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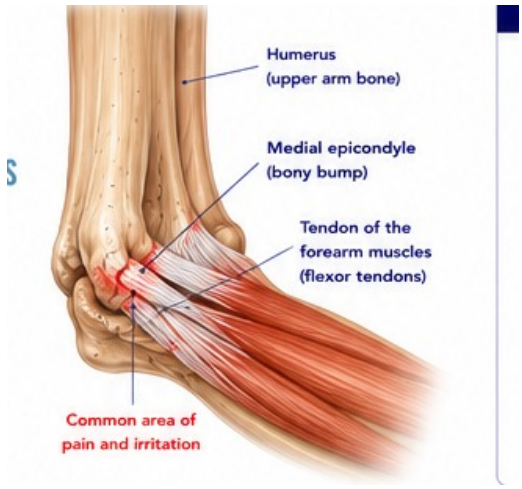
ELBOW CONDITION

Golfer's Elbow (Medial Epicondylitis)

Medial Epicondylitis — Patient Condition Guide



The forearm flexor tendons at the medial epicondyle — for education; your anatomy may differ

OVERVIEW

Golfer's elbow is pain on the inside of the elbow where the forearm flexor and pronator tendons attach to the medial epicondyle. It comes from repetitive gripping, wrist flexion, or forearm rotation — golf is only one of many causes.

ANATOMY

The flexor-pronator tendons originate at the medial epicondyle on the inside of the elbow. Overuse causes degeneration and small tears where the tendon meets the bone. The ulnar nerve runs nearby and can sometimes be irritated as well.

SYMPTOMS

- Pain and tenderness over the inside of the elbow
- Pain with gripping or bending the wrist down
- A weak grip
- Occasional tingling into the ring and little fingers if the ulnar nerve is involved

DIAGNOSIS

The diagnosis is made on exam — tenderness over the medial epicondyle and pain with resisted wrist flexion. Imaging is usually not needed.

TREATMENT OPTIONS

Most cases improve without surgery: rest and activity modification, a brace, physical therapy with stretching and eccentric strengthening, anti-inflammatory measures, and occasionally an injection. Surgery is reserved for persistent cases that fail quality conservative care.

RECOVERY OUTLOOK

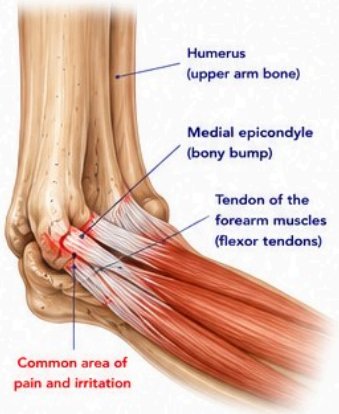
Most patients improve over weeks to months. Recovery after surgery, when needed, takes a few months.

GOLFER'S ELBOW
(MEDIAL EPICONDYLITIS)

UNDERSTANDING YOUR CONDITION & TREATMENT OPTIONS

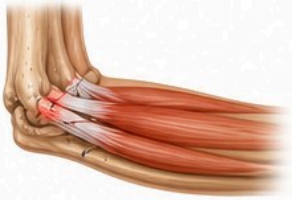
Golfer's elbow is an overuse injury that causes pain and tenderness on the inside of your elbow. It occurs when the tendons that attach your forearm muscles to the bony bump on the inside of your elbow (the medial epicondyle) become irritated or inflamed.

It is commonly caused by repetitive wrist flexion and forearm rotation activities—such as golf, throwing, weightlifting, or even daily tasks.



WHAT IS MEDIAL EPICONDYLITIS?

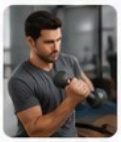
The flexor muscles of the forearm help bend your wrist and fingers. Repetitive use or overloading these muscles can cause microtears in the tendons at their attachment to the medial epicondyle, leading to pain and inflammation.



COMMON CAUSES

- Repetitive wrist flexion and gripping (golf, throwing, racquet sports)
- Lifting with improper technique
- Overuse from work or daily activities (typing, tools, carrying)
- Muscle imbalances or poor conditioning


Golf


Weightlifting


Daily Activities

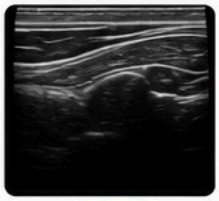
COMMON SYMPTOMS

- Pain or burning on the inside of the elbow
- Pain that worsens with gripping, wrist bending, or lifting
- Weakness in the forearm or hand
- Difficulty lifting objects, opening jars, or shaking hands
- Stiffness or pain after periods of rest or in the morning

DIAGNOSIS

Your doctor will perform a physical exam and review your history. Imaging is rarely needed but may be used to rule out other conditions.


