

GOLFERS ELBOW

Golfers elbow can also be referred to as medial elbow tendinopathy.

What is a tendinopathy?

Tendons are tough bands of fibrous tissue that connect muscles to bone. Tendinopathy is a term given to a painful and tender tendon. As people age, tendons can become weaker (degenerate), making them more susceptible to overload.

What's wrong with me?

Golfers elbow is a tendinopathy. It involves the tendons that flex (bend) the wrist, called the common flexor tendon. It arises following overload of the common flexor tendon, which can be either through repetitive activity or a single trauma. Pain and tenderness is often most severe over the inside of the elbow, known as the medial epicondyle (figure 1).

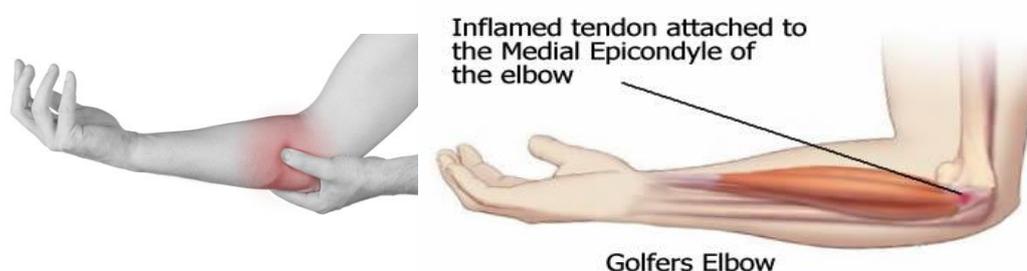


Figure 1: Medial epicondyle of the elbow / common flexor origin

How long will it take to get better?

Golfers elbow often settles on its own after 6-12 weeks -sooner if you avoid the activities that aggravate it. However, in some people pain can last between 6 months to 2 years.

What I can do to help myself get better?

Activity modification: change the way you do things using the elbow: Avoid strong gripping, and make an effort to lift objects with your elbow bent instead of with your elbow straight.

Ice: Wrap ice cubes or bag of frozen peas in a slightly wet tea towel and place it on the affected area for 15-20 minutes every 3-4 hours.

Painkillers: Over the counter painkillers may be helpful, such as paracetamol, ibuprofen or creams that you can buy at the chemist. Your pharmacist will be able to give you expert advice.

Elbow strap: You can buy a velcro forearm strap with a small disc of plastic from a pharmacy that can be worn over the forearm to reduce the forces acting on the tendon.

How can a clinician help?

Physiotherapy is a healthcare profession that works with people to identify and maximise their ability to move and function. Functional movement is a key part of what it means to be healthy. Physiotherapy plays a key role in enabling people to improve their health, wellbeing and quality of life. This can involve a variety of treatments and advice which are individualised and could include advice on activity modification, rehabilitation exercises, soft tissue massage, manual therapy and dry needling.

Steroid injection: An injection into the tender area (common flexor origin) may reduce pain and tenderness and may be considered if pain is limiting your ability to continue your rehabilitation exercises.

Autologous blood injection: Blood is taken from your opposite arm (like a routine blood test) and injected into the affected tendon (common flexor origin). The aim is to supply the tendon with growth factors which is rich within blood, and can aid the recovery process.

Surgery involves an incision and release of the tendon. It is only considered if all other treatments have not been successful, and symptoms have been present for over 12 months.