

# Golfer's Elbow

## Patient Information

Therapy Services



The Patient Information Leaflets page on the Trust website is available on the link:  
<https://www.wwl.nhs.uk/patient-information-leaflets> or scan the QR code.

Author ID: BH  
Leaflet Ref: Tpy 014  
Version: 5  
Leaflet title: Golfer's Elbow  
Last review: August 2023  
Expiry Date: August 2025

## Golfer's Elbow

Golfer's elbow is a chronic degenerate condition of the tendon on the inside of the elbow. This means wear of the tendon that flexes (bends) your wrist and turns your hand over for your palm to face downwards. The tendon becomes less healthy. This is called tendinopathy. It is also known as medial epicondylitis.

### Cause

The exact cause is unknown. We do know that repetitive use of the tendons that flex and rotate the wrist (bend and turn the wrist) can contribute. It can also be secondary to another problem in the arm, e.g. a shoulder problem.

### Symptoms

The first signs of golfer's elbow are usually tenderness and pain over the inside of the elbow. Pain often occurs when bending or turning your wrist or making a fist. It is often worsened by activities that involve lifting, gripping, pushing, pressing, or twisting of the hand and wrist. In some cases the pain can progress down the forearm.

### Management

Golfer's elbow is a self-limiting condition. This means it will eventually settle. You can choose not to treat it, but to allow it to get better on its own. However, as the pain can be disabling, there are methods of management that can improve the pain and speed up recovery.

### First Line Treatment

This includes modifying activities to avoid pain, review of sports techniques and physiotherapy. The use of an exercise programme can be effective in improving the function of the tendon, and therefore reducing pain.

Anti-inflammatory pain killers, such as ibuprofen or diclofenac, may be beneficial within three weeks of onset of symptoms but beyond this are no more effective than simple painkillers such as paracetamol.

### Injection Therapy

Traditionally steroid injections have been used but recent evidence has raised concerns regarding recurrence of symptoms. Alternative injection treatments include:

- Plasma Rich Protein (PRP) (blood plasma that is enriched with platelets and injected into an area of the body for the purpose of healing).
- Autologous Whole Blood (a sample of your own blood is injected into an area of the body for the purpose of healing).
- Dry Needling (fine needles are repeatedly inserted over the affected area).
- Hyaluron Injections

## Surgery

Surgery is the last resort and is performed as an open, not key-hole ) procedure.

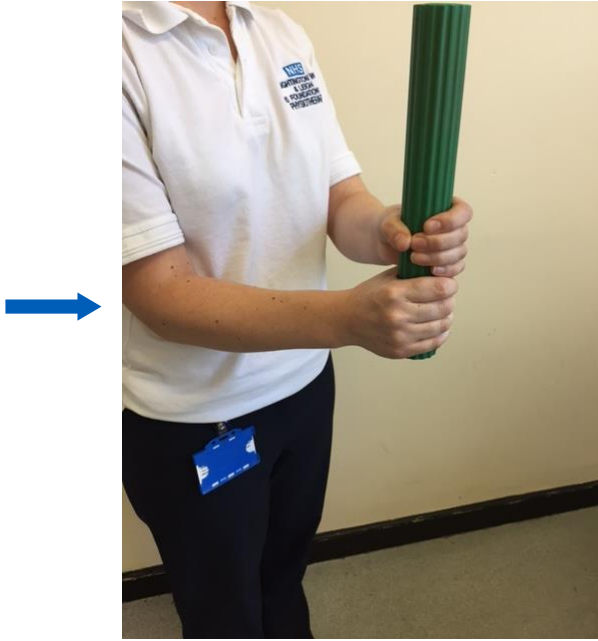
## Rest

A combination of rest and gradual exercise will improve your pain. This can be difficult, especially if your work duties or sports activities aggravate it.

## Specific Exercise

### Start





- Exercises must be performed exactly as shown on the photographs.
- Exercises should be performed very slowly.
- You **must** use your opposite hand to lift up the hand being exercised.

**The exercise should be repeated to fatigue and, follow a set with a 30 second rest. Repeat the sets to fatigue. Do not aggravate your symptoms.**

You should exercise each day; it may be helpful to use the exercise diary to remind you.

- It is common for the discomfort to initially worsen. This may feel like a slightly different pain. However, if you continue with the exercises by week 3 it should start to improve.
- When starting the exercises use a baton shaped object, for example a rolling pin. Initially hold the rolling pin in the centre, then, as you feel stronger, hold it at one end as shown above.

Please use this space to write notes or reminders.

---

## Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

## Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager  
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust  
Royal Albert Edward Infirmary  
Wigan Lane  
Wigan WN1 2NN

---

## Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



---

## How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

---

© Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust.  
All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright owner.

**Call 111 first when it's less urgent than 999.**



EMPLOYER RECOGNITION SCHEME

SILVER AWARD

Proudly supporting those who serve.

Phone: 0808 802 1212

Text: 81212

[www.veteransgateway.org.uk](http://www.veteransgateway.org.uk)

