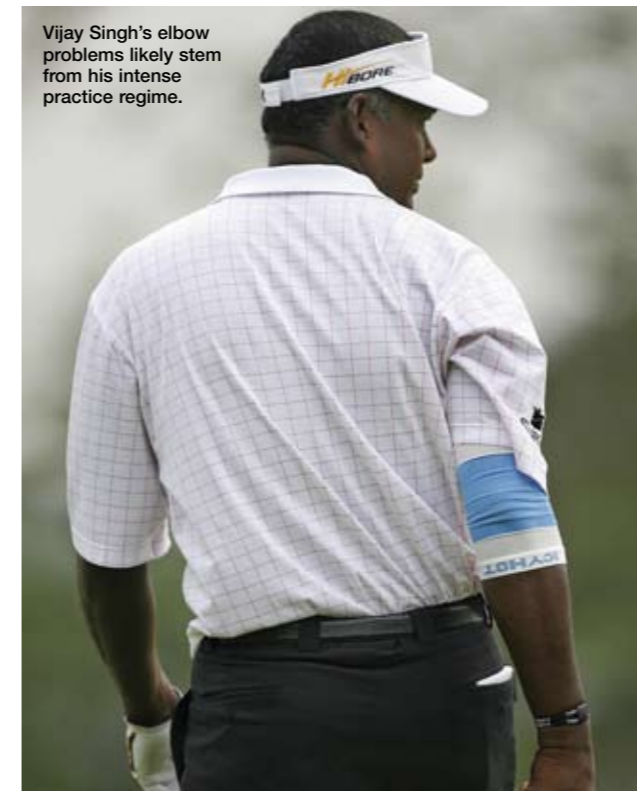




Robert Allenby may alter his playing schedule in 2009 to protect his troublesome right elbow.



Vijay Singh's elbow problems likely stem from his intense practice regime.

The rise of tennis elbow

This somewhat misnamed affliction is becoming more and more prevalent among golfers of all abilities.

Everywhere I travel to golf courses around the world, it seems as though more and more golfers are wearing arm braces with splints and little bands on their elbows. Elbow injuries are some of the most common ailments in all amateur golfers. But one of the great myths is that golfers suffer golfer's elbow, which is not quite true.

Increasingly these days, golfers actually suffer tennis elbow, although the best players in the world very seldom get this injury. Tennis elbow is an inflammatory condition on the outer part of the elbow. Golfer's elbow occurs on the inside. More tennis players get golfer's elbow due to the heavy emphasis of topspin in the faster modern game in conjunction with trying to gain more power and speed. So ironically both sports are suffering the opposite of their so-called traditional injuries.

Forty years ago this was not the case. In the 1950s and '60s, golfer's elbow was more prevalent among golfers because of greater lateral movement in the swing. The swings were more army, the body restricted by heavy clothing and golf clubs

didn't have shock-absorption qualities in their design. Plus, there was a lack of safe-swing advice for PGA pros. However, these factors have changed and we've seen the golf swing evolve significantly because of new teaching theories as well as the introduction of lightweight titanium equipment. Clubhead speeds can reach 120km/hr and the forces at impact are greater, which has led to different types of injuries.

To determine where golfer's elbow exists, take the palm of your hand and face it up to the sky. If you feel the bony point on the inside, almost at the fold of your elbow – the medial epicondyle – that's where golfer's elbow tends to occur. The flexor muscles of the forearm combine to form a common tendon that is inserted into that specific bony point (medial epicondyle) of the humerus at the elbow joint. It's sometimes called pitcher's elbow because the same tendon is stressed by throwing a baseball.

Tennis elbow tends to occur in the left, or leading arm, for right-handed golfers. Keep your left hand outstretched with your palm facing to the sky. Go across to the opposite side of the elbow. The bony point is your medial epicondyle. But the smaller bony point on the outside of the elbow is your lateral epicondyle where tennis elbow occurs.

That's where a lot of your wrist extensors work, that is, the muscles at the back of your hand and wrist attach to form the common extensor compartment. They are at the end of the chain and work over two very important joints: the elbow and the wrist. Some of their tendons stretch as far as the hands and fingers and that's a lot of work for smaller muscle groups.

Signs and symptoms of tennis elbow

Tennis elbow is a repetitive strain injury, whereby pain on the outside of the forearm radiates down into the wrist area. This sudden intense pain feels like an electric shock going down the arm into the hand. It is likely to occur when playing out of heavy rough or when taking a deep divot. Apart from playing golf, it can be aggravated by gripping objects such as door handles and steering wheels. Gradually, the pain leads to a feeling of weakness in the hand and arm. Constant repetition of movement causes tennis elbow, so it's commonly sustained in the workplace, especially sitting at a computer at a desk.

On the golf course, poor technique is one of the major causes of tennis elbow, particularly among those who overuse their arms rather than sequencing the body correctly. Unlike tour players, sufferers tend to use compensatory smaller muscles such as the hands and wrists instead of the bigger muscles that I refer to as the 'Golf Christmas Tree' muscles. It's easy to see if there is 'handy' compensation because the glove is usually worn away on the palm and fingers. Often it occurs because the golfer has weak postural and deep core stability muscles in the shoulders, abdominals and gluteals.

Swing misconceptions – such as 'keep your head still' and 'don't break your left arm' – are another cause of tennis elbow injuries for golfers. So, too, is faulty equipment, particularly poorly fitted clubs that are too heavy or overly long.

Self-assessment checklist for tennis elbow injuries

To find out whether you might be predisposed to tennis elbow, ask yourself if you're inclined to do any of the following:

- Hold the club too much in the palm of the left hand
- Use clubs with worn or slippery grips
- Use an old or worn glove
- Spend too much time practising on one shot, causing central body fatigue and the arms to over-compensate
- Practise on hard synthetic mats for extended periods
- Hit full shots before stretching and warming up for golf
- Grip the club tightly, especially with thumb/index finger
- Use a weak left-hand grip (which causes incorrect hinging of the wrists)
- Arch your wrists excessively at address (that is, wrists that are too high and upright)
- Keep your head still at impact
- Maintain a stiff left arm throughout the swing
- Overcock or bow your wrists on the backswing
- Loosen your grip at the top of the swing, before re-gripping during transition (possibly due to grip tension at address)
- Use a steep backswing and downswing, resulting in an excessively descending blow at impact

Who is at risk?

The most common sufferers of tennis elbow that we treat are the middle-aged male and female golfer. There are many reasons for this. Primary, they are at an age when soft tissue structures (muscles and tendons) tend to lose their flexibility and tone through the ageing process. Usually, these golfers have increased their amount of rounds and practice each week. This causes fatigue in the main golf muscle groups (Golf Christmas Tree). They usually have poor posture which causes flexed posture and therefore swing compensations.

Most of these golfers are unaware they need to be specifically fit for golf and of the importance of golf-specific fitness to maintain their longevity in the game. The majority have not been through a postural and skeletal screening with a physiotherapist. So their body is prone to the weaknesses through lifestyle, ageing and sedentary positions.

Even the best golfers in this age group get tennis elbow, especially when they come back to the game after a long hiatus. For me, they often try to hit the ball the same distance as they did when they were much younger.

Young female golfers of mid to high handicaps and once-in-a-while corporate golfers are also prime candidates for tennis elbow. So it's important to be aware of the origins (*see panel*). If you're unsure about any aspects, contact a PGA teaching professional or golf-specific physiotherapist for clarification.

For advice on a golf-specific training program, contact Ramsay McMaster on 0407 432 282 or golfphysio@ozemail.com.au

Next month: Exercises to prevent tennis elbow