

# A look at treating those nagging tendon injuries

November 4 2015, by Thomas Trojian, Md

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Treating tendons has definitely changed in the last 20 years. Many people are used to the term tendinitis, which was used for many years to describe injuries to the tendon. But as we learn more about them, we have learned that injured tendons are not inflamed, therefore not truly tendonitis (the –itis means swelling). Instead, the tendons become degenerative, which is actually tendinopathy.

Every time someone uses a tendon, or "loads" it, microscopic damage occurs. People normally heal from this regular damage, which makes the tendon stronger and better equipped to handle an increased load. But sometimes this healing doesn't happen. This abnormal healing pattern causes further damage to the tendon, weakening it and making it susceptible to even more damage.

Here, we take a look at some different methods of treatment.

## **Mechanical therapy is a great start**

Tendinopathy treatment should start with mechanotherapy, such as exercises involving heavy, slow resistance or "eccentric" exercise that lengthens a muscle under load. These exercises stimulate the repair of tendons by increasing collagen synthesis rate to restore the tendon's structure.

## **Static stretching doesn't prevent tendon injuries**

Studies on the effects of static stretching and prevention of injuries to [tendons](#) are not favorable. Research shows that stretching can reduce sprint speed and vertical jump. Stretching may feel good but it's not going to protect against [tendon injury](#).

## **Say goodbye to cortisone shots**

In the past, we treated tendon injuries as an inflammatory process with non-steroidal anti-inflammatories like naproxen or ibuprofen or injections of corticosteroid (most people call it "cortisone"). But we now know that these medications just reduce discomfort and do not help the healing process.

## **Don't fear the (non-cortisone) needle, though**

If mechanotherapy does not work, there are helpful procedures that can be done. Ultrasound-guided percutaneous tenotomy can be effectively used to break up the damaged area of a tendon, restarting healing. Other treatments like platelet-rich plasma injections, prolotherapy or tendon-scraping procedures can be very helpful, to name a few. Drexel Sports Medicine has experience in these procedures, and even teaches other doctors across the nation how to perform these procedures.

## **Surgery is a last option**

Surgical debridement, which is the removal of damaged or dead tissue, should be reserved as a last option for treatment of tendinopathy. It has considerable cost and morbidity with only modest success in the treatment of chronic tendinopathy. Patient outcomes after surgery have not been better than eccentric exercise but remains an option after non-operative interventions fail.

Provided by Drexel University

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