

TENNIS INJURIES OF THE UPPER EXTREMITIES

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Tennis is a great game that appeals to a wide range of ages and athletic abilities. Unfortunately, after the age of 30, the frequency of injury both from overuse and acute strain becomes more common. While injuries can occur in both the upper and lower extremities, this article will focus on some of the most common upper-extremity injuries and how to prevent them.

One muscle group frequently affected by tennis is the rotator cuff and bicep tendons. Consisting of four muscles that surround the ball joint of the shoulder, the rotator cuff stabilizes the shoulder in its shallow socket and is responsible for coordinating rotational shoulder movements. Overhead rotational movements, particularly while serving, can put excessive strain on the rotator cuff muscles. This can result in impingement, bursitis, sprains or complete tears of the rotator cuff.

The biceps tendon can also become inflamed and develop a tendonitis or may spontaneously rupture.

Maximizing flexibility and strength of the rotator cuff and the biceps tendon are the best preventive measures for avoiding injury. Proper tennis stroke technique is also essential for your body. Rubber tubing exercises and stretching help achieve the flexibility and strength necessary to prevent injury.

If you do sustain an injury, appropriate treatment relies first on a correct diagnosis. Strains and sprains can be treated with rest, physical therapy and anti-inflammatory drugs. Cortisone injections are often helpful for bursitis and impingement symptoms. Complete rotator cuff tears are best treated with surgery. MRI scans are often helpful in diagnosis. Fortunately, except for complete rotator cuff tears, most injuries may be treated non-surgically.

Another common injury, classic tennis elbow, starts as a pain near the outside point of the elbow. It's actually an inflammation of the attachment site of the muscle that stabilizes the wrist during grasping. As a result, almost all tennis elbow injuries are caused from improper technique, racquet size or racquet string tension. A "sloppy wrist" is far and away the most common cause. Stretching and strengthening of the forearm muscles and proper technique are key preventive measures.

Relief for tennis elbow can be difficult because the blood supply to the injured area is relatively poor and, therefore, the body is limited in its ability to deliver healing drugs or anti-inflammatory drugs.

Ice massage promotes blood supply and is often helpful. Various straps and braces diminish strain loads on the elbow and can provide pain relief. Steroid injections are effective because they do not require a blood supply and the elbow is a relatively safe area to have injections. Occasionally, the injury can occur on the inside of the elbow; this is commonly called golfer's elbow and is treated the same way as tennis elbow.

Cortisone injections are often misunderstood and may seem scary to people due to concern over side effects. Cortisone injections in certain tendons (patella or Achilles) or certain joints may indeed carry potential serious side effects. Oral cortisone tablets taken for a long time may also have serious side effects. However, injections for tennis elbow and shoulder bursitis or impingement are relatively safe and rarely have any systemic effects. They are potent anti-inflammatory drugs and often curative, rather than simply masking symptoms. If all non-surgical means fail to treat tennis elbow, a simple outpatient surgical procedure is effective 95 percent of the time.

The best advice for preventing tennis injuries is to keep your shoulders and forearms strong, remain flexible, use proper technique and most of all, have fun on the court: don't throw your racquet when you hit a bad shot like I do! For more info, visit www.othinfo.org or www.overlakehospital.org.

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