

Injury Management And Bowler's Tendonitis - Part I

Athletic injuries can have a profound and lasting effect on athletes. Injuries, particularly those not properly cared for, can develop into conditions that may last a lifetime.

Mark Gerberich of the Professional Bowler's Association once noted the severity of injuries of the top 150 touring bowlers was increasing, and that professional bowlers are in better shape than they once were, changing the style of the game, placing greater physical demands on their bodies. He also noted players are becoming more powerful and stronger, and throwing the ball differently, which places more undue stress and strain on the body.

To date, there has been little research or information on bowling and injury. The status of injury, frequency of injury, management of injury, and the prevention of injury are areas of study that require attention and investigation. The small amount of work out there has revealed the most common physical problems bowlers incur are tendonitis of the wrist flexors and extensors, bowlers elbow, de Quervain's disease, compartment syndrome of the forearm muscles, and trigger finger.

Bowlers and bowling coaches alike are in need of some serious injury management information to assist their bowling and coaching endeavors. As our sport becomes more physically demanding, more competitively demanding, and more professionally taught, understanding and managing injury should become one of a host of minor subject areas that are highly considered. Here are some guidelines we recently gave coaches and instructors on the management of bowling-related injuries.

How to Manage An Injury

The immediate care an injury is a primary objective of every athlete. The worst thing in the world to do is bowl through an injury or wait to see if it goes away in a few days. Remember, an injury is a sign from the body that something is wrong. Therefore, if you notice you might have some signs of an injury, take immediate action.

- **Protection** - Protect an injury to prevent sustaining more damage to the already-injured area. Crutches, slings, and splints are all examples of protective equipment. Do not attempt to use these unless a medical provider has prescribed them.
- **Rest** - When an injury happens, stop using that body part and simply let it heal. Continuing to bowl can only worsen the injury causing additional damage, swelling, inflammation, increased bleeding, or delay in the recovery cycle. If the injury is minor, total rest is probably not necessary. Relative rest allows an athlete to engage at a less intensive level. Serious injuries require longer rest periods and, in some cases, may call for total rest.
- **Ice** - Applying ice to an injured area causes small blood vessels to contract, decreasing the amount of blood and other fluids that can collect around an injury. The more swelling present, the longer the healing process. Apply cold therapy 15-20 minutes at a time. With an injury to a small area, immersing it in a bucket of ice water is an option. Always wrap ice or any kind of cold therapy in some form of cloth or towel to avoid tissue burning.
- **Compression** - Compressing an injury limits the amount of space in which swelling can occur and forces the fluid that would have accumulated around it to move back into the bloodstream. An elastic bandage or cloth wrap will work for a short period of time.
- **Elevation** - Elevating an injured body part above the level of the heart will help decrease swelling and relieve pain. This position makes it easier for blood to return to the heart through veins, while also draining extra fluid away from the area.

When is it Safe to Return to Bowling?

A safe return to sport participation is an effective return. An athlete often feels that the day the cast or sling is removed, the athlete is able to immediately return to his or her previous state in sport. However atrophy of an affected body part or a side of the body often accompanies most injuries and must always be taken into consideration.

An athlete should only return to the playing field when the injured body part and that side of the body are returned to pre-injury state. Only then can an athlete initiate a gradual return to activity. In order to avoid a premature return, the determination for a safe and effective return should be made as objective as possible. A bowler's premature return to practice or competition after injury places them at a greater risk of re-injury. Following are some guidelines for bowlers and coaches to help them determine when a safe and effective return is possible.

Dr. Jeff's Guidelines for Returning to Bowling after an Injury

1. The bowler has full pain-free range of motion.
2. The bowler has normal or average strength and power.
3. The bowler has functional stability.
4. The bowler can demonstrate performances of all skills involved.
5. The bowler is psychological ready (motivation).
6. The bowler is biologically ready.

Bowler's Tendonitis

"Oh that awful pain in my bowling elbow." "It hurts after I bowl." "It's like a dull ache that never goes away." These are a few signs and symptoms to what I've termed as **Bowler's Tendonitis**. Bowler's Tendonitis is medically termed as medial epicondylitis and is irritation and swelling of the tendons located medially at the elbow joint, or on the inside and middle of the elbow.

Many bowlers experience tendonitis throughout a career. It can develop in the knee, shoulder, wrist, and more commonly the elbow joint. These are the most active of all joints that sustain large amounts of stress while we bowl. Some cases are more severe and require greater amounts of treatment, therapy, and recovery. Others demand proper attention of the injured individual implementing various assistive healing measures (those which only assist the healing process). No matter what the specific degree or extent of the injury, tendonitis is both painful and debilitating.

Bowler's Tendonitis, commonly known as chronic tendon irritation, is an injury seen more often with competitive bowlers, youth bowlers and senior bowlers. Each of these populations is specifically at risk and need to be aware of the dangers and preventive measures available to them. Competitive bowlers often develop this injury due to their frequent and enormous involvement. Bowling many many games a week day in and day out gives the body little time to rest and recuperate. Many competitive bowlers also allow their physical conditioning to lapse while traveling, and, therefore, such deconditioning aids the advancement of the injury. Youth bowlers often develop tendonitis from a combination of the remaining growth processes accompanying the cumulative stresses of bowling. Seniors are also at greater risk primarily from the degenerative nature of the body accompanying a decline in physical fitness level and the stressors of our sport.

No matter what group you might fall into, every bowler is at some risk of developing Bowler's Tendonitis. To learn more about our sport's most common injury and how to properly manage it, tune in next month as we look more closely at the major factors influencing it, and your preventive means and measure to combat and avoid it. See you then.