

Tennis and Golfers Elbow

Tennis elbow and Golfers elbow are named because they are common in these sports but they can occur when ever the muscles of the elbow are overused, mainly in manual jobs, (screw-driving, painting), anything where gripping is required can aggravate the elbow structures.



tennis elbow



Golfer's elbow

Tennis elbow – lateral epicondylitis

Tennis elbow is an inflammation of the tendons that join the forearm muscles on the outside of the elbow. The forearm muscles and tendons become damaged from overuse, repeating the same motions again and again. Tennis elbow involves the forearm muscles that extend your wrist and fingers.

Cause**Overuse**

Recent studies show that tennis elbow is often due to damage to a specific forearm muscle. The extensor carpi radialis brevis (ECRB) muscle helps stabilize the wrist when the elbow is straight. This occurs during a tennis groundstroke, for example. When the ECRB is weakened from overuse, microscopic tears form in the tendon where it attaches to the lateral epicondyle (see picture above). This leads to inflammation and pain. The ECRB may also be at increased risk for damage because of its position. As the elbow bends and straightens, the muscle rubs against bony bumps. This can cause gradual wear and tear of the muscle over time.

Activities

Athletes are not the only people who get tennis elbow. Many people with tennis elbow participate in work or recreational activities that require repetitive and vigorous use of the forearm muscle. Painters, plumbers, and carpenters are particularly prone to developing tennis elbow. Studies have shown that auto workers, cooks, and even butchers get tennis elbow more often than the rest of the population.

Age

Most people who get tennis elbow are between the ages of 30 and 50, although anyone can get tennis elbow if they have the risk factors. In racquet sports like tennis, improper stroke technique and improper equipment may be risk factors.

Unknown

Lateral epicondylitis can occur without any recognized repetitive injury. This occurrence is called "insidious" or of an unknown cause.

The symptoms of tennis elbow develop gradually. In most cases, the pain begins as mild and slowly worsens over weeks and months. There is usually no specific injury associated with the start of symptoms. Common signs and symptoms of tennis elbow include: Pain or burning on the outer part of your elbow, and or Weak grip strength. The symptoms are often worsened with forearm activity, such as holding a racquet, turning a wrench, or shaking hands. Your dominant arm is most often affected; however both arms can be affected.

Treatment

At first resting from the aggravating activities is best using ice, massage and stretching to treat the area. Cortisone maybe used in severe cases, some may need surgery if treatment is unsuccessful over a 6-12 month period. The main area to look at is the cause, check your equipment, can you make it lighter, easier to hold. If aggravating activities can not be stopped then a brace can be used to help the muscles rest, it is still important to keep treating the area even when symptoms are easing.

Golfers elbow is very similar to tennis elbow but occurs to the medial side (inside of the elbow). It affects the flexors of the wrist, and or pronators which turn the palm of the hand from an upward position to face downwards. Golfers elbow is more common in throwers and golfers hence the 'nicknames' but can again occur in any repetitive straining movements for the wrist flexors. Also known as flexor / pronator tendinopathy this elbow pain is seen in tennis players who use a lot of top spin on their forehand shots. Computer users may also develop this injury. Treatment is the same as tennis elbow.