



YOUR GUIDE TO

GOLFERS ELBOW

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Introduction

Please take note of the following before starting any of the exercises in this guide:

- The information contained in this guide is intended to assist in managing your recovery.
- This guide is based on the latest medical research in the field and contains the best advice available to the best of our knowledge.
- This guide is complimentary to other medical services and is not intended as a substitute for a health care provider's consultation. Never disregard medical advice or delay in seeking advice because of something you have read in this guide.

 Many people have found quick and lasting relief from their pain by acting upon the information provided, but everyone decides for themselves what to do with this information. Should you doubt a particular exercise in your situation, please consult your health professional.

When consulting your health professional, it is wise to take this guide with you to show them.

What is golfers elbow?

Golfer's elbow, also known as medial epicondylitis, is pain and inflammation on the inner side of the elbow, where the tendons of the forearm muscles attach to the bony bump on the inside of the elbow (medial epicondyle). The pain can sometimes spread into your forearm and wrist.

Golfer's elbow is similar to tennis elbow, but it occurs on the inside rather than the outside of the elbow, and is not limited to golfers. Anybody who repeatedly uses their wrists or clench their fingers can develop golfer's elbow.

The pain of golfer's elbow doesn't have to keep you off the course or away from your favorite activities. With rest and appropriate treatment, you can get back into the swing of things with some guidance.

Golfer's elbow is characterised by pain and tenderness on the inner side of the elbow. Sometimes the pain extends along the inner side of the forearm. Your elbow may feel stiff, and it may hurt to make a fist. You may also have weakness in your hands and wrists.

The pain of golfer's elbow can appear suddenly or gradually over a period of time, and may get worse when you:

- Swing a golf club or racket
- Squeeze or pitch a ball
- Shake hands
- Turn a doorknob
- Pick up some thing with your palm down
- Flex your wrist towards your forearm

What causes golfer's elbow?

Golfer's elbow is caused by damage to the muscles and tendons that control the wrist and fingers. The damage is typically related to excess or repetitive stress – especially forceful wrist and finger motions. Sometimes golfer's elbow begins after a sudden force to the elbow or wrist.

Many activities can lead to golfer's elbow, including:

- **Golf:** Gripping or swinging the clubs incorrectly eventually injures your muscles and tendons.
- Racket sports: Excessive topspin can hurt your elbow. Using a racket that is too small, heavy or tightly strung also can lead to injury.
- Throwing sports: Improper throwing techniques in baseball, softball, cricket etc can also result in pain
- Other activities: Painting, raking, hammering, chopping wood, typing and other repetitive wrist, hand or arm movements can all result in Golfer's elbow as well.

USUAL SYMPTOMS INCLUDE

- Pain on gripping the hand, picking up objects and/or opening jars or doors etc
- Weakness of grip, and feeling as though you could drop whatever you are holding.
- Pain can be sited locally over elbow, further down the forearm or less commonly midway down the back of the upper arm.
- Pins and needles and numbness in the forearm or hand and fingers can also arise.
- Pain and stiffness with bending and straightening the elbow and/or wrist.

What treatment options do I have?

The sooner you begin treatment, the sooner you'll be able to return to your usual activities.

- **Rest:** Put your golf game or other repetitive activities on hold until the pain is gone. If you return to activities that aggravate your condition too soon, you may only make it worse.
- Ice the affected area: Apply ice packs to your elbow for 15 to 20 minutes at a time, four times a day for several days. Never put the ice pack directly on your skin. To protect your skin, wrap the ice packs in a thin towel. It also may help to massage the inner elbow with ice for five minutes at a time, two to three times a day.
- Reduce the load on your elbow: Wrap your elbow with an elastic bandage or use a forearm strap (i.e. Epiclasp). This generally helps to off load the common flexor tendon and in turn relieve pain.
- Take an over-the-counter pain killer: Try ibuprofen, naproxen, acetaminophen (Paracetamol) or aspirin.
- Consider other medications: If over-the-counter pain killers aren't effective, your doctor may recommend a cortisone injection to try and reduce the pain and swelling.

- Stretch and strengthen the affected area: Your Doctor may suggest seeing a physiotherapist to be given specific stretching and strengthening exercises.
- Gradually return to your usual activities: When you're no longer in pain, practice the arm motions of your sport or activity. Review your golf or tennis swing with an instructor and make adjustments if needed.
- Further investigation: Surgery is seldom necessary. But if your signs and symptoms don't respond to conservative treatment, your therapist may request your Doctor sends you for further investigations in the form of an x-ray or scan.

