

## **Common Elbow Conditions Afflicting Athletes**

**By Lou Lombardo, LMT, NCTMB**

I experienced some pain in my right elbow recently that was symptomatic of a condition known as “tennis elbow”. But, the problem was that I had just finished playing golf at the time, not tennis. I haven’t played tennis since the eighth grade picnic.

The event was the annual Rotary/Kiwanis club tournament with a scramble format. For all you people who don’t know the difference between a triple bogey and a double martini, a scramble is where four people on a team each hit their ball. The ball that winds up in the best position in relationship to the hole becomes the location for everybody’s next shot. This procedure is followed until the hole is completed.

We did this for nine holes. After finishing, I began to feel a pain in an area that usually reserved for “tennis elbow”.

It didn’t make sense to me but it didn’t matter at the time because I was heading for that all-important next hole- the watering hole.

But, you may ask, “what’s the difference between ‘tennis elbow’ and ‘golfer’s elbow’”? Or you may not ask. You may not even care. In which case you can go to the last part of this column or just go directly to the comics, if you haven’t read them already. Do not pass “Go”. Do not collect \$200.

Anybody in real estate ought to know that the answer to the question posed above-the difference between the two ailments is location, location, location.

The official names for “tennis” and “golfer’s” elbow are lateral humeral epicondylitis and medial humeral epicondylitis respectively.

Before we talk about their location, you need to know a few basics about anatomy- I mean, besides the obvious ones you learn at the drive-in movies.

In the study of anatomy, specific terms are used to communicate location, direction and position of body structures as well as in discussing pathologies (diseases or conditions) associated with them.

In order to start from the same point of reference you have to have put the human body its correct anatomical position- standing straight, feet pointed 45 degrees outward and arms at your side with palms facing forward- like Vito Corleone greeted his fellow dons in “The Godfather”.

With this position in mind, lateral means on either side of the body, while medial means toward the middle of the body. Thus, with your palms facing forward, the lateral sides of your arms are on the outside and the medial sides on the inside. Call me right away if you're not clear on this.

Two other facts before we continue- tendons are made up of specialized tissue that connects muscles to bones and the humerus is the bone of the upper arm.

Having laid that foundation, the term lateral humeral epicondylitis or tennis elbow usually involves trauma and microtearing of the extensor tendons of the wrist where they attach to the lateral epicondyle of the humerus- at the elbow area. This results in pain on the lateral (outside) side of the elbow. Those extensor muscles are on the bottom of the forearm. Remember, keep arms down and palms facing forward.

Although this condition was first given this name because tennis players were afflicted with it a lot, this irritation and microtearing can be experienced by anyone who uses the extensor muscles of the wrist excessively- like massage therapists.

Conversely, the term medial humeral epicondylitis or golfer's elbow usually involves trauma and microtearing of the flexor muscles of the wrist at the medial epicondyle of the humerus or the inside of the elbow. The flexors are on the top of the forearm when the body is anatomically correct.

And, you guessed it- it got its name from the frequency with which it is seen in golfers.

So, I got to thinking about my pain after the tournament. And I'm thinking that my symptoms of "tennis elbow" were coincidentally manifested at the end of my 9 holes of golf and were the result of the combination of completing several massages the two days prior to golfing as well as extending those wrist muscles during golf.

By way of a shameless plug, orthopedic massage can be very successful in treating both these conditions. So, not only did massage partially cause my condition, it can relieve it as well. Only in America!

Back to the tournament, I hadn't picked up a club in years and was eager not to look too foolish. So on the morning of the tournament (why hurry?) I found and cleaned off my clubs. I counted eleven golf balls in my bag, more than enough I thought. Then I practiced my swing.

The good news was that I only lost two balls during my practice. The bad news was that I was swinging my irons on my front yard at the time.

I quickly added 6 more new balls to my bag just in case.

Our team teed off as the second foursome on hole #10 at the Livingston Country Club. I used my 3 wood, mainly because I hadn't swung a wood in ages and I didn't have a lot of confidence in my driver. My drive traveled about 220 yards down the left side of the fairway.

Much to my surprise, after we all hit our first ball, mine was the best. That only happened one other time during the round. The other three members on my team were all Kiwanians and, despite that, were good sports and excellent golfers. (Some fraternal humor intended). Collectively we birdied three holes and bogeyed two. And our total number of putts was 10. This meant we averaged a fraction over one putt per hole. We thought that would be good enough to win the tournament.

However, we ended up tied with another team that had some rather important Kiwanians on it. They ended up being declared the winner based on some pretty flimsy criteria. We're thinking of appealing the decision in the Supreme Court. The reason for the appeal is that winner was determined in an area where it was very uncomfortable and hot, where our teller was not allowed to oversee the count and where alcohol was definitely being served.

Anyone know a good attorney in Livingston County who will take the case?

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