

Golfers arm treatment

Causes and treatment Golfers Elbow



Golfers elbow injury explained

Golfers Elbow (Medial Epicondylitis) is characterised by pain over the inner elbow, which may radiate down the forearm. Despite the name, Golfers Elbow does not just affect golfers. In fact, this painful elbow problem is most often associated with work-related activities. Golfers Elbow is equally common in men and women, peaking in prevalence between the ages of 30 and 50.

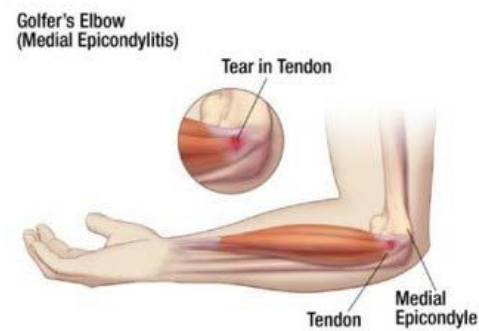
Golfers Elbow begins as inflammation of the flexor tendons of the forearm (located on the inner side of the arm) , as they attach to the Humerus (upper arm) bone. This inflammation is usually caused by prolonged gripping activities such as hammering, driving screws, weight lifting, playing certain musical instruments, canoeing, digging in the garden and driving.

If these activities are continued, then the inflammatory nature of Golfers Elbow can give rise to a chronic tendon problem that is characterized by pain, weakness and degeneration of the tendon. This elbow problem can then be very persistent and much more difficult to treat.

Golfers Elbow Signs & Symptoms

Golfers Elbow is very easy to diagnose. There is pain when the medial epicondyle (innermost part of the elbow) is touched. There is pain if the elbow is straight and the hand is moved forward and back at the wrist. The pain is made worse by gripping activities and, in some cases, simple things like turning a door handle can cause intense pain.

Golfers Elbow can be differentiated from a fracture of the elbow and osteoarthritis of the elbow joint by x-ray investigation. Rheumatoid disease would usually affect more than one joint and is confirmed by blood tests. Pain in the elbow region can be referred from a problem in the neck or shoulder and all of these possibilities should be thoroughly examined by a doctor or a physiotherapist in order to eliminate them before a diagnosis of Golfers Elbow is made.



What parts of the (golfer's) elbow are affected?

Golfer's elbow causes pain that starts on the inside bump of the elbow, the medial epicondyle.

Wrist flexors are the muscles of the forearm that pull the hand forward. The wrist flexors are on the palm side of the forearm. Most of the wrist flexors attach to one main tendon on the medial epicondyle. This tendon is called the common flexor tendon.

Tendons connect muscle to bone. Tendons are made up of strands of a material called collagen. The collagen strands are lined up in bundles next to each other.

Because the collagen strands in tendons are lined up, tendons have high tensile strength. This means they can withstand high forces that pull against both ends of the tendon. When muscles work, they pull on one end of the tendon. The other end of the tendon pulls on the bone, causing the bone to move.

The wrist flexor muscles contract when you flex your wrist, twist your forearm down, or grip with your hand. The contracting muscles pull on the flexor tendon. The forces that pull on the tendon can build when you grip a golf club during a golf swing or do other similar actions.

How and why it works

We use **very densed low frequency acoustic pressure**. This low frequency only allows to penetrate several centimeters (if needed) into the tissue.

After approximately five minutes of treatment (water acts as the bonding medium between sonotrode and tissue), the inflammation is slowly being loosened and scar tissue is being softened.

This process of healing will usually kick-in within 24 hours.



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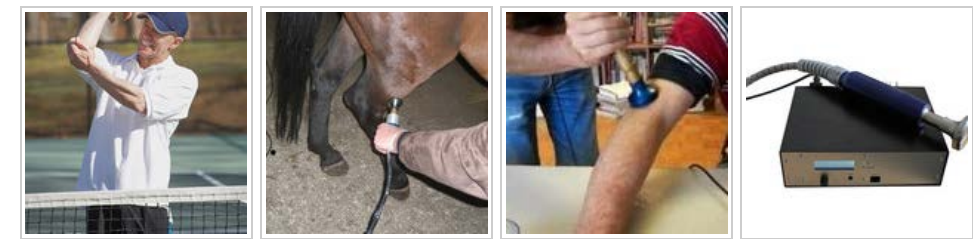
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Treatment

Saturday, 30 May 2015, 02:32 NZST

Tennis elbow treatment fast pain relief



Tennis elbow treatment website about a new **highly successful experimental** low-frequency high power ultrasound technology which is able to generate uniformly 3D distributed acoustic power without any standing waves.

