



ADYAMAN ÜNİVERSİTESİ SAĞLIK BİLİMLERİ DERGİSİ JOURNAL OF HEALTH SCIENCES OF ADYAMAN UNIVERSITY

Letter to the Editor/Editöre Mektup

Comment On: A Comparison of the short-term effects of steroid injection, prolotherapy and home-based physiotherapy in patients with chronic lateral elbow tendinopathy

Yorum: Kronik lateral dirsek tendinopatili hastalarda steroid, proloterapi ve ev tabanlı fizyoterapinin kısa dönem etkilerinin karşılaştırılması

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Atıf gösterme/Cite this article as: Kılıçoğlu MS. Comment On: A Comparison of the short-term effects of steroid injection, prolotherapy and home-based physiotherapy in patients with chronic lateral elbow tendinopathy. *ADYÜ Sağlık Bilimleri Derg.* 2025;11(1):80-81. doi:10.30569.adiyamansaglik.1655108

Dear Editor,

The article titled “A Comparison of the short-term effects of steroid injection, prolotherapy and home-based physiotherapy in patients with chronic lateral elbow tendinopathy” (Bayrak and Zora, 2024), published in the 2024 10 (1) issue of *ADYÜ Sağlık Bilimleri Dergisi*, is quite remarkable for evaluating different treatment approaches collectively in the context of chronic lateral elbow tendinopathy (LET).¹ The study especially underscores the notable superiority of steroid injection in short-term pain relief and functional improvement, while prolotherapy and home-based physiotherapy also yielded meaningful but comparatively more limited improvements. In that sense, this work serves as an important guide for clinicians when choosing among treatment options.

Nonetheless, several considerations could further enrich the study’s contribution to the literature. First, confining the follow-up period to only six weeks may not fully capture any additional long-term advantages of prolotherapy.² Future research featuring longer tracking periods could more clearly reveal whether prolotherapy or home-based physiotherapy have a more durable effect compared to the known relapse tendency of steroid injections.

Second, the home-based physiotherapy protocol—including exercises and cold application—relies heavily on patient adherence, which might be incomplete in real-life scenarios. Implementing a hybrid model that combines tele-rehabilitation methods or routine in-person check-ups could improve consistency in adherence and allow for a more structured follow-up.³

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Geliş Tarihi/Received:10.03.2025


Kabul Tarihi/Accepted:08.04.2025

Yayın Tarihi/Published online:23.04.2025



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Lastly, although this study employed a specific protocol for prolotherapy—covering solution composition and injection frequency—data concerning varied dosages or intervals remain lacking. Since there is no clear consensus on prolotherapy standardization, significant discrepancies may occur in clinical practice.⁴ In light of this, more robust evidence, especially from multicenter randomized trials, is essential to establish a definitive guideline.

In conclusion, Bayrak and Zora's (2024) study makes a valuable short-term comparison of conservative therapies for chronic LET.¹ I firmly believe that including longer-term follow-up, exploring combined therapeutic strategies, and focusing on patient adherence would enrich the literature and potentially enhance clinical outcomes in the future.

Conflict of Interest

The authors have no conflicts of interest to declare.

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