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Medial Epicondylitis “Golfer’s Elbow” Treatment Sheet

Pathology:	The common wrist flexor muscles become overused and fatigued and microtears develop.
History:	The patient will have a history of repetitive wrist flexion – painting, carrying a heavy object, etc. Improper biomechanics during wrist flexion can be a causative factor.
Assessment:	Painful resisted wrist flexion Painful passive wrist extension (overstretch) Pinpoint/local pain at the medial epicondyle of the humerus. In more severe cases, moderate swelling will be found near the epicondyle.
Bolstering/ Patient comfort:	Ensure that all muscles are relaxed during treatment.
Heat/Cold Therapy:	Ice is appropriate to reduce sensitivity of the tendon at the medial epicondyle to allow (transverse) friction massage. Ice is also applied if microswelling or swelling is present. Heat may be used over the muscle to promote pliability.
General Massage:	Massage of all muscles from the shoulder to the hand is appropriate.
Specific Massage:	Transverse friction massage is applied to the common flexor tendon area (which runs from the medial epicondyle and one inch distally). Compression, broadening and other additional strokes are applied to the wrist flexor muscles to reduce hypertonicity.
Evaluate / Treat TrPs:	Eliminate trigger points in the wrist flexors (and extensors) to allow normal muscle lengthening.
Stretching Exercises/ Range of Motion:	Passive: Full wrist extension with the elbow held in full extension. Active: Keeping the elbow straight, the patient can hold the wrist in full extension or lean into a fully extended wrist.
Strengthening:	Isometric contractions at first, followed by more active strengthening if the patient permits. The muscle is strengthened by adding resistive wrist flexion. Eccentric exercises will also help the muscle become more resistant to future injury.
Stress Reduction:	As needed.
Patient Education:	Demonstrate and teach the patient to recognize types of activities that overload the wrist flexors. Self treatment including ice and friction massage can be taught to the patient.
Ergonomic factors:	Evaluate and correct any perpetuating factors. The patient may use a band just distal to the common flexor tendon to relieve the strain and pull on the tendinous attachment during contraction.
Medical Referral	It is appropriate to co-treat the patient with a doctor and/or to receive medical approval. Tears of the common flexor tendon and stress fractures must be ruled out. Other more serious conditions may be overlooked.