

Repeat _____times, ____times/day.

Squeezing. Squeezing a rubber ball (racquet-ball size) will also strengthen the injured area. If that is too difficult, start by squeezing a sponge or washcloth in water.

Repeat _____times,

__times/day.

Twisting. With your arms outstretched, practice wringing out a dry terry cloth towel with both hands.

Repeat _____times,

_times/day.





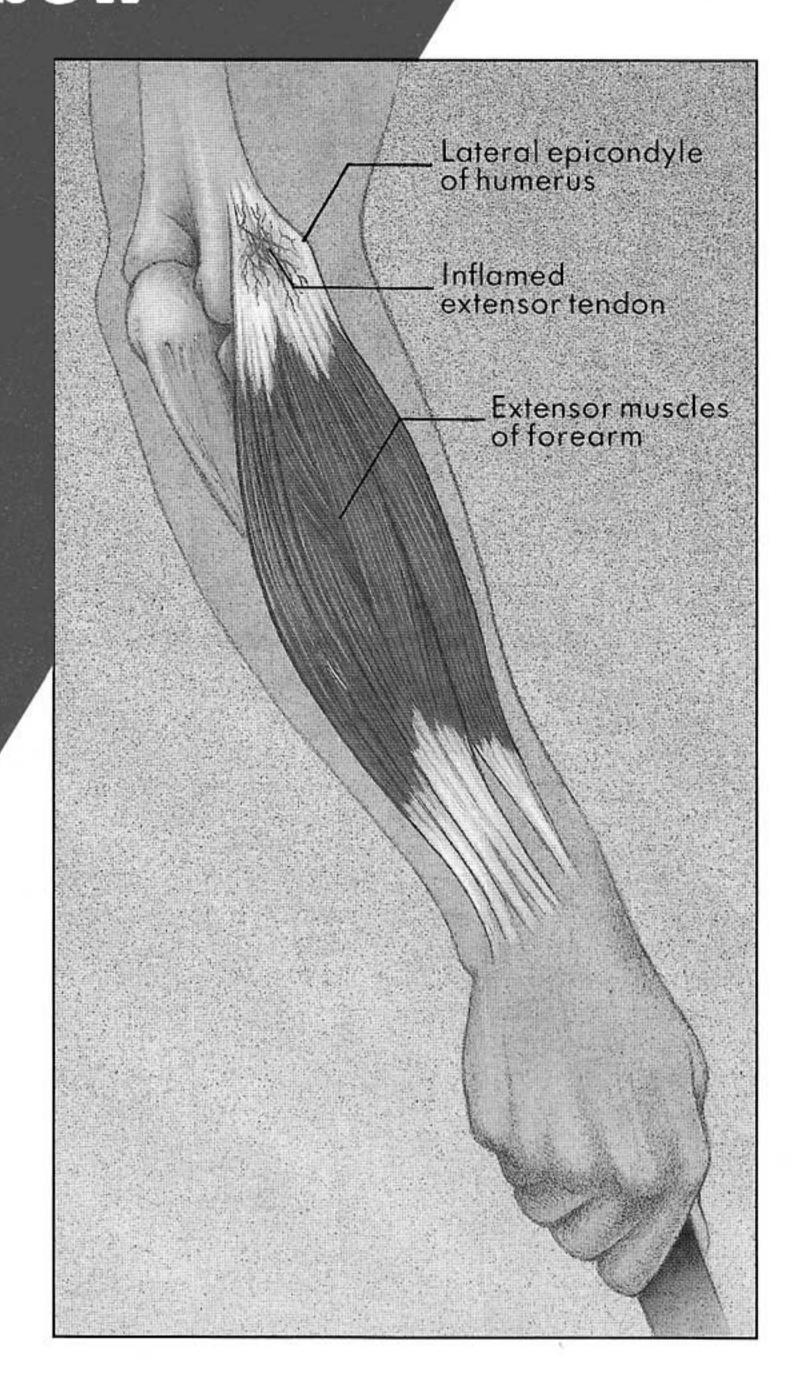
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Tennis Elbow and Golfer's Elbow

SYNTEX SPORTS INJURY INFORMATION CENTER



THE INJURY

This condition plagues many racquet players and golfers, both amateur and professional. It is sometimes called tendinitis or epicondylitis and can also occur in anyone who uses frequent rotary motions of the forearm (for example, a carpenter). The condition consists of an inflammation of the connective tissue in the elbow area.

Tennis Elbow. This injury involves the tendons attached to the muscles that extend (bend back) the wrist and fingers. A small tendon arising from a very small area of bone at the elbow connects to the large extend-

ing (extensor) muscles of the forearm. After repetitive use of these extensor muscles, the tendon becomes overworked and inflamed. This produces the pain on the *outside* of the elbow.

Golfer's Elbow. The same thing happens with golfer's elbow except that it involves the tendons that attach to forearm muscles that flex the wrist and fingers (flexors). The pain here is on the inside of the elbow.

