

Injury Management And Bowler's Tendonitis - Part II

Last month we looked at the ways and means to manage injury. Bowler's Tendonitis was outlined and defined as inflammation and irritation to the forearm flexors muscles and their tendons (*Either Arm Diagram*). Now, let's finish our look at it, and find out more along the lines of prevention and assessing the common factors influencing it.

Sport science and training have always been touted as a way for athletes to reduce the risk of injury, and to return quicker and more efficiently from injury. I'm a walking example as I have returned to bowling, and all my other competitive sporting endeavors in only 3+ months after incurring an Achilles Tendon Rupture, which is a complete tear requiring immediate surgery. Due to my good physical conditioning prior to the injury and my adherence to rehabilitation and overall conditioning post-operation, I have been able to eclipse the normal expected recovery of 6-8 months by almost 2 months. Many of you saw me in Las Vegas at Bowl Expo. At that time I was only 12 weeks out of surgery and had just begun to walk that very week. A true testament to sport science.

Who and Why?

Bowler's Tendonitis has been found to be the most common chronic injury experienced by competitive bowlers. It has predominantly been seen amongst bowlers who are either youth or senior players, and those who bowl frequently or who "torque" the ball (ballistic hitting on the ball). All four groups are more highly susceptible than any other competitive bowler group. Let's take a moment and look at each group and find out why they are more susceptible to Bowler's Tendonitis.

Youth Bowlers - These bowlers are still progressing through basic human growth and development stages of early life. Their growth plates are not fully closed and their skeletal body cannot manage and handle the excessive stresses of our sport, thereby breaking down and developing the injury. A common secondary factor I've often witnessed with youth bowlers is that they tend to want to hook the ball coast to coast rather than learning how to roll the ball. Such desire to hook the lane entices them to hit, twist, and jerk on the ball adding further ballistic unnatural stresses to their body. Be sure youth bowlers are using a ball that is weighted properly for them. Excessive ball weight will force the student to abbreviate their approach to manage and accommodate the heavier ball.

Senior Bowlers - These bowlers are progressing through the latter years of their life cycle and are experiencing degeneration of the body, unless they are performing a proper exercise program to defray degeneration, thereby improving the quality of their life. These bowlers' bodies are not fully capable of managing and handling the excessive stresses of our sport, and may break down developing the injury. Be sure senior bowlers are using a ball that is manageable from a weight standpoint. A ball that is slightly too heavy will, just like the youth bowlers, add further undue stress if they change their approach mechanically to manage the heavier ball.

Frequent Bowlers - A great many cases of Bowler's Tendonitis has been shown to be associated with bowlers who participate and engage frequently. Our research has uncovered that those people who bowl greater than 3 days a week are more likely to develop some form of chronic tendon irritation or Bowler's Tendonitis. The sheer fact that our sport requires repetition is an influencing factor for the injury.

Power Players - Ballistic Hitting on the Ball - Not all power players hit on the ball, so stereotyping them is not necessarily accurate. Bowlers who hit on the ball using excessive ballistic forces (flipping or snapping the wrist, snapping the elbow joint, jerking through the shot, etc.) are more highly susceptible than those power players who are smoother and ironed out. To minimize your risk for injury, smooth out your game and remove all the jerking and stuttering motions.

4 Factors Affecting the Development of Bowler's Tendonitis

Several factors contribute to the risk of developing Bowler's Tendonitis. The presence of these factors does not necessarily cause the problem itself, but rather amplify the risk of developing or promoting the injury. Analyze these four factors and see which, if any, apply to you.

1. **Poor Bowling Mechanics** - Unnatural movement or excessive force will strain the body and increase your risk. A forceful or unnatural release and delivery places excessive stress on the wrist, elbow, and shoulder joint in bowlers who hit on the ball or who want to generate more power and revolutions. In order to do so they twist, flip, and rotate the fingers, wrist, elbow, and shoulder with excessive force in many directions. Hitting on the ball at the bottom of the swing during the release is an unnatural ballistic motion that causes a whiplash effect, which irritates tendons inviting tendonitis. All those various unnatural excessive forces strain the body tremendously.

