

Golfers elbow

Physiotherapy of Department

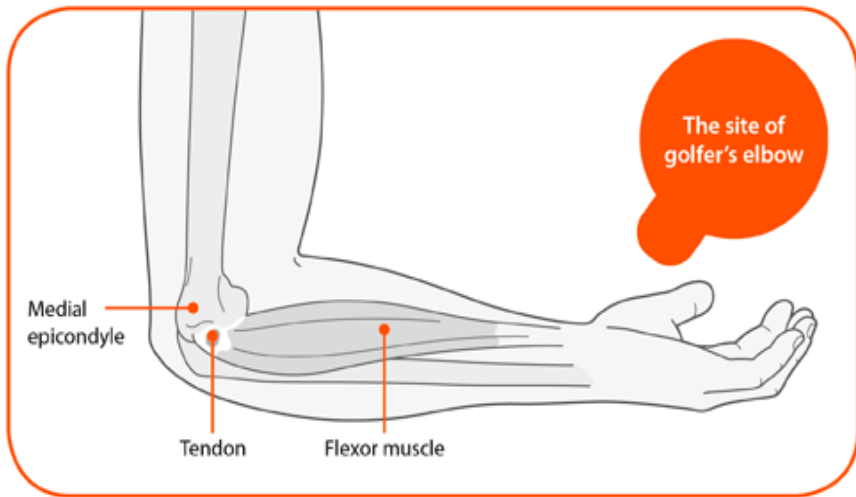


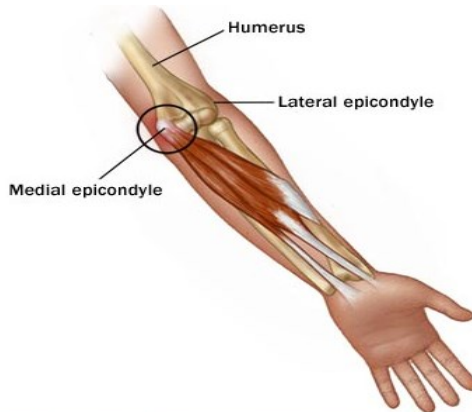
Image copied from <http://www.arthritisresearchuk.org/arthritis-information/conditions/elbow-pain/specific-conditions.aspx>

This document can be provided in different languages and formats. For more information please contact:

Physiotherapy Department
QMC/City Campus
Nottingham University Hospitals NHS Trust
Tel: 0115 9627679

Golfers elbow

Golfers elbow is a condition in which the tendons that attach your flexor muscles to the medial epicondyle become damaged. It occurs when more force is applied to the tissues than the tissues can handle. It's also known as medial epicondyle tendinopathy. Although golfers elbow is painful it shouldn't cause any lasting damage and doesn't lead to arthritis. Anybody can develop golfers elbow, but it's most common between the ages of 30–50.



© Mayo Foundation for Medical Education and Research. All rights reserved.

What are the symptoms?

- Pain over the medial epicondyle (bony area on the inside of your elbow)
- Increased tenderness when pressure is applied on the inside of your elbow
- Discomfort when lifting heavy items such as boxes
- Pain on bending your wrist
- Weakened grip

The level of pain can range from a mild discomfort to a severe ache that stops you sleeping. Repeatedly moving your wrist will make your symptoms worse, especially if combined with a weight (for example if you're lifting heavy objects).

What are the causes?

- Unaccustomed hand use with repetitive activities. eg painting a fence, hammering.
- Excessive gripping or wringing activities
- Poor forearm muscle strength or tight muscles
- Poor technique
- Direct trauma from a fall or direct blow to the elbow

Chronic Golfers Elbow is associated with degenerative changes in the muscle tissues located at the epicondyle. Although for a long time this was thought to be related to inflammation from overuse, this is now known to be incorrect.

Testing of Chronic Golfers Elbow sufferers has shown no evidence of inflammation. Instead, there is an increase in the response of the nerves in the area, a change in blood supply and altered coordination of the muscles when using the wrist and hand. There may also be degenerative changes in the flexor tendon.

There is also evidence that longstanding forearm muscle changes can alter your elbow joint position and result in chronic golfers elbow pain. This results in decreased ability to perform normal elbow activities and reducing elbow and grip strength.

Treatment

Reducing pain

Conservative treatments are often all that is needed for a full recovery of a tennis elbow which usually resolves within a few days to weeks.

The first thing to do is reduce activities that cause pain and correct any poor techniques. For example lift objects with your forearm using your shoulders to compress objects in order to lift them rather than just your wrist, or use your whole body rather than just your wrist to perform more strenuous tasks. You may also want to address your posture. A good posture in any position will mean your body has a stable base to work from, thereby giving maximum support. You may wish to adapt your work station. Some employers may offer a workplace inspection to assist you with this.

Medication

It is important you seek advice from your doctor or pharmacist regarding the use of medication.

Painkillers such as paracetamol and ibuprofen may help and you should use them if you need to. It is important that you take them regularly and at the recommended dose to help you control the pain and allow you to continue exercising. Don't wait until your pain is severe before taking painkillers. Alternatively you could rub anti-inflammatory cream directly onto the painful area. Your doctor/ pharmacist will be able to advise you what is best to use.

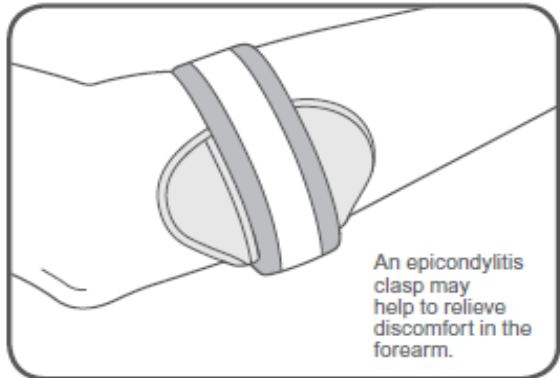
Steroid injections

You may be offered a steroid injection if you are in severe pain or don't appear to be recovering. You should discuss the pro's and cons of an injection with the clinician offering one.