Depending on the severity of your condition, the pain may linger for several months – even if you take it easy and follow instructions to strengthen your arm. The pain may also return or become chronic. While you're recovering, it is therefore essential to remember the importance of relative rest. Sneaking in an extra round of golf or other activity that may aggravate your elbow, before your elbow heals won't help you feel better. It will only prolong your recovery.

PRECAUTIONS WHEN USING ICE THERAPY.

- Ice treatment must be used carefully otherwise it may cause a skin burn.
- Never put an ice pack directly onto the skin, always use a damp towel or cloth to prevent an ice burn.
- Only apply an ice pack to areas of skin with normal sensation i.e. you must be able to feel hot and cold.
- Never put an ice pack over an open wound or graze.
- Do not apply an ice pack to an area with poor circulation.
- Never leave an ice pack on the skin longer than the time stated in this advice sheet.

- Adults should always supervise young children when using ice packs. Application may be reduced and extra care should be taken when checking the skin.
- Remember to check the skin underneath every 5 minutes for:
- Whiteness of the skin
- Blueness of the skin
- Blotchy and painful skin
- Excessive numbness

If you get any of these symptoms remove the ice pack immediately.

What treatments can I receive from a Physiotherapist?

- Gentle joint manipulation to free the affected joints.
- Massage and stretching to relieve the strain on nerve structures and restore the balance between the muscles.
- Advise on changes of technique (or refer you to a professional for this)

- Keep you as active as possible
- Strengthen the postural holding muscles so that you improve your alignment
- Give you exercises to stretch and progressively strengthen the affected muscles.

What exercises should I do?

Before starting with an exercise programme it is important to consult with your physiotherapist to ensure that it is right for your particular

condition. Always work within a pain free range of movement. Going into pain will only hinder the recovery process.

Exercises phase 1

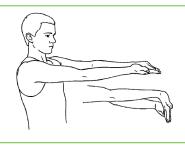
STRETCHES

- Perform each exercise 2-3 times, holding the stretch for 30 seconds.
- There should not be any pain when performing a stretch it should be a comfortable pull.



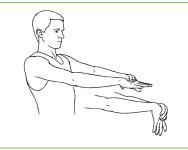
ELBOW RANGE OF MOTION

Gently bring your palm up toward your shoulder and bend your elbow as far as you can. Then straighten your elbow as far as you can. Repeat 10 times



WRIST FLEXOR STRETCH

Extend affected arm forward with palm up and elbow straight. Place the fingers and palm of opposite hand across palm and fingers of the extended hand and draw back with it until stretch is felt in the forearm.



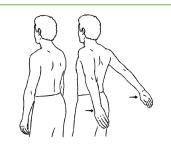
WRIST EXTENSOR STRETCH

Extend affected arm forward with palm down, elbow straight and fingers slightly curled. Grasp the affected side hand with other hand and draw affected side hand down until stretch is felt in the forearm.



TRICEP STRETCH

Standing, raise injured arm at the shoulder with elbow bent and place the forearm behind the head. Grasp the injured elbow with opposite hand and draw it toward the centre of the body until stretch is felt.



BICEP STRETCH

Stand with your hand holding on to the inside of a doorway, now step through the doorway and lean forwards so that your elbow is completely extended and you can feel a stretch in your bicep. Try not to rotate your body, merely lean through the door.

Exercises phase 1 (continued)

STRENGTHENING

- You should be aiming to hold these contractions for 10 seconds. If you can only manage 5 seconds to begin with that's fine, aim to build it up to 10 slowly.
- Repeat each exercise 10 times, again aiming to do this 4-5 times a day.



STATIC WRIST FLEXION

With involved forearm resting palm up on thigh, resist upward movement of hand with opposite hand as shown.



STATIC WRIST EXTENSION

With involved forearm resting palm down on thigh, resist upward movement of hand with opposite hand.



STATIC FOREARM PRONATION

Sit with your elbow bent to 90° and resting on your thigh or a table. Resist downward rotation of hand with opposite hand.



STATIC FOREARM SUPINATION

In the above position, resist upward rotation of palm with opposite hand.

Exercises phase 2

Phase 2 exercises can be started when you are able to do all the Mobility and Strengthening exercises in Phase 1 with no adverse effects. Continue with the stretches of phase 1. The final section on functional exercises can be tried before returning to sport and can be adapted to your sporting discipline

STRENGTHENING

• You should be aiming to perform these exercises slowly, concentrating on controlling the movement. Try counting to 5 as you perform the movement, it should take you this long to do one repetition of one exercise!

