

OSTEOPATHIC MEDICINE IN THE TREATMENT OF THE GOLFER'S ELBOW

Golfers elbow is also known as medial epicondylitis and is the less common sister condition of tennis elbow, both conditions sharing the tendon degenerative nature without inflammation. They are referred to as tendinopathies due to the pathological changes which occur inside the tendon without an inflammatory process. **Not just occurring in golfers, golfers elbow also appears in racquet sports, cricket bowling, weightlifting and archery.**

A bit of anatomy; the medial epicondyle is the bone prominence on the inside of the elbow where the forearm and rotatory muscle originate from. The muscles become tendinous near the bone and the tendon inserts into the bone to anchor the muscles. This area is where the pain occurs but there is no inflammatory process, rather a degenerative one. As the elbow is stressed by forces which would tend to push the elbow out into knock elbow, the tendon takes a lot of stress and changes occur.

The flexor tendons are put under stress by activities which force the forearm outwards away from the body for example in the early acceleration of the throw and in the golf swing from high backswing just before the ball is hit. The dominant hand is affected in golfers and in tennis players; those who have a heavy topspin to the ball are more likely to suffer. Golfer's elbow is not as common as tennis elbow but is the commonest cause of medial elbow pain with about half as many women affected as men.

Symptoms are; Pain and ache on the medial side of the elbow is the typical symptom, worsening with repeated flexion of the wrist and improved with resting. Shoulder, elbow, forearm or hand pain can occur, with weakness or pins and needles in the lower arm. Osteopathic Medicine examination includes the bony tendon insertions, the elbow joints and the muscles, with palpation of the bone area behind the elbow where the ulnar or cubital nerve lies.

Nerve involvement can give weakness in the forearm muscles and sensory symptoms, so an exclusion neurological examination is performed by the osteopathic Physician.

The main treatment; of golfers elbow is conservative; including Osteopathic Manipulative techniques (Myofascial Release, Muscle Energy Techniques, Functional Treatment...) over the tendons, muscles and well as a Manipulative Treatment on the Elbow joint. Also, a Manipulative Treatment is performed on the Neck, Shoulder and Wrist since all is related and since pain in the Elbow can be exaggerated but root nerve restriction and even vertebral dysfunction and blockages in the neck's vertebrae.

Sometimes, when the pain is acute and invalidating anti-inflammatories are prescribed.

Modifying the provoking activity is a first line of management, making patient education about the condition and the eliciting factors vital.



An example is modifying the golf swing mechanics to avoid setting the problem off continually. The patient is taught to avoid aggravating positions and activities.

A professional instructor will allow correction of golf swing technique. Overall fitness including strengthening exercises, aerobic work and stretching is another aim of treatment. Proper sporting technique and equipment usage is vital in athletes, with a good warm up prior to performance and good stretching afterwards.

Patients may need to be strictly monitored and treated by his Osteopathic Physician as many sports people ignore pain during activity, worsening or prolonging their symptoms.

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It is especially recommended in Lebanon that the patient verifies at the LOP (Lebanese Order of Physicians) that the pretending therapist is a confirmed Medical doctor and this only for a unique purpose; their own health.