Contributing Factors

- Weak muscles and/or muscle imbalances
- Overuse—playing excessively, repeated violent extension or twisting of the wrist
- Improper equipment incorrect grip size, strings too tight, imbalance of string tension
- Poor playing technique—too much wrist action, jerky strokes, poor ball contact



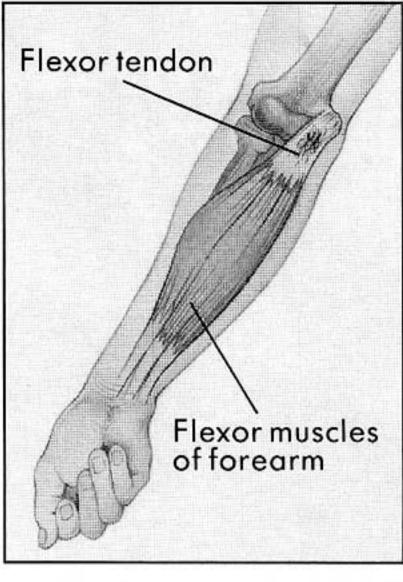
Rest. Temporarily you may have to stop playing golf, tennis, or other racquet sports altogether, but this period of rest is very important. Don't aggravate the condition by continuing activity, especially if you experience pain. Your doctor may even recommend that you not use your arm for anything — for example, lifting a briefcase, opening doors, repeated handshaking. Only rarely will a sling relieve the discomfort.

Ice. Ice your elbow three times a day for 30 to 60 minutes in the early painful stage and for 15 minutes after active use of your arm. Protect your skin by putting a towel between your elbow and the ice bag.

Stretching. Stretching will help prevent stiffness by breaking down any scar tissue that may result from inflammation (see Exercises).

Physical Therapy.

Initially physical therapists will work to reduce the inflammation in your arm. They or your doctor can teach you the technique of ice massage. Later they will teach you how to strengthen your muscles to protect the inflamed area and prevent the injury from happening again.



Medication. Your doctor may prescribe anti-inflammatory/analgesic medication (in tablet form) or an injection of local anesthetic to help relieve inflammation and pain. If necessary, a localized cortisone injection may also be used to relieve the pain and joint tenderness. This can make physical therapy more effective. After a cortisone shot, you shouldn't play sports for about one to two weeks. Check with your doctor for the exact time.

Brace. Your doctor may recommend any of several braces, supports, or molded casts designed for this problem. A brace supports local structures, thus reducing the pressure on the inflamed tendon. At first the brace may be worn at all times except when doing gentle exercises to avoid elbow stiffness. Later, it will be necessary only for protection during activities using the injured arm.

Surgery. Surgery is rarely required.

RETURNING TO SPORTS

The Warm Up. ALWAYS WARM UP CAREFULLY BE-FORE YOU PLAY. Put all your major joints through their complete range of motion several times. Very slowly, "shadow" all of the motions you use in your sport. In tennis, do ground strokes against a wall and general serving. Rallying is not a substitute for warming up. Stretching and strengthening exercises help prevent injury.

The Racquet. Use a lighter weight racquet and move your hand up a bit on the grip. The new oversize and composite racquets are much easier on your arm than standard racquets. Change to a racquet that has greater spring. Reduce your string tension. Grip size can also be an important factor. If possible, discuss equipment with your local pro.

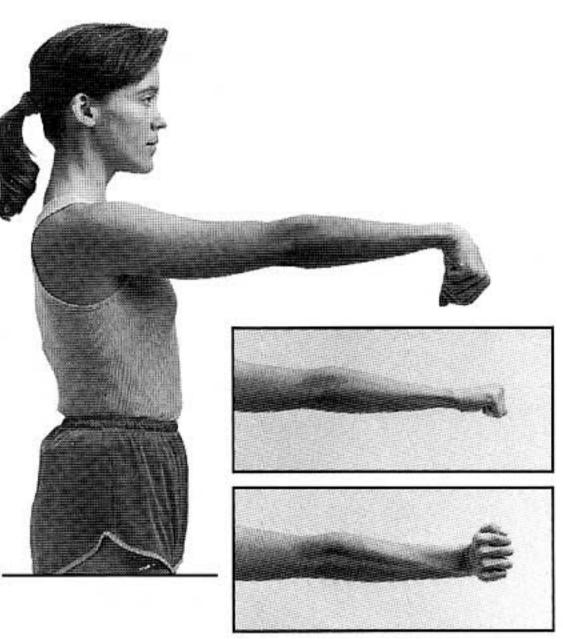
The Stroke. In tennis, the backhand, the serve, or the overhead smash may be equally damaging to your elbow if they are not done well. The two-handed backhand tends to be easier on your elbow. Avoid the shots that aggravate the problem. Reduce wrist motion to a minimum. Lessons may be necessary to alter your strokes.

The Game. When you go back to your sport, take it easy. In tennis, rally at first only for short periods of time, avoiding problem shots. Play less time each day or play doubles. Avoid playing competitive games until your elbow is healed. In golf, start with only putting and pitch shots. Slowly work up from a few holes to a complete game.

EXERCISES

Weak muscles are a major contributor to the problem of tennis and golfer's elbow. Exercises will strengthen the muscles associated with the damaged tendons. Stretches and exercises should be avoided in the very painful stage. DO EACH PRESCRIBED EXERCISE TWO TIMES A DAY OR AS OFTEN AS YOUR DOCTOR RECOMMENDS.

Elbow Stretch. Hold your racquet arm at shoulder level in front of your body with the elbow straight. With your hand clenched, flex the wrist as far as possible. Return the wrist to neutral position, and alternately turn the arm inward with a flexed wrist, and then outward with an extended wrist.



Repeat _____times, ____times/day.