Golf Injuries of the Elbow & Forearm

Bourassa & Associates Rehabilitation Center
Common Golf Related Forearm Injuries

- Vast majority are tendon injuries (tendonitis)
- Most common occurs on the outer part of elbow ("tennis elbow")
- Less frequently occurs on the inner portion of the elbow ("golfer’s elbow")
- Pain that typically lasts for 6 to 12 weeks; the discomfort can continue for as little as 3 weeks or as long as several years
Evidence of Golf-related Elbow injuries

- Surveys of both professional / amateur golfers have shown elbow is common site of injury
- Elbow injuries => 10% of pro injuries
  => 33% of amateur injuries
How does golf cause problems?

- At the transition from backswing to downswing
- Vigorous muscle contraction / tendon stretching from excessive wrist motion can lead to inflammation and pain (elbow tendinitis)
- At impact, the forearm / elbow tendons are under added stress as they absorb the force impact with the ball
- An even greater impact is loaded if the club strikes the ground or other objects (ie. hidden rock, tree roots)
Mechanism of Injury

- Thought to result from impact-based insults to the elbow, usually the trailing arm (right arm in right handed golfer)
- Wrist / hand flexors / forearm pronators are injured at their insertion into medial epicondyle
- Sudden deceleration of the club head, leads to increased loading of the medial elbow
- Speed reduction due to hitting rocks, tree roots, other objects
Risk Factors for Injury

- Advancing age (*the only risk factor that we don’t have at least some degree of control over*)
- Faulty swing mechanics
- Insufficient warm-up
- Lack of conditioning
- Excessive play or practice
What is Golfer’s elbow?

• Overuse of the arm / forearm muscles that results in pain at the elbow joint

• Involves region where muscles / tendons attach to the INSIDE bony area of elbow (epicondyle)

• Pain with swinging golf club, shaking hands, turn door knob, curling wrist toward forearm
Symptoms of Golfer’s Elbow

- Pain & tenderness to medial epicondyle (inside of elbow)
- Pain aggravated by resisted forearm flexion (wrist curls), forearm pronation (turning wrist down), making a fist (grasping)
- Trigger point referral along inner side of the forearm down into the hand
- Elbow stiffness
- Weakness in hand / wrist
- Numbness / tingling sensation into hand (usually ring finger and little finger affected)
What is Tennis Elbow?

- Overuse injury similar to golfer’s elbow but located on opposite side (outside elbow)
- Onset of pain on the outside (lateral) elbow
- Due to contraction of the outside elbow extensor muscle group during impact (to maintain control of the club)
- Repeated motion / stress of tissue may result in inflammation or series of tiny tears in tendons that attach the forearm muscle to the bone
Symptoms of Tennis Elbow

- Pain & tenderness to lateral epicondyle (outside of elbow)

- Pain aggravated by resisted wrist extension, forearm supination (turning wrist up), gripping / lifting / carrying objects, straightening elbow

- Trigger point referral along outside of the elbow, into forearm, down into the hand

- Weakness of grip
Complications if untreated

- If left untreated, golfer’s and tennis elbow can result in chronic pain (especially when lifting / gripping objects)
- Repeated bout’s of aggravation / inflammation will lead to scarring of the soft tissue
- Scarred soft tissue is stiffer with decreased ability to absorb / transmit force
- Leads to more frequent aggravation
- Vicious cycle continues......
Treatment / Management

- Initial: self-care including rest, icing the area and use of acetaminophen (Tylenol) or anti-inflamm (ibuprofen, Advil, Aleve)

- DO NOT take long-term, can cause gastro-intestinal problems
Treatment / Management

- Analyze technique: correct technique to reduce the amount of stress to injured tissue
- Exercises: aimed to gradually stretch, condition and strengthen muscles of forearm and elbow
- Manual treatment: aimed at restoring joint mechanics, releasing stiff tissue / scars, regaining extensibility, desensitization of irritable tissue
Treatment / Management

- 90% of people respond to conservative management
- See a trained medical professional / physical therapist for progressive treatment and exercise management
Typical Treatment Design

- 4 to 8 weeks of therapist hands on mechanical restoration of joint and muscle
- Individual instruction of self-applied exercises over 4 to 8 weeks
Prevention

- **Review technique:** keep wrist rigid through golf swing and impact

- **Build strength:** exercises aimed at forearm extensibility, building endurance / strength so that forces are absorbed by soft tissue

- **Keep wrist straight:** let bigger / powerful upper arm muscles do more work than smaller forearm muscles

- **Warm-up properly:** gently stretch forearm / wrist muscles before and after use
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