This novel technology rapidly **oscillates** the **tennis elbow**, **golfers arm**, **runners knee** or any other inflammation up to 7 cm into the tissue. The five minutes treatment usually kicks in after 24 hours giving a **lasting pain relief**.

Tennis elbow is usually caused by excessive strain on the tendons and muscles of the forearm, which attach at the elbow. These tendons and muscles produce forward and backward movement at the wrist. The pain is usually felt at the side of the elbow and is experienced suddenly in about 25 percent of cases. The remaining 75 percent experience pain gradually. As the pain progresses, sufferers usually seek sports-medical attention in six to eight weeks.

Rod Laver, Tony Roche, and Arthur Ashe all ended up with tennis elbow. They hit the ball primarily with their wrists. This puts tremendous force on the elbow. Pancho Gonzales, Ken Rosewall, and Pancho Segura were immune to tennis elbow. They hit the ball from the shoulder down.

Tennis players suffer from two types of tennis elbow. Forehand tennis elbow is common in professional tennis players as a result of wrist snapping in booming serves. Forceful serves strain the tendons and muscles that bend the wrist. These tendons and muscles attach on the inner side of the elbow and consequently the pain occurs at this site. Backhand tennis elbow is frequently seen in novice or weekend players. The pain arises from hitting backhand strokes incorrectly. A backhand stroke stresses the tendons and muscles that straighten the wrist. These tendons and muscles attach to the outer side of the elbow.

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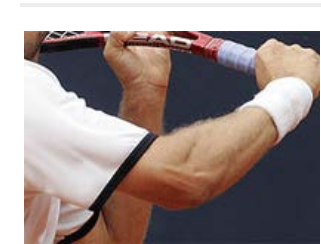
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Tennis elbow treatment



Tennis elbow syndrome

Tennis elbow is a very common

Golfers arm syndrome



Golfers arm syndrome

Golfers Elbow (Medial

Animal pain treatment



Horse pain relief

Our limping horse **Amerigo** was

condition. Of the entire population annually, an estimated approximately 1-3% suffer from tennis elbow. Not all of these people seek help for their symptoms. **[Read more](#)**

Epicondylitis) is characterised by pain over the inner elbow, which may radiate down the forearm. Despite the name, Golfers Elbow does not just affect golfers. **[Read more](#)**

ready to be taken to the butcher's as he was suffering a lot. We treated him for ten minutes after he could walk again, although somehow wobbly. **[Read more](#)**

Ankle foot knee injuries

Cure for inflammatory injuries



Many sports injuries result in pain, swelling and restricted movement or stiffness in the affected area.

Sprains and strains are the most common type of sports injury. A sprain happens when one or more of the ligaments is stretched, twisted or torn. A muscle strain ('pulling a muscle') happens when muscle tissues or fibres are stretched or torn. Most sprains and strains usually heal with rest and don't require specialist treatment, although physiotherapy may speed up your recovery. Completely torn ligaments or muscle may need to be surgically repaired. Other sports injuries include:

- back pain
- hamstring injury
- head injuries
- heel pain
- joint inflammation
- knee pain, including knee ligament damage
- shoulder pain



For more info, please also see:

- [Tennis elbow pain relief](#)
- [Golfers's arm pain relief](#)
- [Runners foot pain relief](#)
- [Sprained ankle](#)
- [Runners knee](#)

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Ballet injuries

Dance injuries in classical ballet



Dance is an art that combines athleticism with artistry. The demands placed on dancers' lower extremities leave them at risk for musculoskeletal injuries.

Previous studies have reported injury incidence rates of 67% to 95% among professional ballet dancers and 17% to 24% in modern dancers. The **foot and ankle** of a dancer are particularly **vulnerable** to injury and represent 34% to 62% of all injuries reported.

