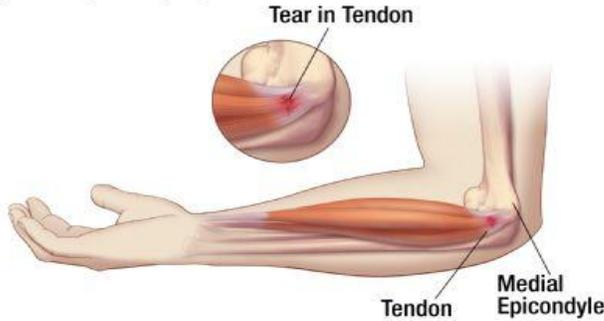


# GOLFERS ELBOW



## What is Golfers Elbow?

Golfer's Elbow  
(Medial Epicondylitis)



The muscles of the forearm that pull the hand down are known as the wrist flexors. These attach to the common flexor tendon on the medial epicondyle, which is a bony bump on the inside of the elbow. Irritation or disruption to the tendon at this point, creates a pain on the inside of the elbow. This is known as medial epicondylitis or Golfers elbow.

## What Causes Golfers Elbow?

The most common cause of Golfers elbow is overuse of the wrist flexor muscles. Repetitive movements such as gripping, throwing, gardening, hammering, etc. can cause the flexor muscles to tense and pull on the tendon attached to the medial epicondyle. As a result, microscopic tears can form, causing inflammation and pain in the tendon.

## What are the symptoms?

### Main Symptoms

- Tenderness and pain on the inside of the elbow, aggravated by flexing the wrist, grasping, resting forearm on table or leaning on the medial epicondyle
- Gradual onset of symptoms with pain lasting between 6 –12 weeks, discomfort possibly lasting longer.
- Difficulty extending the elbow / forearm fully.

**N.B.** The pain may go away after a day or so. But if the activity that triggered the pain is repeated soon after, the pain is likely to come back and may become progressively worse as the tendon disruption builds up.

### Other possible symptoms

- Pain radiating into the forearm.
- Possible sleep disruption.

**N.B.** As the body tries to compensate for the weakness in the elbow, you may also get pain or stiffness in other parts of the affected arm, the shoulder or neck.

## **What will physiotherapy consist of?**

**Massage** encompasses a variety of techniques and is given with sufficient pressure through the superficial tissue to reach the deep lying structures. It is used to increase blood flow, decrease swelling, reduce muscle spasm and promote normal tissue repair.

**Deep friction** is an aggressive massage technique. It is applied across the tissue fibres. Pressure is given as deeply as possible. This technique is initially painful but can cause a numbing effect. It can be used to break down scar tissue, restore normal movement and prepare the injured structure for mobilisation or manipulation.

**Mobilisation** is a manual technique where the joint and soft tissues are gently moved by the physiotherapist to restore normal range, lubricate joint surfaces, and relieve pain.

**Ultrasonic Therapy** transmits sound waves through the tissues stimulating the body's chemical reactions and therefore healing process, just as shaking a test tube in the laboratory speeds up a chemical reaction. It reduces tissue spasm, accelerates the healing process and results in pain relief.

**Interferential Therapy** introduces a small electrical current into the tissues and can be used at varying frequencies for differing treatment effects. E.g. pain relief, muscle or nerve stimulation, promoting blood flow and reducing swelling/inflammation.

### **Other treatments that may be used**

**Laser Therapy** emits beams of light into the tissues of the body, stimulating chemical reactions and having a similar effect to ultrasound though using light energy instead of sound energy.

**Acupuncture** is an oriental technique of introducing needles into the skin to increase or decrease energy flow to promote pain relief and healing.

**Manipulation** is a high speed, short movement thrust given at the end of available range. It is used to break down adhesions, remove a blockage within a joint and restore full painless movement.

