

## **GOLFER'S ELBOW – INFORMATION FOR PATIENTS**

### **WHAT IS GOLFER'S ELBOW?**

Golfer's Elbow (Medial Epicondylitis) is a condition causing pain and tenderness around the inner aspect of the elbow joint. It commonly affects people who play golf (hence the name) and sports that involve throwing, such as cricket and baseball, climbing or manual workers. However, it can occur in any individual.

### **WHAT CAUSES GOLFER'S ELBOW?**

Golfer's elbow is an overuse condition affecting the common flexor tendon (this is the tendon that attaches the flexor muscles of the forearm to the inner side of the elbow joint)

The flexor muscles are the muscles that curl up the fingers, which, when contracted, allow you to grip.

Degeneration within the tendon due to overuse results in microscopic tears, causing the symptoms of golfer's elbow.

In chronic golfer's elbow calcification can occur around the insertion of the tendon and, in a small number of cases larger tears can occur. However for the vast majority of patients the condition is not serious and can be self-managed.

### **WHAT ARE THE SYMPTOMS OF GOLFER'S ELBOW?**

The most common symptom is pain around the inner aspect of the elbow, over the bony prominence called the 'medial epicondyle'. The pain is triggered by actions that require gripping e.g. lifting with the palm up, squeezing or pulling. A tender spot can usually be felt over the bone and just in front of it in the tendon itself.

### **HOW IS GOLFER'S ELBOW DIAGNOSED?**

Diagnosis is usually made from the patient's history and a simple examination without the need for special investigations. Ultrasound or MRI scanning may be done if there is uncertainty about the diagnosis.

### **HOW CAN I PREVENT IT?**

- If you are new to a sport or activity get expert advice. Poor technique or incorrect equipment will increase the risk of injury
- Build up slowly if you are not accustomed to an activity. It takes time for the body to get used to new activity and tendons adapt more slowly than muscles due to their poorer blood supply so pace yourself. If in doubt take advice from an experienced sports trainer
- DIY work is another common cause of golfer's elbow, especially in those unaccustomed to physical activity. Try to break large jobs up into manageable amounts and spread them over a number of weeks. Avoid lots of repetitive actions or excessive lifting all in one go
- Before participating in strenuous activity ensure you warm up slowly
- After activity, massage and stretching may help

- Good general posture and correct set up of work stations is important

### **HOW CAN I MANAGE MY GOLFER'S ELBOW?**

Most cases of golfer's elbow can be self-managed with simple things such as modification of activities, simple exercises and if necessary, painkillers. In a small number of cases injections may be done around the tendon insertion and occasionally in unmanageable cases, surgery may be an option.

#### **SIMPLE ADVICE:**

- After physical activity if the elbow feels sore try applying an ice pack for 15 mins every few hours
- Massaging the elbow may help and using a topical non-steroidal anti-inflammatory gel such as ibuprofen gel may reduce the discomfort
- Stretching after activity
- Modification of activity e.g. reduced frequency or intensity of the causative activity or a complete rest from it
- Braces designed specifically to ease the symptoms of golfer's elbow are available from sports shops or online. These braces can help ease symptoms when active by putting pressure over the flexor tendon and muscles
- Specific physiotherapy exercises called 'eccentric exercises' can be beneficial to golfer's elbow sufferers. Visit the Sheffield hand and elbow pain website ([www.sheffieldhandandelbowpain.com](http://www.sheffieldhandandelbowpain.com)) for more video exercise demonstrations

#### **FURTHER TREATMENT**

- Historically, corticosteroid (cortisone) injections have been used to treat golfer's elbow. This involves a steroid being injected around the tendon and its insertion onto the bone. However, some studies have suggested that patients who have injections have a poorer outcome long term, with ongoing or recurrent symptoms being more likely. Steroid injections also have potential complications of tendon rupture and atrophy of the tissue resulting in permanent dimpling of the skin around the injection site
- In a small number of severe, chronic cases surgery may be necessary. The surgery is aimed at releasing strain on the tendon, removing degenerative tissue and promoting healing