Female ballet dancers have a higher incidence of foot and ankle injuries than male ballet dancers or modern dancers, in part because they dance sur les pointes. In professional musical theater dancers, foot and ankle injuries have been reported as comprising 23% to 45% of all injuries.

The extreme positions created when dancing on pointe, or on the tips of the toes, or in the demi-pointe position, on the balls of the feet with the ankle plantar flexed, can lead to both acute and overuse injuries of the foot and ankle.

Although dancers develop overuse injuries common in other athletes, they are also susceptible to unique injuries.

This article reviews common foot and ankle problems seen in dancers and provides some basic diagnosis and [new treatment strategies](#).



Causes of dance injuries

Anatomic alignment, poor training, technical errors, unfamiliar choreography or style, and environmental factors including flooring surfaces and theater temperature have been implicated as contributing factors to dance injuries.

The female athlete triad, amenorrhea, disordered eating, and low bone density, has been implicated in an increased risk of stress fractures in dancers.

Delayed menarche, common in ballet dancers, has been shown to have an association with increased risk for stress fracture.

Rigorous rehearsal schedules, lengthy show runs, and intensive summer dance programs that require an increase in daily class and rehearsal time have been associated with a higher frequency of injuries. Source: [Nancy J. Kadel, MD](#)

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Clinical Trials

Tennis Elbow (lateral epicondylitis) clinical trials



Thank you for your interest in the tennis elbow studies which will be conducted in New Zealand shortly.

Tennis elbow is a relatively common condition, affecting up to 5% of people during their lifetime. Despite its name, the majority of patients with tennis elbow are not tennis players. Tennis elbow is an overuse injury, usually resulting from repetitive, often forceful, twisting and gripping movements at the wrist and elbow.

Over the years, many theories have been proposed as to the exact mechanism of this injury and, even now, it is not completely clear. At the moment, the most popular theory proposes that one of the forearm muscles is the main cause of the pain. Because this muscle starts just above the elbow and ends just below the wrist, it crosses both joints and is therefore exposed to stresses from movements at both joints. It is the attachment just above the elbow that is thought to result in the pain and weakness of tennis elbow. As the muscle and its tendon get overused, small tears start appearing. In some cases the body is unable to repair the damage on its own and tennis elbow develops.

Please contact [Nico van Dongen](#) for any investment related questions.



Ultrasonic device for fast pain relief

How long does regulatory approval take and what does it cost?

The Ministry of Health's ([Medsafe](#)) Standing Committee On Therapeutic Trials (SCOTT) approval process takes a maximum of 45 days, usually less.

This is required for non-registered drug formulations, but not for medical devices, nor new indications of NZ registered formulations.

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How may we help you?



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Clinical trial form

Language preference*

-None-

Salutation and Title*

-None-

Position

First Name*

Last Name*

Country

Website

Email*

Please describe yourself (multiple entries apply)*

I am a patient

I am a physiotherapist

I am a medical doctor

I am a PhD

Describe your injury

Tennis elbow

Golfer's arm

Runner's knee

Specific dance related injury

Runner's foot

Sprained ankle

Tendonitis in horses

I am interested in the tennis elbow clinical trial


Ask your question

Upload a File

no file selected

Max File size limit is 20MB

Enter the Captcha



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Treatment >> [Lateral epicondylitis](#)

Causes and treatment Tennis Elbow



Epidemiology

Tennis elbow is a very common condition. We believe our ultrasonic generator will be a major breakthrough in treating Tendonitis.

Apart from [golfer's arm](#) (medial epicondylitis), [sprained ankle](#) (tumefaction ankle), [runner's heel](#) (plantar fasciitis) and the [runner's knee](#) (Patellofemoral pain syndrome (PFPS)), the [tenniselbow](#) (lateral epicondylitis) statistics itself are already alarming:

For example, out of the entire [Dutch population](#), annually, an estimated 1-3% suffer from tennis elbow. Not all of these people seek help for their symptoms.

Nevertheless, the general practitioner will often receive patients with tennis elbow: out of every 1,000 patients who see the doctor, between 4 and 7 persons are diagnosed with lateral epicondylitis . The complaint is equally common in men and women.

Of all patients diagnosed with tennis elbow and who sought medical help, approximately 10% went on an average 11 weeks sick leave.