- Repeat each exercise 10 times, again aiming to do this 4-5 times a day.
- Always work in a pain free range of movement



RESISTED WRIST FLEXION

With tubing wrapped around fist and opposite end secured under foot, bend wrist up (palm up) as far as possible. Lower slowly, keeping forearm on thigh.



RESISTED WRIST EXTENSION

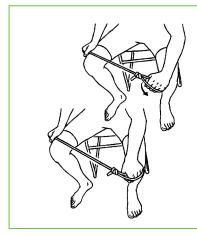
With tubing wrapped around fist and opposite end secured under foot, bend wrist up (palm down) as far as possible. Lower slowly, keeping forearm on thigh.

Exercises phase 2 (continued)



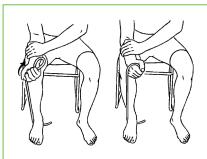
RESISTED RADIAL DEVIATION

With tubing wrapped around fist and opposite end secured under foot, bend wrist up (thumb side up) as far as possible. Lower slowly, keeping forearm on thigh.



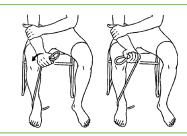
RESISTED ULNAR DEVIATION

With tubing wrapped around fist and opposite end secured by the opposite hand, bend wrist down (little finger side down) as far as possible. Lower slowly, keeping forearm braced on knee.



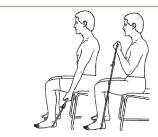
RESISTED FOREARM PRONATION

With palm up, stabilize forearm on thigh with opposite hand. Keep tubing to outside of hand and roll palm down as far as possible.



RESISTED FOREARM SUPINATION

With palm down, stabilize forearm on thigh with opposite hand. Keep tubing to the inside of hand and roll palm up as far as possible.



RESISTED ELBOW FLEXION

With tubing wrapped around fist and opposite end secured under foot, curl arm up as far as possible. Lower slowly.



RESISTED ELBOW EXTENSION

With tubing wrapped around fist and opposite end secured in door, straighten elbow.



RESISTED EXTERNAL ROTATION

Using tubing, and keeping elbow in at side, rotate arm outward away from body. Be sure to keep forearm parallel to floor.

Exercises phase 2 (continued)

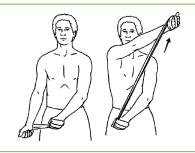


RESISTED EXTERNAL ROTATION

Using tubing, and keeping elbow in at side, rotate arm outward away from body. Be sure to keep forearm parallel to floor.

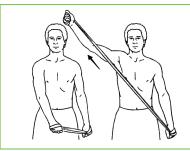
FUNCTIONAL EXERCISES

- Repeat 2 sets of 10-15 repetitions of each exercise
- Work in your pain free range of movement
- These exercises can be adapted to your sport by using the band and performing the movements that you will need in order to return to full functional activity.



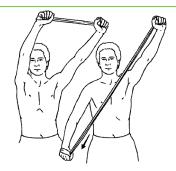
RESISTED DIAGONAL FLEXION 1

Using tubing, start with arm out from side, palm down. Pull arm up, out and across body, rotating arm as you move so thumb continues to point back and arm goes across the body.



RESISTED DIAGONAL FLEXION 2

Using tubing, start with palm facing behind you. Pull arm out, up and across body rotating arm as you move so palm continues to face behind you.



RESISTED DIAGONAL EXTENSION 1

Grasp tubing with arm reaching above shoulder and across body.
Gently pull downward and away from your body (arm should end in a position next to your side). Return slowly to starting position.



RESISTED DIAGONAL EXTENSION 2

Grasp tubing with arm above and behind you. Bring arm downward and across body (to opposite leg). Return slowly to starting position.



TENNIS FOREHAND

Using tubing while pushin motion is ide forehand.

Exercises phase 2 (continued)



BACKHAND

With feet perpendicular to tubing and arm across body toward tubing attachment, pull across body.



SERVING / THROWING

With tubing behind, pull across body as though serving in tennis or throwing a ball.

Contact us

This guide is designed to assist you in the self-management of your injury/condition.

We are here to assist your recovery in the shortest but safest possible time. If you have any uncertainties or queries

regarding the information, please do not hesitate to contact us on:

Phone 017890400999 / 07870166861 www.mdphysiotherapy.co.uk