

## Golf Injuries, Part 2

### KNEE AND HIP PAIN: A CASE STUDY

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Dr. LaRusso will complete Dr. Wiley's term, which ends in May 2009, and then will be eligible for re-election.

A 48-year-old, right-handed male presents for golf lessons with a history of right-sided knee and hip pain that is aggravated when playing golf. His doctors tell him to stop playing golf. After six weeks of rest and physical therapy, he feels great. Unfortunately, soon after returning to golf, his pain returns.

If the muscles in the hips and thighs have not been conditioned for golf, your patients will position their back foot outward for comfort at the top of the backswing. This is a problem. An "open" back foot will permit the back knee to rotate away from the target during the backswing. This permits the patient's body weight to roll across the top of the back foot and toward the heel.

The problem stems from an unstable pivot. Secondary to improper placement of the back foot at the address position, there is excess motion and subsequent strain on the joint, ligaments, tendons and muscles in the back knee and hip joints. In addition, these patients often will complain of groin pain.

In general, this patient must stabilize their pivot. To do so, they will need to do the following:

- Square up their back foot. The toe should point straight ahead.
- Keep their back knee pointed straight ahead during the backswing.
- Make sure their body weight stays on the inside of the back foot during the backswing.

The majority of your patients will not be able to do the above correction protocols without noticing that the change of foot and knee positions causes some joint and muscle pain. In addition, they will notice a marked reduction in the length of their backswing. These patients need to be referred to a golf-injury specialist for specific conditioning of the golf muscles.

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