The frequency and associated costs of the tennis arm disorder, such as medical expenses and the cost of absenteeism, plays a significant role for nowadays healthcare.

OVERUSE

Recent studies show that tennis elbow is often due to damage to a specific forearm muscle. The extensor carpi radialis brevis (ECRB) muscle helps stabilize the wrist when the elbow is straight. This occurs during a tennis groundstroke, for example. When the ECRB is weakened from overuse, microscopic tears form in the tendon where it attaches to the lateral epicondyle. This leads to inflammation and pain.



ACTIVITIES

Athletes are not the only people who get tennis elbow. Many people with tennis elbow participate in work or recreational activities that require repetitive and vigorous use of the forearm muscle. Painters, plumbers, and carpenters are particularly prone to developing tennis elbow. Studies have shown that auto workers, cooks, and even butchers get tennis elbow more often than the rest of the population. It is thought that the repetition and weight lifting required in these occupations leads to injury.

AGE

Most people who get tennis elbow are between the ages of 30 and 50, although anyone can get tennis elbow if they have the risk factors. In racquet sports like tennis, improper stroke technique and improper equipment may be risk factors.

UNKNOWN

Lateral epicondylitis can occur without any recognized repetitive injury. This occurrence is called "insidious" or of an unknown cause.

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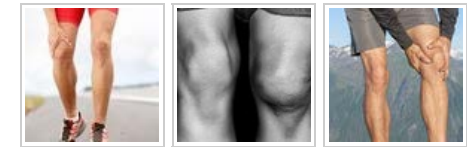
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The ECRB may also be at increased risk for damage because of its position. As the elbow bends and straightens, the muscle rubs against bony bumps. This can cause gradual wear and tear of the muscle over time.

Ankle foot knee injuries >> [Runners knee](#)

Causes and treatment Runner's knee



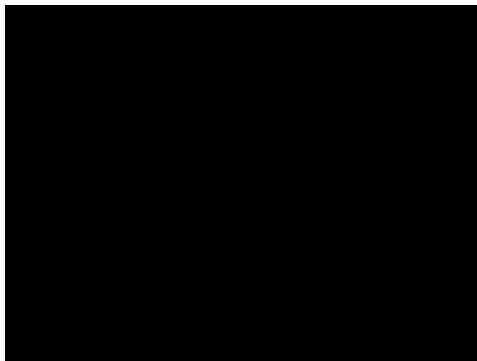
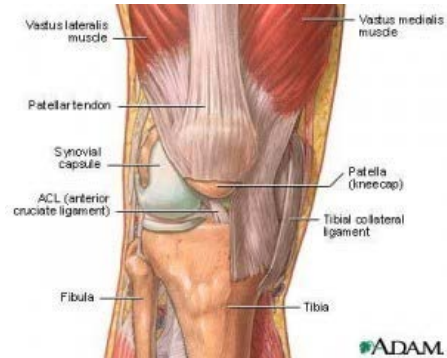
Patellofemoral pain syndrome (PFPS), or runner's knee, got its nickname for an obvious and very unfortunate reason—it's common among runners. The stress of running can cause irritation where the kneecap (patella) rests on the thighbone.

The resulting pain can be sharp and sudden or dull and chronic, and it may disappear while you're running, only to return again afterward. While biomechanical issues may be to blame, the cause can often be traced back to poorly conditioned quadriceps and tight hamstrings. Weak quads aren't able to support the patella, leading it to track out of alignment, and inflexible hamstrings can put pressure on the knee. If you want to treat and avoid another bout with runner's knee, add strengthening and stretching to your routine.

Causes of runner's knee

Pinpointing a single cause of runner's knee is difficult. It could be a biomechanical problem—the patella may be larger on the outside than it is on the inside, it may sit too high in the femoral groove, or it may dislocate easily. Also, worn cartilage in the knee joint reduces shock absorption, high-arched feet provide less cushioning, and flat feet or knees that turn in or out excessively can pull the patella sideways.

There are also muscular causes. Tight hamstring and calf muscles put pressure on the knee, and weak quadriceps muscles can cause the patella to track out of alignment. Just the repetitive force of a normal running stride alone can be enough to provoke an attack.