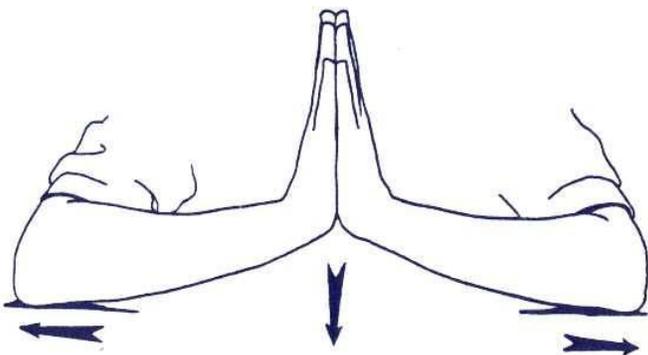
**Injection Therapy** is a specialist procedure, which needs the consent of your G.P. A non-harmful steroid and local anaesthetic are injected directly into the injured structure. It has a dramatic effect on removing inflammation and promoting healing.

**Taping/Strapping** may be used if thought necessary to restrict abnormal movement and prevent further damage.

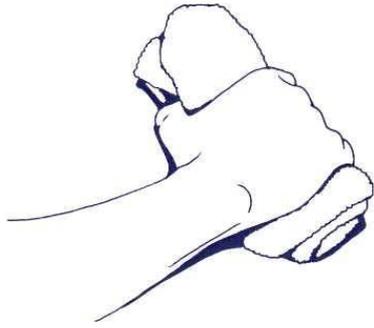
## What should you do to help your condition?

- **Apply an ice cube;** gently rub an ice cube over the area for about 5 mins particularly after doing your exercises or using the affected arm.
- **Rest** from activities that over-use the elbow and bring on your pain.
- **During activities** involving the affected arm, keep the wrist in a neutral position, allowing the least amount of stress on the flexor muscles of the forearm
- **Take ibuprofen/ analgesia** - according to the directions on the packet, up to the maximum daily dose. It is not suitable for people who have a history of stomach ulcers, or for some people with asthma. If in doubt, ask your pharmacist for advice.
- **Wear an arm brace** - this is a form of strapping made of silicone or other plastic material that can be worn around the forearm and elbow to alter the movement of the tendon during aggravating activity and may relieve symptoms.
- **Ergonomics** - ensure that your workstation is encouraging you to attain good posture and keep the arm close to the body

**Exercise/Postural programme** – comply with the prescribed exercise/postural programme. Your physio will instruct you as to which of the above exercises to begin with, when to add the others, as well as how to progress through the stages.



**Flexor stretches** - With your arm straight and your palm facing down, gently but firmly pull them backward toward your body until you feel a stretch over the inside of the elbow and underside of the forearm. Hold for 20-30 seconds. Repeat 3-5 times, at least three times a day.



**Grip strength training** – Slowly squeeze a towel or differing sized balls, gradually increasing the grip until you are squeezing as hard as you can without pain then slowly release. Do 5-10 times and at least three times per day.



**Flexion and Extension strength training** – Slowly push the hand upward using the opposite hand as resistance. Do not let any movement occur and gradually increase the pressure until you are pressing as hard as you can without pain then slowly release. Do 5-10 times and at least three times per day with the palm facing both upward and downward.

**Flexion and Extension strength training** – as previous but now using an elastic or dumbbell for resistance allowing movement to occur. Do 5-10 times and at least three times per day with the palm facing both upward and downward.



**Pronation and Supination strength training** – Place your lower arm on a flat surface so your hand hangs over the edge. Hold a light dumbbell or a hammer by its end. Now, as if you were hammering, use your wrist to slowly lower the dumbbell/hammer slightly below surface edge, then lift it as high as you comfortably can. Do 5-10 times and 2-3 three times per day with the palm facing both upward and downward.

**What if physiotherapy does not help or resolve my condition?** It is very rare that physiotherapy does not give great benefit, in these cases a cortisone injection may be appropriate and in very extreme cases surgery is a possible option. These options can be discussed with your therapist if appropriate.