

For most golfers, the hand and/or wrist is the 3rd most common body region injured, after the back and elbow. The wrist is injured 3 times more frequently than the hand. In golf, the action of the wrist is important for the "snap" of the shot in long shots, and the precision "feel" in short shots. Golfers who lack strength in their forearms are more prone to wrist and hand injuries. The leading wrist/hand (left side for right-handed players, right side for lefties) is most at risk. Injuries result either gradually from overuse, or from a traumatic blow (hitting a root or a rock, or hitting a fat shot off hardpan) causing sprains (ligament injuries) or fractures ("broken bones").



The most common wrist/hand complaint is due to **tendonitis** (tendon inflammation) of any of the tendons that cross the wrist. Treatment usually consists of rest, splinting, ice, and non-

steroidal anti-inflammatory medicines along with a Hand Therapy program of stretching / strengthening exercises and iontophoresis. If these initial treatments fail, cortisone injections may be used at the discretion of your doctor.

Another distinctive golf injury is a **fracture** of the hook of the hamate, one of the small bones of the wrist. It is vulnerable to injury from the club on a hard hit to the ground as the handle crosses right over the bony hook when gripping the club _ Hook of the hamate fractures may cause pain in the heel of the little finger side of the palm. If it irritates the adjacent ulnar nerve, it may cause numbness and tingling in the ring and little fingers are also adjacent **Saba Kamal** has over 18+ years of experience as a clinician. She has worked as an Occupational Therapist and a Certified Hand Therapist. In addition, she did her Fellowship in Hand Therapy from Texas Woman's University, in Houston with Baylor alliance.

o She has presented several talks at Local and National level conferences (ASHT: American Society of Hand Therapists and IFSHT: International Federation of Societies of Hand Therapists).

o She has contributed to a book on Arthritis, presented to support groups etc.

o She was the President of the California Chapter of ASHT & has won the best chapter award for her term in 2010 & 2011.

o She is a partner/principal in Advanced Rehab Seminars & provides continuing education seminars to other hand & upper extremity therapists nationwide.



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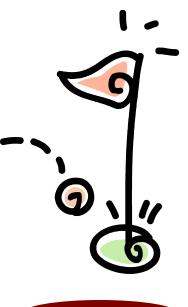
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to the hook, and movement of these fingers may be painful and give a sensation of "catching" or "clicking" if these tendons are rubbing on the fractured bone. Left untreated, the tendons can even gradually fray and rupture. Treatment involves a combination of rest, ice, and splinting. The **elbow** may be affected with "golfer's elbow", which is a painful tendonitis on the inner aspect of the elbow at the origin of the "flexor/pronator" muscles. They originate off



of a bony prominence of the humerus (arm bone) called the medial epicondyle, and so this condition is also called **"medial epicondylitis"**. It can be caused by repeated swinging stress to the elbow, and may result

from many other non-golfing activities, such as heavy lifting and hammering. Lateral epicondylitis, on the outer side of the elbow, is also commonly seen in golfers from repeated strain to the lead arm, similar to hitting backhands in tennis. Both these conditions are usually first treated with rest, iontophoresis treatment and hand therapy program of muscle stretching and strengthening, and nonsteroidal anti-inflammatory medicines.

Another potential cause of injury when golfing is the unsafe use of golf carts. Golf cart accidents with fall-outs and tip-overs may cause very serious injury such as fractures to the wrist, forearm, elbow, arm, shoulder, tibia (shin bone), and ankle, among others<u>-</u> Proper care and caution must be exercised when driving golf carts.

Non-upper extremity injuries worthy of mention include sprains and strains of the back, especially the lower back called the lumbar spine.

Technique

There are therapists trained in assessing Golf techniques. They can assess and find the cause of injury or prevent further injuries.

Equipment

• A smaller club and/or a tightly strung club may require more exertion from the forearm musculature and may cause the hamate fracture. Try a mid-size to larger club in order to provide a larger impact area for the ball. A lighter club may decrease stress on the arm as well.

• Make sure your grip is not too small. Avoid gripping your club too tightly.

Grip size should be chosen by measuring the distance from the crease of the palm to the tip of the ring finger.

• Wear a counterforce brace while playing golf. The counterforce brace gives external support to the involved muscles and relieves stress on the area.

Proper warm-up and stretching is important to decrease the chances of injury.

Gradual increase in length and intensity of play should be exercised as the season progresses.

Stretches include but are not limited to ..

Before playing perform stretches by keeping the elbow straight, palm facing downward then bend the wrist down with the other hand, thus pointing the fingers down. Hold the position for a count of 10.

Then, keeping the elbow straight, palm facing upward then bend the wrist down, thus pointing the fingers down with the other hand. Hold the position for a count of 10.

"...Drugs should be the last line of treatment.....We advice physicians to start with non pharmacologic treatments like therapy" The Journal of American Heart Association.



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