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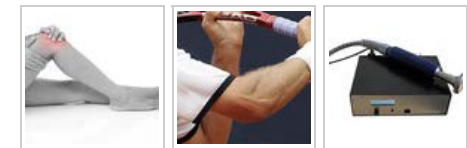
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Clinical Trials >> [Ultrasound technology](#)

Tennis elbow pain relief using novel ultrasound technology



Your **physiotherapist** uses a 1 MHz device which gets locally hot when he cranks up the intensity. This phenomenon is called, standing waves, which prevents to 'scare' certain stem cells in order to channel processes in your body to restore functionality.

Our technique has overcome this standing waves phenomenon and is able to produce uniform waves into any part of the body, even at 7 cm.

This uniform very strong acoustic signal is thus able to provoke stem cells. The result is a very fast pain relief of any inflammatory injury. Usually within 24 hours!

Conventional treatment options:

- Ice Pain relief

Ice can sometimes be a good pain relief if you have tennis elbow. Try using an ice-pack (such as a pack of frozen peas wrapped in a towel) on the tender area twice a day for ten minutes.

- Physiotherapy

Physiotherapy has been shown to be helpful in the treatment of tennis elbow. Your physiotherapist may be able to use techniques such as massage, laser therapy and ultrasound therapy as well as exercises to treat your tennis elbow. It is not certain if any one of these physiotherapy treatments is better than others. Studies have shown that physiotherapy may not be as good as a steroid injection at relieving pain in the short term (that is, within the first six weeks). But, it may be superior to steroid injections in the long term. However, there may be a wait for your physiotherapy appointment.

- Supports and splints

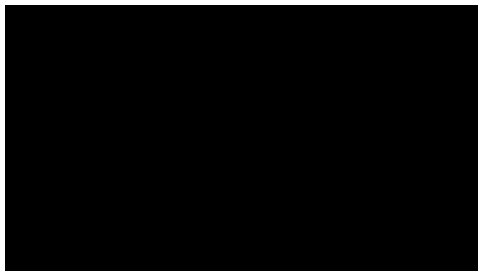
These can include wearing a special elbow armband or bandage. This may help to give support and protection to your elbow until symptoms ease. Another option may be to wear a

Advantages:

- Non-invasive deep tissue treatment
- Only one or two usually 5 minutes treatment(s).
- Lasting pain relief within 24 hours

Clinical Trials:

- Our company is momentarily looking for candidates from New Zealand and Australia suffering from both severe Golfer's Elbow syndrome or medial epicondylitis and Tennis Elbow syndrome or lateral epicondylitis .
- Please **contact us** for more details.



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wrist splint which may ease pain by helping to rest the muscles that pull on your elbow. Wearing supports such as these and having physiotherapy at the same time may give you better symptom relief in the long term.

Ankle foot knee injuries >> [Sprained ankle](#)

Causes and treatment sprained ankle



Causes:
Ankle sprains typically occur on uneven walking surfaces--while stepping off a curb, for example, or while strolling across a grassy lawn that has unexpected dips or holes.

Making a misstep during an athletic event or while exercising can also lead to a sprain.

An ankle can get sprained while a foot is firmly planted on the ground if the body gets twisted in a way that puts abnormal pressure on the ankle.

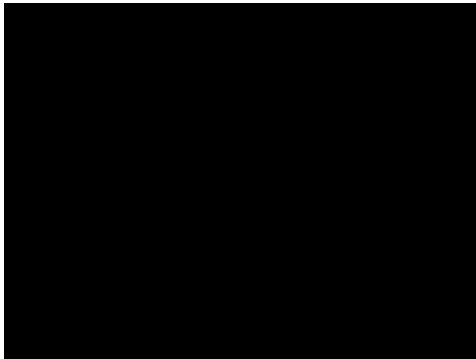
A sprained ankle is usually the result of an inward roll (inversion) injury.

This injury occurs when the foot is forced to "roll in" (invert), putting abnormal pressure onto the outside edge of the foot.

The pressure then stretches or tears one or more of the lateral, or outside, ligaments of the joint.

A much less common cause of a sprained ankle is an outward roll (eversion) injury. With this injury, the foot is suddenly turned outward, causing the medial, or inner ligaments of the ankle to be stretched or torn.