Your body may not immediately respond to these undue stresses, but give it time; it will sooner or later relay the message to you.

2. **High Repetition** - Avoidance of this one is difficult. This is most noticeable in the work environment. Highly repetitive jobs such as machinists, computer programmers, and assembly line employees are at greater risk than those whose job is less repetitive. Bowling is a highly repetitive sport, thereby demanding proper mechanics to minimize injury. Some coaches say, "If it's not broke don't fix it," but those same coaches fail to realize repetitive incorrect mechanics are shearing away at a bowler's body. Ever wonder why few twisters last a lifetime? Injury abounds.
3. **Poor Physical Condition** - Weak stiff muscles and joints accelerate your risk. Joint mobility, flexibility, and range of motion are terms used in the exercise community to describe the amount of elasticity or stretchability of a given joint or set of muscles. This is by far one of my main interest areas when dealing with bowling. A lack of strength and flexibility in a joint most certainly increases the risk of injury. Stiff weak joints are highly susceptible to the cumulative stress of our sport.
4. **Stretched Span** - A stretched span will often strain the tendons of the fingers and wrist. Physiologically this is uncharted water, but after conferring with my prominent IBPSIA-certified colleagues, I can comfortably say its awareness is apparent and being taken seriously. If you are unsure of your bowling grip, have an IBPSIA-certified pro shop operator review it with you.

Take Preventive Action

Now that you are aware of the more common factors of Bowler's Tendonitis, and those who are slightly more susceptible, you can begin planning the appropriate action toward minimizing your risk. Follow these simple guidelines and give yourself the assurance of knowing your taking the appropriate action.

1. **Eliminate the Factors** - Minimizing or hopefully eliminating the influences of tendonitis assists the prevention and reduction of our risk. Refer to the previous section for specific concerns. When you eliminate the sources of Bowler's Tendonitis you are taking adequate steps toward minimizing its occurrence. Don't wait for the early warning signs of slight pain or dull aches. **TAKE ACTION NOW!!!**
2. **Early Recognition** - Quickly recognizing an injury exists will result in swifter action taken to ensure a productive recovery. The moment you notice any form of pain or discomfort before, during, or especially after bowling, get it examined. Tendonitis is usually recognized initially as a dull ache or slight pain after activity caused by the activity itself irritating the tendons. Don't wait, as so many do, until it is a full-blown case of tendonitis. TAKE ACTION IMMEDIATELY and be assured it is a false alarm before you assume it. Too many instances do I hear athletes speak of "working through the pain" or "waiting until it goes away." This is nonsense and will only exacerbate and prolong the problem. Seek professional advice from your medical provider.
3. **Yearly Medical Reviews** - Once an injury is suspected or determined, act fast. You are already eliminating the causes and looking for early warning signs, so the next step is to allow the professionals of the medical community to do what they do best. Now I'm sure we've all had bad experiences with various medical providers, but that does not discount the value of a yearly check up. Let the doctor be the doctor and you be the patient. If your doctor does not understand the nature of Bowler's Tendonitis, or they want a better feel for the stresses and stressors of bowling, have them contact me and I'll discuss it with them.
4. **Start Conditioning** - You can and should start some bowling-specific training and conditioning to improve your physical and functional fitness and further lower your risk factors for Bowler's Tendonitis. You can use The Bowling-Specific Training Program designed by us as your program to further your training while assuring yourself you are doing the correct and specific things competitive bowlers need to do (Diagram

There you have it. Injury management is largely contingent on following through with the things you should be doing to either care for (reactive medicine) or avoid (preventive medicine) our most common injury, Bowler's Tendonitis. For those that have it, or if you think you are experiencing some of these signs and symptoms and want to talk further about it, I encourage you to contact me at (864) 250-2027 or bowlfit@home.com. I will gladly take the time to talk with you about an injury you are experiencing and quite possibly what and how you can manage it.