the soft-tissue manipulation and active eccentric contraction movements in session with homework exercises with clients combined with their persistent effort! (This is not something, in my opinion, that just ‘gets better on its own’.) It takes a while for an area to re-grow muscle. This will be longer or shorter depending on your background. Basically, first you get a neurological stimulation, then later actual tissue re-growth that is required for healing the tears in the tendon.

Here’s a little tour of self-care exercises for tennis elbow. Working through the pain doesn't work: concentric contractions (curling the weight up) hurt, felt weaker afterwards and made no improvement in my tennis elbow pain or post-exercise functionality (it still hurt to lift and pour the gallon of milk). Eccentric-oriented exercises (doing a negative curl only or rolling down the weight) relieved pain in the elbow and gradually gave me fuller use of the elbow, to the point where now I consider it 95% healed.

I use this idea in treating tendinosis anywhere in the body, making up movements for table work, and self-care exercises to suit. Right now, I have used this to good effect on Achilles tendon problems and bicep tendon issues, and am working on solutions for issues in the hip joint. Being a Rolfer means figuring out new solutions for every client every session in a sort of structured improvisation. We use a basic strategy then modify it based on its success with that particular client with that particular issue (and often, on that particular day).

Rolling down the weight: One of my favorites from Sam Ianetta: unrolling the weight down to the ground. For this you need a short thick piece of wooden dowel rod and about 6-8 feet of rope (depending on how tall you are). Fasten the rope to dowel and a weight. Start very light and go for high number of repetitions. The trick to this one: only roll the weight down to the floor. Roll the rope up on the dowel with the weights on the floor; lift it up with the unaffected side; unroll the weight down to the floor with only the affected side. Do not curl it back up until the tennis elbow is mostly healed. This has a lovely lengthening effect on the forearm extensors, supinators as well as somewhat in the anconeus/triceps at the elbow. It also helps re-coordinate the synergist and antagonist muscles in the area, as in flexors and pronators of the forearm, brachialis, biceps and brachioradialis.

I teach clients how to give themselves a resistance stretch in flexion and extension of the whole arm. This is really easy. Use the affected arm to resist in one direction while the other arm pulls it the other way. As in: try to bring wrist to shoulder and push the arm down, straight. This is an eccentric contraction for the flexors at the elbow: brachialis, biceps, and brachioradialis if you alter the angle of the thumb so that it faces straight in front of you instead of to the side.

Once you start to really improve, you need to work to get the whole chain working in sensitive concert, from finger tip to sliding action of scapula on the ribs, connecting to the spine, connecting to the pelvis, connecting to the sitzbones (if seated) or feet (if standing). I will leave that for a later post!