Physical Exam


Ultrasound
(may show tendon irritation)

TREATMENT OPTIONS

1. NON-SURGICAL TREATMENT
(First-line treatment)

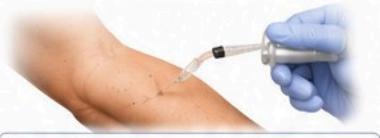
- Rest and activity modification
- Ice and/or anti-inflammatory medications
- Counterforce strap or brace
- Physical therapy to improve strength, flexibility, and address mechanics
- Stretching and strengthening exercises for forearm muscles
- Ergonomic adjustments


Counterforce strap

GOAL: Reduce pain and inflammation, restore strength and function, and return to activities.

2. ADVANCED NON-SURGICAL OPTIONS
(If symptoms persist)

- Corticosteroid injection (short-term pain relief)
- Platelet-Rich Plasma (PRP) injection
- Extracorporeal Shock Wave Therapy (ESWT)
- Dry needling
- Specialized rehabilitation program



GOAL: Decrease pain, promote tendon healing, and improve long-term outcomes.

3. SURGICAL TREATMENT
(Rarely needed)

Surgery is considered only for symptoms that persist for 6–12 months or longer and fail all other treatments.

Surgical goals:

- Remove damaged tendon tissue
- Promote healing of healthy tendon
- Relieve pain and restore function

GOAL: Relieve pain and restore full function when all other treatments fail.

REHABILITATION EXERCISES (Perform 3-5 times per week unless otherwise directed)

STRETCHING
(Hold 20–30 seconds, repeat 3–5 times)

Wrist Flexor Stretch


Arm straight, palm up. Gently pull fingers back with opposite hand.

Wrist Extensor Stretch


Arm straight, palm down. Gently pull hand down with opposite hand.

STRENGTHENING
(Start light and progress gradually)

Wrist Flexion


3 sets of 10–15 reps

Wrist Extension


3 sets of 10–15 reps

Forearm Pronation


3 sets of 10–15 reps

Forearm Supination


3 sets of 10–15 reps

GRIP STRENGTH

Grip Squeeze


Squeeze for 5 seconds. 3 sets of 15–20 reps

ADVANCED (As symptoms improve)

Eccentric Wrist Flexion


Use other hand to help up. Slowly lower for 3–5 sec. 3 sets of 10–15 reps

Eccentric Wrist Extension


Use other hand to help up. Slowly lower for 3–5 sec. 3 sets of 10–15 reps

Stop any exercise that increases pain. Mild muscle soreness is normal. Progress resistance as tolerated.

TYPICAL RECOVERY TIMELINE

0–2 WEEKS
Pain Relief Phase
- Reduce pain and inflammation
- Rest and activity modification
- Ice and/or medications
- Gentle stretching

2–6 WEEKS
Early Recovery
- Improve range of motion
- Begin strengthening
- Address daily activity mechanics

6–12 WEEKS
Strength & Conditioning
- Progress strengthening
- Improve endurance
- Return to most daily activities

3–6 MONTHS
Advanced Activity
- Sport- or work-specific training
- Improve power and control
- Gradual return to full activities

6+ MONTHS
Return to Full Activity
- Return to sports and full activity
- Maintain strength and flexibility

Recovery times vary. Most people improve in 6–12 weeks, but full recovery may take 3–6+ months depending on severity and treatment.

PREVENTION TIPS

- Use proper technique
- Strengthen forearm muscles
- Take breaks from repetitive activities
- Use ergonomic tools and equipment
- Warm up before activity

WHEN TO SEEK MEDICAL CARE

- Pain that doesn't improve after a few weeks of rest and treatment
- Severe pain or weakness
- Numbness, tingling, or swelling
- Pain that interferes with daily activities or sleep

Scan for exercise videos and more information about Golfer's elbow.

ROBERT PETTIT, MD
SPORTS MEDICINE & JOINT REPLACEMENT SPECIALIST

Golfer's elbow (medial epicondylitis) — causes, symptoms, and treatment · for education; your anatomy may differ

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/golfers-elbow.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.