



**RE: Golf Injuries of the Upper Extremity, Wiesler, ER, Lumsden, B, JSOA 14(1):1-7, 2005**

Dear Editor:

I read the article by Drs. Wiesler and Lumsden with great interest. Based upon the title of the article, "Golf Injuries of the Upper Extremity," I was expecting to read about fractures that occurred when rolling over the golf cart, or perhaps when hitting a particularly bad divot. Rather, I read about things to which the term "injury" may not apply at all. Diagnoses such as rotator cuff tendinopathy and impingement (a normal degenerative aging condition), AC joint arthritis (ditto), glenohumeral arthritis (ditto), lateral epicondylitis (a degenerative problem that occurs in middle-aged patients and is self-limiting), medial epicondylitis (ditto), de Quervain's tendonitis (a chronic tendonitis of unknown etiology that is self-limiting), carpal tunnel syndrome (an idiopathic compression of the median nerve at the wrist which has

not been related to activity and has been found to be largely genetic in twin studies), and TFCC tears (a normal degenerative aging condition in most patients).

When doctors blame these conditions on injury or overuse we are definitely overinterpreting the data and overstating the problem, and we are probably inaccurate and incorrect. Our words can disable and we need to be careful with them. It can be argued that doctors have invented and caused as much illness as they have cured or relieved, largely via medicalization of the normal human experience (the aging process in particular) into injuries and problems.

I urge all doctors to be careful with what they say to their patients and try to provide them with the most optimistic, positive, enabling, practical, and blameless interpretation that is consistent with the scientific facts. Be positive!

*David Ring, MD*