Physiotherapy

A physiotherapist can provide a variety of treatments, help you understand your problem and get you back to your normal activities. They may recommend a clasp, which can help reduce the strain on your elbow if you need to make repetitive hand and elbow movements, for example while you're working.

Image copied from
www.arthritisresearchuk.org



Exercise programme

Your physiotherapist will show you specific exercises to strengthen your muscles and tendons. This will help them to withstand the stresses that first caused your tennis elbow.

It is important that you do your exercises at a steady pace.

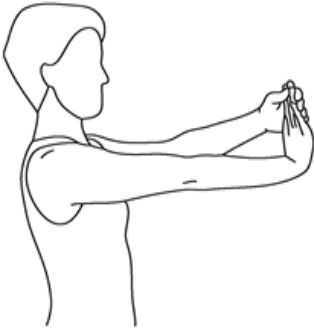
Your exercises should be almost pain free. You may feel mild pain during the last few repetitions, but this should not carry on after you have stopped.

It is important you progress through the exercises appropriately therefore you should only do the exercises your physiotherapist has shown you.

Aim to do your exercises 3-4 times a day.

Exercises

Stage one



Flexor stretch

With your palm facing up, reach your arm out in front and straighten your elbow. Bend your wrist upwards then push the wrist up further with your other hand.

To increase the stretch, turn the elbow crease towards the floor.
Stretch only to the point of initial discomfort.

Hold 15-30 seconds, repeat 3-5 times.



©PhvsioTools Ltd

Forearm rotation

Stand with your elbow bent and palm turned down. Turn your palm up and down rotating your forearm.
Repeat 10 times.



©PhvsioTools Ltd

Elbow flexion/ extension

Bend your elbow then straighten it as far as you can.
Repeat 10 times.

Stage two



©PhvsioTools Ltd

Isometric wrist flexion

Bend your affected wrist downwards. At the same time push it upwards with the other hand. The resistance should be equal so that there is no movement.

Hold for 5-10 seconds, 5-10 repetitions.



©PhvsioTools Ltd

Resisted pronation

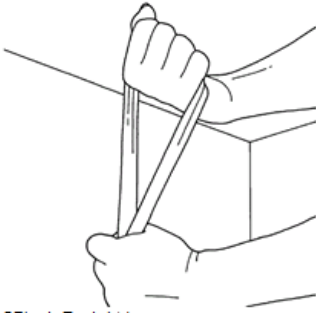
Clasp your hands together. Whilst turning your palm down towards the floor use the other hand to resist against the movement. Match the force so there is no movement.

Hold 5-10seconds, 5-10 repetitions.

Space for additional exercises from your therapist:

Stage three

Eccentric wrist flexion



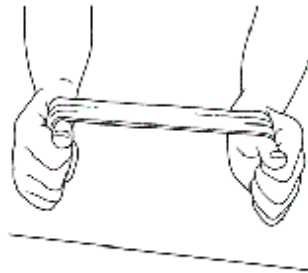
©PhvisioTools Ltd

Support your elbow and forearm on the table palm up. Place your hand into a flexed position holding onto the band as in the picture. Place the band on tension.

Slowly release your affected wrist letting it lower in a controlled way.

Repeat 10 times. 3 sets.

Eccentric wrist pronation



©PhvisioTools Ltd

Place your forearms on a table. Place your affected arm so the palm is facing upwards. Hold the theraband on tension. Slowly let your affected arm turn downwards controlling the band as you do so.

Repeat 10 times, 3 sets.

Space for additional exercises from your therapist:

Stage four



©PhvsioTools Ltd

Wrist turn with weight

Stand with your elbows bent and palm turned down. Hold a light weight, e.g. tin of beans. Rotate your forearm so your palm turns up then back down.

Repeat 10 times, 3 sets.

Wrist lift



©PhvsioTools Ltd

Start with your affected arm supported as shown (palm up). Hold a light weight in the affected hand. Curl your wrist upwards slowly.

Hold 5 seconds then slowly lower. Repeat 10 times, 3 sets.

Space for additional exercises from your therapist:

Stage five

Functional training for your occupation/ sport

These exercises will be specifically tailored by your therapist to suit your occupation/ sporting activity, they will normally focus towards returning to managing your original aggravating activity.

Examples of these may be lifting large heavy objects, squeezing a soft ball in your fist, rotating your hand on a table in both directions, lifting and transferring objects or working towards club use.

Exercises from your therapist:

Additional comments/ space for exercises:

Information sources

This information has been sourced from evidence based websites such as:

<http://www.arthritisresearchuk.org/arthritis-information/conditions/elbow-pain/specific-conditions.aspx>

<http://orthoinfo.aaos.org/topic.cfm?topic=a00068>

<http://physioworks.com.au/injuries-conditions-1/tennis-elbow>

If you need any further advice, please do not hesitate to contact your physiotherapist or the physiotherapy department on:

City Hospital: 0115 9627 679

QMC: 0115 849 3312

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Freephone (City Hospital Campus): 0800 052 1195

Freephone (QMC Campus): 0800 183 0204

From a mobile or abroad: 0115 924 9924 ext 65412 or 62301



Minicom: 0800 183 0204

E-mail: pals@nuh.nhs.uk

Letter: NUH NHS Trust, c/o PALS, Freepost NEA 14614, Nottingham NG7 1BR

www.nuh.nhs.uk