GOLF REHABILITATION FOR DIFFUSE SHOULDER PAIN UTILIZINGTHE SELECTIVE FUNCTIONAL MOVEMENT ASSESSMENT (SFMA) AND TITILIST PERFORMANCE INSTITUE (TPI) WORKOUTS

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Background and Purpose: Golf can be a demanding sport even though it is often perceived as a leisure activity. Faulty swing mechanics, overuse, lack of proper warm up, poor upper quarter flexibility, strength and power may increase risk for injuries. Shoulder injuries make up about 16% of all injuries in amateur golfers and is therefore requires ample attention. Common shoulder pathologies that affect golfers are: Subacromial Impingement, Acromioclavicular Arthrosis, SLAP Lesions, Rotator Cuff Tears, Glenohumeral Instability, Bicipital Tendonitis, and Glenohumeral Arthrosis. In a right-handed golfer, the lead left shoulder is the common effected site and is vulnerable to injury particularly at the top of the backswing. The Selective Function Movement assessment (SFMA)–developed by Gray Cook et al. identifies faulty movement patterns that may induce injury and also provides “a roadmap to treating the injury.” In addition to performing the SFMA mobility and stability evaluation, standard orthopedic, neurological, radiographic tests may need to be incorporated in the evaluation. Understanding the biomechanics of the golf swing and identifying swing faults are essential to enable the physical therapist to evaluate, treat and prevent future injuries.

Case Description: An amateur golfer with documented shoulder pathology. This patient has poor swing mechanics with instability and mobility problems in the entire upper quarter. The implementation of the SFMA and a comprehensive golf rehabilitation program consisting of manual therapy, TPI exercise workouts and instructional tips from a LPGA Golf Professional will be presented and utilized for treatment.

Outcome: The patient received physical therapy three times a week for six weeks, which consisted of manual therapy and supervised TPI exercises. The patient was also instructed to follow a comprehensive home exercise program that included an active warm up, progressive strengthening, flexibility and golf specific agility and power exercises. Objective measurements documenting pain, function and mobility were taken during the evaluation and upon discharge. Swing faults and ball distance was also evaluated before and after the rehabilitation program was initiated. The patient demonstrated decrease pain and increased upper quarter mobility, flexibility, and stability after the rehabilitation program. Furthermore, the golf professional noted reduced swing faults improved posture at the address position and an increase in ball drive with several clubs.

Discussion: Golfers are always looking for ways to improve their game and lower their handicap as well as techniques to increase their ball flight, power and distance. Most importantly golfers want a smooth pain free swing. Working with a PGA golf professional, a physical therapist can evaluate a golfer’s mechanics and then derive an efficient motion for that golfer successfully swing a club. Providing golfers with a comprehensive flexibility, mobility and stability exercise program combined with instruction on the proper golf swing, it is possible to obtain the optimum setting for the golfer to succeed. Providing the amateur golfer with a comprehensive golf specific rehabilitation program creates a safe environment for golfers to enjoy a leisure demanding sport regardless of age and skill level.