LIVING

B4

TUESDAY August 18, 2009

ASHEVILLE CITIZEN-TIMES . CITIZEN-TIMES.com

Features Editor Bruce Steele, 232-5848 or bsteele@CITIZEN-TIMES.com

Shoulder injuries don't have to be part of tennis



Dr. Gordon I. Groh

GUEST COLUMNIST uestion: This fall, I want to return to a sport I used to enjoy; tennis. In the past, I've had some shoulder issues. Is there anything I can do to prevent that pain from reoc-

curring? Answer: With

any sport or physical activity, the first step toward injury prevention — especially if you haven't done it in a while — is preparation before participa-

WEB EXTRA

For a video demonstration on proper tennis form, visit CITIZEN-TIMES.com/livingwell.

tion. To start, ensure your overall conditioning is adequate. This is of primary importance and cannot be overlooked, as poor conditioning often leads to mechanical issues in throwing sports. Poor mechanics may be the most common culprit in sports related injuries.

Once you have assured that the core conditioning has been met, it is now important to assess shoulder strength and flexibility. Racket and throwing sports impart tremendous stress to the shoulder, and most of this strain is directed at the rotator cuff. Having a strong shoulder and rotator cuff before picking up a racket is the best insurance policy for playing healthy. You can find a rotator cuff strengthening program at my home page.

The next step in a successful transition back onto the tennis court is to begin to play. Unfortunately, most of us simply schedule a match as our first outing. No professional throwing athlete would ever consider simply walking back onto the court for a match as first step.

Success, particularly with throwing sports, entails an interval training program that expands the repetition, duration and effort detailed in tennis or throwing. I offer interval training programs for tennis, baseball and softball on my home page.

In spite of adequate training and conditioning, some players may develop shoulder pain. The most common culprit is rotator cuff tendonitis, which affects many individuals. If rest, ice and anti-inflammatory medication fails to improve the symptoms, a visit to the physician may be warranted.

Fortunately, the vast majority of patients with rotator cuff tendonitis respond to a combination of medication, rehabilitation and potentially a steroid injection. For patients still experiencing difficulty, shoulder arthroscopy can result in a high rate of satisfaction. Good luck on the court.

Dr. Gordon I. Groh is a board-certified orthopedic surgeon specializing in shoulder, elbow, and hand surgery. Call him at 258-8800 or visit www.drgordongroh.com.