

TENDINITIS AND TENOSYNOVITIS



■ ■ ■ Description

Painful inflammation of a tendon is called tendinitis, and painful inflammation of the lining of the tendon sheath is called tenosynovitis. Inflammation of both often occurs simultaneously. Normally, tendon fibers merge into muscle fibers and serve as the muscle's attachment (insertion) to bone. The typical muscle has a tendon on each end that attaches to bone and allows the force of the muscle contraction to be transmitted through the tendon to produce movement. Tendinitis may be due to microscopic or partial tearing of the tendon.

■ ■ ■ Common Signs and Symptoms

- Pain, tenderness, redness or bruising, and swelling in the area of injury; severity varies with the extent of inflammation or injury
- Loss of normal mobility of the injured joint
- Pain that is worse with contraction of the muscle the tendon is attached to and with motion of the joint it crosses
- Weakness in the tendon caused by calcium deposits that may accompany tendinitis
- Most common sites include Achilles tendon, rotator cuff, patellar tendon, peroneal tendons, posterior tibial tendon, and biceps tendon

■ ■ ■ Causes

- Sudden overload of a contracted muscle, overuse, sudden increase or change in activity, or strenuous athletic activity
- Less commonly, a result of a direct blow
- Poor biomechanics

■ ■ ■ Risk Increases With

- Trauma
- Overtraining
- Sudden change in athletic activity
- Incorrect form, mechanics, or technique
- Poor physical conditioning (strength and flexibility)
- Inadequate warm-up before practice or play
- Return to activity before healing and rehabilitation and conditioning are complete

■ ■ ■ Preventive Measures

- Appropriate warm-up and stretching before and after practice or competition.
- Maintain appropriate conditioning:
 - Joint flexibility
 - Muscle strength and endurance
 - Cardiovascular fitness
- Strengthen weak muscles and tendons with rehabilitative exercises to prevent recurrence.
- Ice the affected tendon and sheath after activity when returning to sports.

- Wear protective equipment for specific tendons when indicated.
- Use proper technique.

■ ■ ■ Expected Outcome

With appropriate treatment, recovery usually occurs in 6 to 8 weeks. It may take longer depending on the severity of injury.

■ ■ ■ Possible Complications

- Re-injury or recurrence of symptoms, permanent weakness, or joint stiffness if the tendinitis is severe and rehabilitation is incomplete; appropriately addressing the problem the first time decreases frequency of recurrence
- Delayed healing or resolution of symptoms if sports are resumed before rehabilitation is complete
- Rupture of the inflamed tendon; tendinitis indicates that tendon is injured and must recover

■ ■ ■ General Treatment Considerations

Initial treatment consists of ice and medications to relieve pain, stretching of the affected joint, and modification of activity to rest the injured tendon and sheath. A brace, elastic bandage wrapping, splint, cast, or sling may be prescribed to protect affected joint for a short period. Strengthening exercises are prescribed as the tendon inflammation and pain subside. Physical or occupational therapy may be recommended to regain strength and normal use of the joint. Surgery may be necessary if the tendinitis or tenosynovitis persists despite adequate conservative treatment and may involve removing chronically inflamed tendon lining or scar tissue within the tendon. Surgery may also be necessary if the tendon is torn. Cortisone injections are sometimes given to reduce the inflammation of the tendon sheath or tissue around the tendon, but never into the tendon. Injections into the tendon may weaken the tendon and result in tendon rupture.

■ ■ ■ Medication

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Topical ointments may be of benefit.
- Pain relievers are usually not prescribed for this condition. If your physician prescribed pain medications, use only as directed.
- Cortisone injections reduce inflammation, and anesthetics temporarily relieve pain.

■ ■ ■ Heat and Cold

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak.

■ ■ ■ Notify Our Office If

- Symptoms get worse or do not improve despite treatment
- Pain becomes intolerable
- You develop numbness or tingling
- Toes or fingernails become cold or blue, gray, or dusky color develops
- New, unexplained symptoms develop (drugs used in treatment may produce side effects)

Notes:

(Up to 4400 characters only)

Notes and suggestions