

Tendon problems only temporarily soothed by cortisone injections

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(PhysOrg.com) -- Cortisone injections which offer short term relief for painful tendon problems, such as tennis elbow, can actually prolong the condition, a University of Queensland study has shown.

Professor of Sports Physiotherapy with UQ's School of Health and Rehabilitation Sciences Bill Vicenzino said the study showed doctors should be advising patients there were more effective treatments available.

"There is a tendency for the majority (70-90 per cent) of those following a wait-and-see policy to get better at six to 12 months, but this is not the case with steroid injection - they tend to lag behind these time frames significantly," Professor Vicenzino said.

"Doctors should indicate that while these injections produce rapid improvements they are short lived in the majority of patients with a high risk of recurrence of the condition and long term poor outcomes compared to adopting a wait-and-see policy."

Overuse disorders of tendon or tendinopathies affect active young (20-30-year-old) people and middle-aged (40-60-year-old) people and are often difficult to manage successfully.

Professor Vicenzino said the condition was much more likely to return (64 per cent) after corticosteroid injections than for a physiotherapy program of mobilisation with movements and exercise.

"In general, tendon problems should not be injected without first having had a trial of exercise, which should be given two to three months to take effect."

The study, which is part of Ms Brooke Coombes' PhD candidature, reviewed the results of 41 previously published studies, including 2672

patients with various tendon problems.

Professor Vicenzino said many new injections had not been studied and required further in-depth investigations, as did the benefits of combining injections and physiotherapy.

"More work is needed before we can be confident in strongly recommending a treatment," he said.

"There is solid evidence that whatever passive treatment is used (such as injections, gene therapy, laser, mobilisation with movements, etc.) it is likely to fail in the long term if exercise is not part of the management plan."

More information: More information: [www.thelancet.com/journals/lan ...](http://www.thelancet.com/journals/lan...) (10)61160-9/abstract

Provided by University of Queensland

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