Jeremy Lane

Medial Epicondylitis (Golfer's Elbow)

Description

Medial epicondylitis (ME, aka *golfer's elbow*) is a degenerative condition of the common flexor tendon (CFT – the origin site of the wrist flexor muscles on the medial epicondyle of the humerus). ME involves the degeneration of tendon fibres whereby normal collagen structure is replaced by disorganized connective tissue (e.g., vascular and fibroblastic elements), which can result in fibrosis and/or calcification at the site (Amin et al., 2015; Konarski et al., 2023).

Cause and Origin

ME develops as a result of repetitive and forceful motion involving wrist flexion, pronation, and grasping, causing microtears of the CFT, leading to degeneration (Brady & Dutta, 2016).

Risk Factors

ME came to be known as *golfer's elbow* because golfers typically absorb excessive amounts of force at the affected area while performing a golf swing (Brady & Dutta, 2016); however, ME also occurs in people who play racket or throwing sports, weightlifters, and people whose occupations involve repetitive forceful motions such as hammering (Mayo Clinic, n.d.).

Signs and Symptoms

Sufferers of golfer's elbow typically experience pain in elbow flexion and/or while gripping and a general tenderness on the medial side of the elbow, which can be accompanied by pain radiating down the forearm, stiffness, weakness, or a numbing and tingling sensation (Mayo Clinic, n.d.).

Treatment and Prevention

ME is typically prevented and managed by non-invasive means, such as activity modification, physical therapy, stretching, and corticosteroid injections. However, in more severe and chronic cases, ME can be treated with ultrasound or shockwave therapy, or surgical intervention (American Society for Surgery of the Hand, n.d.; Brady & Dutta, 2016; Konarski et al., 2023).

Massage Therapy

ME is reported up to 10 times less frequently than lateral epicondylitis (LE, aka *tennis elbow* – Descatha et al., 2013), and thus, the effects of massage on ME have not been studied as extensively as its effects on LE. Deep friction massage has been shown to be more effective than corticosteroid injection in the management of LE (Yi et al., 2018); however, massage may be less effective for LE than other physical therapeutic methods such as wrist manipulation (Joshi et al., 2013). Logically, massage therapy is presumed to have a similar effect on ME as it does on LE, by reducing muscle tension, breaking up scar tissue, and increasing blood flow to the area (Hills, 2023).

References

American Society for Surgery of the Hand. (n.d.). *Golf injuries: Prevention and treatment*. https://www.assh.org/handcare/condition/golf-injuries

Amin, N. H., Kumar, N. S., & Schickendantz, M. S. (2015). Medial epicondylitis: evaluation and management. *JAAOS-Journal of the American Academy of Orthopaedic Surgeons, 23*(6), 348-355.

Brady, C., & Dutta, A. (2016). Medial epicondylitis and medial elbow pain syndrome: Current treatment strategies. *J Musculoskelet Disord Treat, 2*(2), 1-5.

Descatha, A., Dale, A. M., Jaegers, L., Herquelot, E., & Evanoff, B. (2013). Self-reported physical exposure association with medial and lateral epicondylitis incidence in a large longitudinal study. *Occupational and environmental medicine*, *70*(9), 670-673.

Hills. (2023, September 20). How massage therapy can relieve golfer's elbow. Zoomers Health. https://www.zoomershealth.ca/articles/how-massage-therapy-can-relieve-golfers-elbow/

Joshi, S., Metgud, S., & Ebnezer, C. (2013). Comparing the effects of manipulation of wrist and ultrasound, friction massage and exercises on lateral epicondylitis: a randomized clinical study. *Indian Journal of Physiotherapy and Occupational Therapy, 7*(3), 205.

Konarski, W., Poboży, T., Poboży, K., Domańska, J., & Konarska, K. (2023). Current concepts of natural course and in management of medial epicondylitis: a clinical overview. *Orthopedic Reviews*, *15*, 84275.

Mayo Clinic. (n.d.). Golfer's elbow – Symptoms and causes. https://www.mayoclinic.org/diseases-conditions/golfers-elbow/symptoms-causes/syc-20372868

Yi, R., Bratchenko, W. W., & Tan, V. (2018). Deep friction massage versus steroid injection in the treatment of lateral epicondylitis. Hand, 13(1), 56-59.