

**STEVEN CHUDIK MD**  

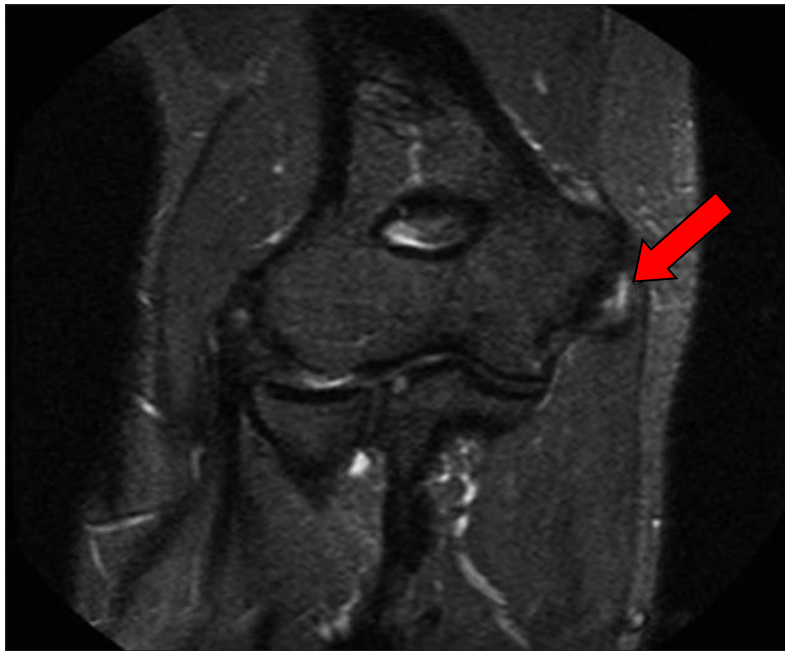
---

---

**SHOULDER, KNEE & SPORTS MEDICINE**

**Medial Epicondylitis**  
**(Golfer's Elbow)**

Medial epicondylitis results from degenerative wear and tear or rather tendinosis of the tendon where it anchors the wrist flexor muscles of the forearm at the medial epicondyle of the elbow (bony bump on the inside of the elbow). It presents with pain and tenderness to palpation on the inner side of the elbow where tendons of the muscles become painful from degenerative wear. Medial epicondylitis occurs in golfers and others who perform repeated resisted motions of the wrist. Without proper intervention, this may develop into a chronic activity limiting and painful problem.



**Frequent Signs and Symptoms**

- Pain and tenderness on the inner side of the elbow
- Hand or wrist weakness with difficulty of activities such as squeezing a ball, picking up items, opening a door, or giving a handshake
- Elbow stiffness or difficulty moving the elbow



Orthopaedic Surgery & Sports Medicine  
Teaching & Research Foundation  
[otrfund.org](http://otrfund.org)

630-324-0402 • [contactus@chudikmd.com](mailto:contactus@chudikmd.com)  
[stevenchudikmd.com](http://stevenchudikmd.com)



Schedule online now

# STEVEN CHUDIK MD

---

## SHOULDER, KNEE & SPORTS MEDICINE

### Etiology (Causes)

- Chronic repetitive stress and strain to the muscles and tendons that attach the forearm muscles to the elbow
- Sudden change in activity level or intensity
- Weakness in shoulder and wrist muscles
- Improper technique or equipment size or weight (too heavy)

### Risk Factors

- Sports or occupations that require repetitive and strenuous forearm and wrist movements (golf and other throwing sports)
- Poor physical conditioning (strength and flexibility)
- Inadequate warm-up before practice or play
- Resumption of activity before healing and rehabilitation and conditioning are complete

### Prevention

- Appropriately warm up and stretch before practice or competition.
- Maintain appropriate conditioning:
  - Wrist and forearm flexibility
  - Muscle strength and endurance
  - Cardiovascular fitness
- Ensure proper equipment fit.
- Maintain proper technique and have a coach correct improper technique.
- Wear a tennis elbow (counterforce) brace.

### Outcomes

- Cases of short duration in which symptoms are present less than 4 weeks may improve in 2 to 6 weeks with proper treatment.
- Cases of long duration (chronic), in which symptoms have been present for more than 8 weeks, may require 3 to 6 months to resolve and often require referral to a physical therapist or athletic trainer.

