

**Conservative Care Options for Work-Related Epicondylitis:  
Summary Table of Public Comments with Responses**

<b>Public Comment(s):</b>	<b>IICAC Subcommittee Response(s):</b>
<p>1. “The description under the QuickDASH seems to imply it’s an inferior tool for evaluation of lateral epicondylitis compared to others on the list. PTWA suggests including the QuickDASH questionnaire form in this document.”- Physical Therapy Association of Washington (PTWA).</p>	<p>The literature reviewed by the subcommittee identified a number of limitations of the QuickDASH, related to epicondylitis, which are described in the document. It is, however, acknowledged that the instrument is a validated tool in widespread use for all upper extremity conditions and the progress tracking form was revised to list QuickDASH as an option. In addition, the language in the evidence summary section was revised slightly as well. Further, use of the QuickDASH requires registration and use of its existing three-page format. The subcommittee did not think adding three additional pages to the resource was warranted. However, a link to the QuickDASH website for download and registration has been included in the evidence summary section.</p>
<p>2. “There is a typographic error on pg. 3 under Progress Checklist Intervention Options/Assess Function Recovery: Epycindylitis is misspelled.”- PTWA</p>	<p>Spelling of Epicondylitis has been corrected.</p>
<p>3. “Ergonomics isn’t mentioned and should be addressed. Occupational Epicondylitis Case Definition on p. 7 under Work place exposure to LE inducing activity has a tangential reference to ergonomics. Recommendations for LE include activity modification and workstation modifications.”- PTWA</p>	<p>The subcommittee struggled with including this as a distinct intervention since no specific evidence was found regarding ergonomic modification for occupational epicondylitis. There is some evidence of generalized ergonomic interventions being associated with reduced risk factors (primary prevention) for injury such as the Greene article recommended by PTWA. That said, the subcommittee agrees that at least a mention should be made and a new section on ergonomics briefly highlights this.</p>
<p>4. “History Prognostic Indicators and Clinical Examination- Provocative Maneuvers Cozen’s Forearm Extensor Muscle Test on p. 8 both use the abbreviation “PT”. This should be spelled out as “physical therapy” to avoid confusion.”- PTWA</p>	<p>The subcommittee appreciates catching this oversight. “PT” has been spelled out as physical therapy, physiotherapy, and/or physiotherapeutic modalities as appropriate throughout the document.</p>
<p>5. “Low Intensity Pulsed Width Ultrasound (for the acute stage) and Iontophoresis or Phonophoresis are suggested to be effective in the treatment of lateral epicondylitis. PTWA recommends listing these modalities under Conservative Interventions Summary.”- PTWA</p>	<p>A reasonably well done randomized trial of LIPW Ultrasound (US) reported that it was no better than placebo for chronic LE (D’Vas 2006). Other time frames for US as well phono- and iontophoresis are the subject in a number of lesser quality studies and results are mixed. The subcommittee has included additional information about the topic in the evidence summary and now mentions ionto &amp; phonohoresis in the introductory material.</p>
<p>6. “PTWA strongly encourages health care providers to focus on outcomes for optimal function in a minimal time period and consider the use of passive interventions with caution.”- PTWA</p>	<p>Subcommittee agrees and believes that the practice resource conveys this message.</p>