

EPICONDYLITIS, MEDIAL **(GOLFER'S ELBOW)**

DESCRIPTION

Inflammation and pain on the inner side of the elbow where muscles and tendons attach to the bone. The structures involved are the muscles and/or tendons of the forearm that bring your wrist down (flex the wrist). This occurs not only in golfers, but in anyone who performs repeated resisted motions of the wrist. Without proper intervention this may develop into a chronic recurrent problem.

FREQUENT SIGNS AND SYMPTOMS

- Pain and tenderness on the inner side of your elbow.
- Pain and/or weakness with gripping activities.
- Pain with twisting motions of the wrist, such as using a screwdriver, playing golf, or bowling.

CAUSES

- Chronic repetitive stress and strain to the muscles and tendons of the wrist and forearm to the elbow
- Sudden strain on the forearm, including wrist snap when serving balls with racket sports or throwing a baseball

RISKS INCREASES WITH

- Sports or occupations that require repetitive and strenuous forearm and wrist movements (such as pitching a baseball, golfing, or carpentry). Also seen in tennis with forehand topspin and serving.
- Poor physical conditioning (strength/flexibility)
- Inadequate warm-up before practice or play
- Return to activity before healing and rehabilitation and conditioning are complete.

PREVENTIVE MEASURES

- Appropriate warm-up and stretching before practice or competition.
- Appropriate conditioning:
 - Wrist/forearm flexibility
 - Muscle strength & endurance
 - Cardiovascular fitness
- Proper equipment fit
- Proper technique / coaching.
- Elbow (counterforce) brace

EXPECTED OUTCOME

- *Acute Cases* - Symptoms present less than 4 weeks are usually resolvable in 2 - 6 weeks
- *Chronic Cases* - Repetitive cases or cases in which symptoms have been present for greater than 8 weeks may require 3 to 6 months to resolve and often require referral to a physical therapist or athletic trainer.

POSSIBLE COMPLICATIONS

- Frequent recurrence of symptoms resulting in a chronic repetitive problem. Appropriately addressing the problem the first time decreases the frequency of recurrence.
- Chronic inflammation, scarring and partial tendon tear, requiring surgery.
- Delayed healing or resolution of symptoms.

GENERAL TREATMENT CONSIDERATIONS

Initial treatment consists of medications and ice to relieve pain, stretching and strengthening exercises and modifying the activity which initially caused the problem to occur. These can all be carried out at home for acute cases. Chronic cases often require referral to a physical therapist or athletic trainer for further evaluation and treatment. A counterforce (“tennis elbow”) brace may be recommended to reduce the forces to the damaged tendon. If symptoms continue to persist an injection of cortisone and anesthetics, or surgical intervention may be required. Surgery is uncommonly necessary to excise the damaged tissue. This is done as an outpatient procedure (go home the same day) with return to sports at 3 to 6 months.

MEDICATION

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take if surgery planned in 7 days or less), or other minor pain relievers, such as acetaminophen are often recommended. Take these as directed by your physician. Contact him/her immediately if any bleeding, stomach upset or an allergic reaction occurs.
- Cortisone injections reduce inflammation, and anesthetics temporarily relieve pain. However, this is done only in extreme cases as there is a limit to the number of times cortisone may be given due to the fact it weakens muscle and tendon tissue. Cortisone may also cause skin and subcutaneous fat atrophy (shrinkage and thinning) and skin depigmentation (lighter skin)

HEAT AND COLD:

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 - 15 minutes every 2-3 hours for inflammation and pain, and immediately after any activity which aggravates your symptoms. Use ice packs or an ice massage. Use a towel between the ice and your elbow to reduce the chance of injury to the ulnar nerve at the inner elbow.
- Heat may be used prior to performing stretching and strengthening activities prescribed by your physician, physical therapist or athletic trainer. Use heat pack or a warm soak.

NOTIFY OUR OFFICE IF:

Symptoms get worse or do not improve in 2 weeks, despite treatment.