### Potential Complications

- Recurrence of symptoms resulting in a chronic problem; appropriately addressing the problem the first time decreases frequency of recurrence
- Chronic pain, tendon degeneration, and partial tendon tear requiring surgery
- Delayed healing or resolution of symptoms



# STEVEN CHUDIK MD

---

---

## SHOULDER, KNEE & SPORTS MEDICINE

### Treatment Considerations

Treatment consists of rest from the aggravating activities, stretching and eccentric strengthening exercises to encourage the tendon to remodel and stop hurting. With this degenerative tendon injury, it can require months of treatment to improve. Referral to a physical therapist is often helpful to learn a good therapeutic exercise program. Counterforce braces and splints may be recommended to reduce the forces to the damaged tendon and minimize symptoms for required activities. For severe symptoms, corticosteroid injections can reduce the pain while the treatment of rest and therapeutic exercise leads to recovery. For cases that fail conservative treatment, surgery to excise painful damaged tendon, stimulate a healing response and repair of the remainder of the tendon is sometimes required and offers significant improvement.

### Possible Medications

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Cortisone injections reduce inflammation. However, this is done only in extreme cases; there is a limit to the number of times cortisone may be given due to the fact that it weakens muscle and tendon tissue. Cortisone may also cause skin and subcutaneous fat atrophy (shrinkage and thinning) and skin depigmentation (lighter skin). Anesthetics temporarily relieve pain.

### Modalities (Heat and Cold)

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 15 to 20 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak.

**Notify My Office If Symptoms get worse**



Orthopaedic Surgery & Sports Medicine  
Teaching & Research Foundation  
[otrfund.org](http://otrfund.org)

630-324-0402 • [contactus@chudikmd.com](mailto:contactus@chudikmd.com)  
[stevenchudikmd.com](http://stevenchudikmd.com)



Schedule online now

# STEVEN CHUDIK MD

---

---

## SHOULDER, KNEE & SPORTS MEDICINE

### Stretches for Medial Epicondylitis

These are some of the *initial* exercises you may start your rehabilitation program with until you see your physician, physical therapist, or athletic trainer again or until your symptoms are resolved. Please remember:

- Flexible tissue is more tolerant of the stresses placed on it during activities.
- Each stretch should be held for 20 to 30 seconds.
- A *gentle* stretching sensation should be felt.



#### Range of Motion • Wrist Flexion

1. Hold your wrist as shown with the fingers pointing down toward the floor.
2. Pull down on the wrist until you feel a stretch.
3. Hold this position for 20 seconds. Repeat exercise 3 times, 5 times per day.



# STEVEN CHUDIK MD

---

---

## SHOULDER, KNEE & SPORTS MEDICINE



### Range of Motion • Wrist Extension

1. Place the palm of your hand flat on the top of a table as shown. Your fingers should be pointing backward.
2. Press down, bending your wrist and straightening your elbow until you feel a stretch.
3. Hold this position for 20 seconds.
4. Repeat exercise 3 times, 5 times per day.



Orthopaedic Surgery & Sports Medicine  
Teaching & Research Foundation  
[otrfund.org](http://otrfund.org)

630-324-0402 • [contactus@chudikmd.com](mailto:contactus@chudikmd.com)  
[stevenchudikmd.com](http://stevenchudikmd.com)



Schedule online now

**STEVEN CHUDIK MD**  
**SHOULDER, KNEE & SPORTS MEDICINE**



**RANGE OF MOTION • Wrist Flexion**

1. Place the back of your hand flat on the top of a table as shown. Your shoulder should be turned in and your fingers facing away from your body.
2. Press down, bending your wrist and straightening your elbow until you feel a stretch.
3. Hold this position for 20 seconds.
4. Repeat exercise 3 times, 5 times per day.



**STEVEN CHUDIK MD**  
**SHOULDER, KNEE & SPORTS MEDICINE**



**RANGE OF MOTION • Wrist Extension**

1. Place the palm of your hand flat on the top of a table as shown. Your shoulder should be turned out and your fingers facing towards from your body.
2. Press down, bending your wrist and straightening your elbow until you feel a stretch.
3. Hold this position for 20 seconds.
4. Repeat exercise 3 times, 5 times per day.



Orthopaedic Surgery & Sports Medicine  
Teaching & Research Foundation  
[otrfund.org](http://otrfund.org)

630-324-0402 • [contactus@chudikmd.com](mailto:contactus@chudikmd.com)  
[stevenchudikmd.com](http://stevenchudikmd.com)



Schedule online now