An eversion injury sometimes results in what is known as a high (syndesmotic) ankle sprain. This type of sprain occurs just above the ankle joint to the ligaments between the two major lower leg bones (tibia and fibula).



High ankle sprains are treated in a similar manner to other sprains, but they tend to be more severe and take longer to heal.

This injury occurs when the foot “rolls in” (inverts), stretching or tearing one or more of the lateral, or outside, ligaments of the joint.

How and why it works

We use **very densed low frequency acoustic pressure**. This low frequency only allows to penetrate several centimeters (if needed) into the tissue.

After approximately five minutes of treatment (water acts as the bonding medium between sonotrode and tissue), the inflammation is slowly being loosened and scar tissue is being softened.

This process of healing will usually kick-in within 24 hours.



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For questions, suggestions, participating in a tennis elbow clinical trial or investment related questions, please click the button.

Ankle foot knee injuries >> [Runners foot](#)

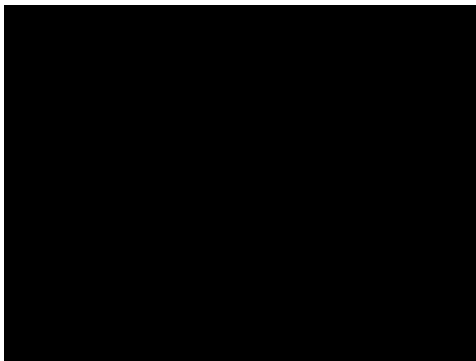
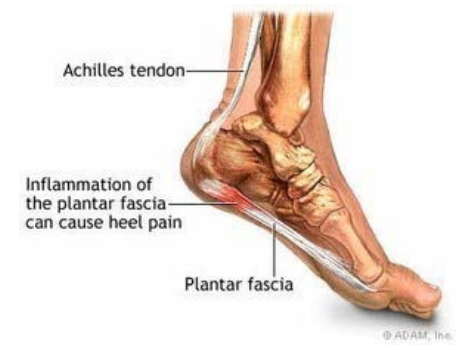
Causes and treatment runner's foot



Unfortunately, the root causes of plantar fasciitis are still not fully understood. There are, however, some clues.

Some studies have found a connection between poor ankle range of motion, especially in dorsiflexion, which implies that calf tightness plays a role in the development of plantar fasciitis. Indeed, the plantar fascia itself is in many ways simply a continuation of the Achilles tendon, which anchors the calf muscles to the heel bone. Like a cable that angles around a corner, tight calves could put excessive tension on the plantar fascia, increasing the risk of injury.

As mentioned earlier, obesity and time spent on your feet are risk factors as well, though these are not as often a problem for runners. However, they do indicate that putting high strains on the foot is problematic, and new research out of the University of Delaware has connected high impact loading rates with plantar fasciitis.



The plantar fascia is also forced to absorb significantly more strain when you wear hard, flat shoes or walk around barefoot.

While the dynamics of “arch support” are not fully understood from a bio mechanical perspective, it's fairly obvious to most sufferers of arch pain that a cushioned, supportive surface feels better on the foot than a hard, flat one.

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Treatment

Golfers arm treatment

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Clinical Trials

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Clinical Trials >> Medical device trials

Device- and clinical trials in New Zealand





We have reason to believe that our ultrasonic generator will be a major breakthrough in treating tendonitis and other pain related injuries

Apart from golfer's arm (medial epicondylitis), sprained ankle (tumefaction ankle), runner's heel (plantar fasciitis) and the runner's knee (Patellofemoral pain syndrome (PFPS), the tennis elbow (lateral epicondylitis) statistics itself are already alarming:

For example, out of the entire Dutch population, annually, an estimated 3% suffer from tennis elbow. Not all of these people seek help for their symptoms.

Nevertheless, the general practitioner will often receive patients with tennis elbow: out of every 1,000 patients who see the doctor, between 4 and 7 persons are diagnosed with lateral epicondylitis . The complaint is equally common in men and women.

Of all patients diagnosed with tennis elbow and who sought medical help, approximately 10% went on an average 11 weeks sick leave.

The frequency and associated costs of the tennis arm disorder, such as medical expenses and the cost of absenteeism, plays a significant role for nowadays healthcare.

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