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## Medial Epicondylitis (Golfer's Elbow)

Medial epicondylitis is commonly known as **golfer's elbow**. This does not mean that only golfers have this condition. But the golf swing is a common cause of medial epicondylitis.

Many other repetitive activities can also lead to golfer's elbow: throwing, chopping wood with an ax, running a chain saw, and using many types of hand tools. Any activities that stress the same forearm muscles can cause symptoms of golfer's elbow.

Can be effectively treated without surgery in majority of cases

### What parts of the elbow are affected?

Medial Epicondylitis



flexor muscles contract when you flex your wrist, twist your forearm down, or grip with your hand.

Golfer's elbow causes pain that starts on the inside bump of the elbow, the medial epicondyle.

Wrist flexors are the muscles of the forearm that pull the hand forward. The wrist flexors are on the palm side of the forearm.

Most of the wrist flexors attach to one main tendon on the medial epicondyle. The wrist

### Why did I develop golfer's elbow?

Overuse of the muscles and tendons of the forearm and elbow are the most common reason people develop golfer's elbow.

Repeating some types of activities over and over again can put too much strain on the elbow tendons. These activities are not necessarily high-level sports competition. Shoveling, gardening, and hammering nails can all cause the pain of golfer's elbow. Swimmers who try to pick up speed by powering their arm through the water can also strain the flexor tendon at the elbow.

### What does golfer's elbow feel like?

The main symptom of golfer's elbow is tenderness and pain at the medial epicondyle of the elbow. Pain usually starts at the medial epicondyle and may spread down the forearm.

Bending your wrist, twisting your forearm down, or grasping objects can make the pain worse.

You may feel less strength when grasping items or



Area of pain in medial epicondylitis

squeezing  
your hand into a fist.

### **How can my doctor be sure I have golfer's elbow?**

Detailed medical history.

The physical exam

X-rays of your elbow. The X-rays mostly help your doctor rule out other problems with the elbow joint

Golfer's elbow symptoms are very similar to a condition called cubital tunnel syndrome. Doctor may suggest tests to rule out problems with the ulnar nerve.

### **How can I make my pain go away?**

#### **Nonsurgical Treatment**

Like tennis elbow

#### **Surgery**

Sometimes nonsurgical treatment fails to stop the pain or help patients regain use of the elbow. In these cases, surgery may be necessary.

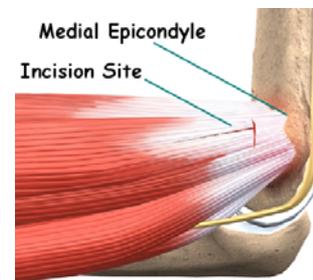
#### **Tendon Release**

A commonly used surgery for golfer's elbow is called a medial epicondyle release. This surgery takes tension off the flexor tendon. The surgeon begins by making an incision along the arm over the medial epicondyle.

Soft tissues are gently moved aside so the surgeon can see the point where the flexor tendon attaches to the medial epicondyle.

The flexor tendon is then cut where it connects to the medial epicondyle. The surgeon splits the tendon and takes out any extra scar tissue.

Your surgeon will look at the ulnar nerve, to make sure that it is not being pinched. If the nerve looks fine, the skin is then stitched together.



### **How soon can I use my elbow again?**

Recovery from surgery takes longer.

Immediately after surgery, your elbow is placed in a removable splint that keeps your elbow bent at a 90-degree angle.

Active stretching and strengthening exercises. You just need to be careful to avoid doing too much, too quickly.

Active therapy starts about two weeks after surgery.

At about six weeks, you start doing more active strengthening.