A Constructive Approach to Carpenter's Golfer's Elbow

Howard A. Winston, MD, CCFP, FCFP, Dip. Sport Med. (CASM)

Chuck, 48, is a carpenter who complains of right elbow pain for approximately two months. He states he had no injury to his elbow, but he did notice a gradual build-up of pain on the inside aspect of his right elbow. He is right-hand dominant. He denies waking through the night and has no neurologic symptoms. Although ibuprofen did help, he did not get significant relief from it.

Chuck clearly has a form of atraumatic elbow pain. His history reveals he has just constructed a backyard deck and is an avid golfer. On the physical examination you note he has significant tenderness over his medial epicondyle. In addition, he has pain with resisted testing of the pronator/flexor group of muscles of his forearm. Most other aspects of his examination are normal. You suspect a soft tissue injury, so it is not necessary to order an X-ray of his elbow.

You promptly diagnose medial epicondylitis of his right elbow. Chuck is told to apply cold over his medial epicondyle three times per day for 15 minutes at a time. As well, you tell him to avoid repeated motions of flexion and pronation of his right forearm.

He is instructed to attend physical therapy and to use a counterforce arm band and an anti-inflammatory for a couple of weeks.

Chuck returns four weeks later to report he is marginally better. He states he was too busy for physical therapy, but he iced a couple of times per week and the anti-inflammatory bothered his stomach after a few doses. You notice the counterforce band he has been using is sitting on the wrong side of his elbow.

Chuck has been partially compliant, but far from complete. You inform him if he doesn't follow all your recommendations, the injury may remove him from his line of work. You also show him how to wear the band properly and

explain he must wear it throughout the day to protect his elbow.

Instead of an oral agent, you prescribe a topical diclofenac gel to be used with ultrasound as a form of sonophoretic treatment. Without the oral anti-inflammatory, icing three times per day is more important. Lastly, you emphasize, once again, the critical need of physical therapy.

Chuck returns four weeks later, stating that his right elbow feels about 80% better. He only had five physical therapy treatments, but he was very compliant with all the other instructions. He states that he has another deck to build and is asking your advice as to whether he should accept the job.

Ideally, we would like our patients to make a complete recovery before returning them to the workplace or sporting activity. Realistically, however, people must continue to earn an income and we have to treat their injuries in parallel with their life. In this scenario, you educate the patient about the benefits of a series of stretches that should be done intermittently throughout the day to break-up the use of the muscle. The patient must continue to work at strengthening the muscle, ice as needed (if pain/tenderness is present) and use the counterforce band to protect the medial epicondyle. The band should sit a couple inches below the medial epicondyle. He should continue his physical therapy until there is near resolution of symptoms.

Sometimes acupuncture can be quite effective in helping to relieve symptoms. If symptoms are recalcitrant to conservative measures, one can always entertain the option of using a corticosteroid injection locally to resolve symptoms. We just don't usually start off with this mode of treatment. Some patients will demand it if they have no time to go for therapy.

Chuck returns six weeks later to confirm his right elbow is virtually 100% better. He still does his strength and stretch routine every day and is very careful about using his tools for any great length of time without taking a break.

With any sports medicine injury, whether it is traumatic or atraumatic, there has to be a clear mechanism of injury. By recognizing this mechanism, you will be able to determine what structure has been affected. You will then be able to set out a comprehensive plan of management to get the patient started on the proper treatment.

In this case, Chuck had been using a hammer to the point of abuse, until the muscle fibres gave out. This begins the whole inflammatory cycle and subsequent pain. A followup until complete resolution is always vital to ensure the patient is improving.

Dr. Winston is an assistant professor, department of family & community medicine, University of Toronto, and medical director, Centre for Health and Sports Medicine, North York, Ontario.

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