

# Non-Operative Golfer's Elbow Treatment Protocol

**Daniel Sutton, MD**

Sports Medicine Specialist

danielsuttonmd.com

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## Purpose & Philosophy

Golfer's elbow, or medial epicondylitis, is a tendinopathy of the common flexor-pronator origin rather than an inflammatory condition. Successful non-operative management focuses on load modification, progressive tendon loading, and correction of contributing mechanics rather than prolonged rest alone.

## Appropriate Candidates

Patients with medial elbow pain localized to the flexor-pronator origin, preserved elbow stability, no acute tendon rupture, and symptoms exacerbated by gripping, wrist flexion, or forearm pronation.

## Phase 1: Pain Control & Load Modification (Weeks 0–3)

Goals include reducing pain and excessive tendon load while maintaining functional use of the arm. Activity modification is emphasized, avoiding repetitive gripping and forceful wrist flexion or pronation. Counterforce bracing or wrist splinting may be used temporarily. Isometric wrist flexor and pronator exercises are initiated as tolerated. Pain control includes acetaminophen and ice; NSAIDs may be used selectively if appropriate.

## Phase 2: Progressive Strengthening (Weeks 3–6)

Focus shifts to restoring tendon capacity through progressive loading. Eccentric and concentric strengthening of the wrist flexors and pronators is introduced, along with forearm endurance work. Grip strengthening is progressed cautiously, guided by symptom response.

## Phase 3: Advanced Loading & Functional Training (Weeks 6–10)

Goals include improving load tolerance and preparing for sport- or work-specific demands. Progressive resistance, functional gripping tasks, and upper-extremity kinetic chain strengthening are emphasized. Attention is paid to fatigue, mechanics, and symptom response.

## Phase 4: Return to Sport or Full Activity (Weeks 10–14+)

Gradual return to sport, work, or recreational activities is initiated. Swing mechanics, throwing mechanics, or occupational technique are addressed to reduce recurrent overload. Progression is symptom-guided rather than time-based.

## Adjunct Treatments

Adjuncts may include physical therapy modalities, topical agents, or biologic injections such as PRP in select chronic cases. Corticosteroid injections may provide short-term relief but are generally avoided due to poorer long-term outcomes.

## Return-to-Activity Criteria

Minimal or no pain with resisted wrist flexion and forearm pronation; restored forearm strength and endurance; ability to tolerate sport- or work-specific demands without symptom flare.

## Failure of Non-Operative Treatment

Persistent pain beyond an adequate rehabilitation course, progressive weakness, or functional limitation should prompt reassessment and discussion of further interventions.

## Key Principles

Golfer's elbow is a load-management problem. Successful treatment requires patience, progressive strengthening, and avoidance of repeated overload during tendon healing.

## Key References

Nirschl RP, Ashman ES. Elbow tendinopathy: medial epicondylitis. *Clin Sports Med.* 2003.

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