Bowling & Arthritis

Injuries can often have a profound and lasting effect on your bowling, your training, and your overall psyche. If not properly managed, injuries can develop into conditions that last a lifetime. It was recently noted that injury among the top 150 touring professional bowlers was increasing; and that professional bowlers are purported to be in better shape today than in years past. It’s obvious the style of the game (demand for power) has significantly changed, which places far greater physical demands on the body than in yesteryear.

Today, bowlers are becoming far more stronger and powerful, throwing the ball differently, much differently, and working harder than ever before (even beyond the initial design of the game). That’s not news to me, for I train many of the bowlers on the tour(s) and will train many of you, if you too want to prepare for elite bowling. As a result of this uncanny need for power and the execution of biomechanically incorrect styles to generate more power, your body incurs a greater amount of unnecessary stress and strain.

To my knowledge, there has been very minimal research and information on bowling related injuries. The status of injury, frequency of injury, management of injury, and the prevention of injury are areas of study that require our Global and National Governing Body’s attention and investigation. Bowlers and bowling coaches alike are in need of some serious injury management information to assist their bowling and coaching activities. 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 subject matters of importance. For some reason though, it appears even our coaching organizations still haven’t fully jumped onto the bandwagon. Can anyone possibly explain this one to me????????????

What information there is available 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, trigger finger, and arthritis. In recent years, I’ve delved heavily into Bowler’s Tendonitis, stressed the importance of training the forearm muscles, and last year touched upon Quervain’s disease. To start off this year, let’s look at arthritis.

Bowler Meet Arthritic

Do your fingers hurt when you bowl? Do they hurt after you bowl? Are your joints swollen, maybe even for a long time now? Are your knees always stiff, your ankles rigid, and your wrist becoming more and more inflexible? Do your shoulders creek when you do an arm circle? In pain while you bowl? If this sounds something like you, then you just might be a member of the Arthritis for Bowlers Foundation.

Arthritis can occur in males and females of all ages, and nearly 40 million people in America have some form of arthritis, roughly 1 out of every 7-10. In people over the age of 55, women are more likely to suffer from osteoarthritis.

Arthritis is a disease that involves inflammation of one or more joints. The term we use in medicine is “arthr”, referring to joints, and “itis” denoting inflammation. Joint inflammation is usually the body’s reaction to a host of things including, but not limited to:

1) An injury at a joint, such as a fracture, break, or tear.
2) The presence of infection, either viral or bacterial.
3) Accumulated “wear and tear” on joints, often associated with age, and even years of rigid physical abuse. This would include years of improper bowling technique and mechanics, excessive ball weight, and improper fit.

Most of the time, inflammation will tend to subside after the injury has healed, or the infection has pass by clearing the immune system, often aided by antibiotics. Unfortunately though, as with some injuries or disease, the inflammation never passes. One such example is arthritis.

The Osteo – Kind

A popular form of arthritis in the United States is Osteoarthritis. This arthritis results from years of accumulated “wear and tear” on joints, and tends to occur in the elderly at their hips, knees, and finger joints.

With bowlers, I’ve seen osteoarthritis typically in the hands and wrists. After some review, I accredit the rigors of our sport, the twist-it-up style, excessive ball weights, and lack of functional and physical conditioning to be the leading factors of the onset. Although there’s no way for us to know the degree bowling in itself had/has on it, I can safely concur the rigors of bowling over several decades produces large enough stresses and stressors on the musculoskeletal system to invite Arthr into the home.

Osteoarthritis is degeneration of cartilage at a joint and the subsequent growth of bone spurs at that joint, which enlarges the joint. This chronic disease causes deterioration of the joint cartilage, and the formation of new bone (bone spurs) at
the margins of the joints. Systemic symptoms, sometimes associated with other arthritic conditions, are not associated
with osteoarthritis. The joints of the hands and fingers, hips, knees, big toe, cervical and lumbar spine are commonly
affected. The degeneration of the joint may begin as a result of trauma to the joint, occupational overuse, obesity, or mis-
alignment of the joints (for example being bow-legged or knock-kneed).

Some common systems include:

- Gradual onset of deep aching joint pain.
- Worsens following strenuous activity.
- Relieved by rest.
- Joint swelling.
- Limited range of motion.
- Morning stiffness.
- Joint pain in rainy weather.

Prevention – Train, Say Prayers, Listen to Dr. Jeff

Sorry, but most cases are not preventable. Find out if you have a family history of arthritis-related conditions. The goal is
to diagnose and treat arthritis early. Some scientists believe osteoarthritis may develop in some people if they abuse their
joints due to reoccurring and careless injuries. That means bad bowling form (improper biomechanics) invites arthr into
your life. Take care not to over-work a damaged or sore joint, as this may help postpone or eliminate possible
development of osteoarthritis.

Excess bodyweight also increases the risk for developing osteoarthritis in the knees, hips, and hands. Women are at
special risk for this. In men, being overweight increases the risk for developing gout, therefore, try to maintain your
recommended weight, particularly as you age. Research shows overweight middle-aged and older women who lose 11
pounds or more over 10 years can cut in half the risk for developing osteoarthritis in the knees.

Bowlers with arthritis may suffer from the following symptoms:

- Joint pain
- Joint swelling
- Early morning stiffness
- Reduced range of motion at and around the indicated joints

Too heavy of a ball will often produce excessive strain on an already injured joint. It exacerbates the pressure, torque, and
compression factors on the joints, further aggravating the condition, and potentially inviting other problems. Furthermore,
using a ball that it too heavy for your condition may also inflame the arthritis you have identified to the point where it fights
back, by none other than multiplying itself, or becoming a more severe and worsened case.

What to Do
If your treating physician has prescribed various exercises, stretches, or other remedies, I encourage you to follow
that/those recommendation(s) in an effort to strengthen your musculoskeletal system to avoid future discomfort and pain.
Deconditioning over the course of time has been found to be a direct cause of most all hypokinetic diseases and
conditions including arthritis, and other joint problems. All the more reason you and the rest of our society should stay
active (or get active) throughout the cycle of life, and even more so, beyond the age of 30, when the body has been found
to begin the deconditioning process.

The benefits of strength-training, CV conditioning, stretching, and other forms of specific activity have been shown to lead
the charge of the healing process, which ultimately provide relief and relinquish discomfort, to some degree. I don’t need
to document all the wonderful benefits of structured physical activity and Bowling-Specific Training. However, if you are
diagnosed with arthritis, committing to a specific physical activity program designed by an exercise physiologist at a
wellness center or in the medical fitness center is an excellent starting point. Otherwise, contact me if you want to talk
about it.

Always seek a second and sometimes third opinion, don’t be afraid of surgical intervention (arthroscopy), today’s
advancements are wonderful, and seek your provider’s clearance before beginning any form of activity program.

Next month, a pro bowlers and top elite amateurs train with Dr. Jeff. See these champions hard at work.