



THE IRON GOLFER'S TROUBLESHOOTING GUIDE

Neck pain.

Problems:

- Attempting to keep head still or down during backswing.
- Arthritis in the neck is aggravated by head rotation.

Solutions:

- Golfer should allow head to move off the ball and rotate the head, especially during the backswing.
- Use neck rolls to warm up the neck prior to playing.

Shoulder: Lead shoulder pain. (Left shoulder in right-handed golfer)

Problems:

- Overuse. Downswing stresses the rotator cuff muscles as they pull the left arm forward and rotate the arm.
- Taking too large a divot. Downswing plane is too steep/vertical.
- Mishits. eg. hitting a root or rock.
- Arthritic degeneration or limitations in left shoulder motion may cause pain.

Solutions:

- Develop a "grooved swing". Work on coordinated firing of the shoulder and shoulder blade muscles. (This is often lacking in amateurs.) Strengthening exercises for pectorals and latissimus dorsi.
- Work on shortening the swing by ending backswing at the 1 or 2 o'clock position rather than 3 o'clock.

Elbow pain.

Problems:

- Too tight a grip, smashing the ball, overuse.
- Incorrect swing plane. Too steep, "fat shot" and large divots. Too flat, elbows are stressed more.
- Tight grip inhibits function of forearm muscles and increases stress on elbow tendons. Larger club grips may help.

Solutions:

- Try cavity-backed irons with larger heads and sweet spots to dampen vibration from off-center hits. Graphite shafts may dampen impact from fat shots.
- *Most importantly, improve your swing!!*

Lead elbow pain. (Left elbow in right-handed golfer)

Problems:

- "Golfer's elbow". Tendonitis in the flexors (lower forearm muscles)
- Bowing of the left wrist during preimpact.
- Overuse.
- Too much motion squaring club face at impact.

Solutions:

- Work on correcting swing mechanics.
- Stretch flexor muscles throughout the day, especially while playing.

Back elbow pain. (Right elbow in right-handed golfer)

Problems:

- "Tennis elbow" tendonitis in extensors (top of forearm).
- Swinging over the top of the plane in the downswing.
- Too much motion squaring club face at impact

Solutions:

- Work on correcting swing mechanics.
- Stretch.

Wrists, hands.

Problems:

- Mishits. eg. hitting a root or rock.
- Taking too large a divot (fat shot). Downswing plane is too steep or vertical. Causes excessive strain on hands and wrists and can cause fractures.
- DeQuervain's (tendinitis of the thumb tendon through wrist). Caused by forceful grasp, sideways (ulnar) deviation of the wrist, repetitive use of thumb. Amateurs may use "casting maneuver" or premature uncocking of wrists during downswing rather than at ball-strike.

(Wrists, hands.)

- Trigger finger in leading hand. Finger locking caused by excessive grip tension
- "Golfer's Wrist" (hook of hamate stress fracture). Leading hand gripping weakness, pain in little finger. Fat shots and/or mishits using club that is too short. Butt of club is forced against the leading hand on impact causing fracture. Often ignored by golfers, but usually requires surgery to remove bone fragments.

Solutions:

- For DeQuervain's, change grip following adequate healing and rest.
- For trigger finger,
 - ☺☞ Use larger, softer club grips.
 - ☺☞ Use neutral grip rather than strong grip to change placement of the club in the palm and reduce irritation of tendons. In the strong grip, the leading hand is rotated with the wrist bent. In the neutral grip, the wrist is straight.
- For Golfer's Wrist
 - ☺☞ Use proper club length and grip size. Butt of the club should extend slightly beyond the palm of the leading hand.
 - ☺☞ If you think you have this problem, see a doctor immediately to avoid surgery.

Upper back, ribs, shoulder blades.

Problems:

- Insufficient lower back flexibility causes more rotation and stress on upper torso.
- Insufficient strength especially in trapezius and rhomboid muscles (shoulder and large mid-back muscles).
- Frequent large divots
- Stress fractures due to rapid increase in playing/practice time.

Solutions:

- Work on increasing strength and flexibility.
- Increase playing time gradually.

Lower back, lumbar.

Problems:

- Poor swing mechanics
- Failure to use hip-hinge/primary spinal angle. Slumping, arched back rather than neutral spine.
- Failure to maintain secondary spinal angle and too much weight shift.
- Limited flexibility in the neck and/or upper back may result in greater rotation of the lumbar spine and hips to keep eyes on the ball during backswing...and resulting loss of secondary spinal angle.
- Smoking, overweight, poor diet, lack of flexibility and strength.

Solutions:

- Maintain primary and secondary spinal angles throughout swing.
- Back off 10% in intensity of swing and cut down length of backswing.
- Avoid the reverse-C position in follow-through and finish position. Keep spine perpendicular to the ground on follow through.
- Keep knees slightly bent to unload spine.
- Minimize the difference between shoulder rotation and hip rotation, reducing the rotation of the lumbar spine.
- Avoid back strain caused by golf cart; walk and use pull-cart or caddy.
- Warm up.
- Try long putter to reduce bent-over position while putting.

Knee pain.

Problems:

- Weight shift or rotation during follow-through.

Solutions:

- Maintain center of balance throughout swing.
- Consider functional rehabilitation, orthotics, and bracing if pre-existing condition is present, especially on the left (leading) side.

Ankle/foot pain.

Problem:

- Inadequate strength, stabilization, and proprioception (balance).

Solution:

- Stop playing to allow healing, then work on balance and strengthening exercises prior to returning to golf.