

Common overuse tendon problems: A review and recommendations for treatment.

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Abstract

There is a common misconception that symptomatic tendon injuries are inflammatory; because of this, these injuries often are mislabeled as "tendonitis." Acute inflammatory tendinopathies exist, but most patients seen in primary care will have chronic symptoms suggesting a degenerative condition that should be labeled as "tendinosis" or "tendinopathy." Accurate diagnosis requires physicians to recognize the historical features, anatomy, and useful physical examination maneuvers for these common tendon problems. The natural history is gradually increasing load-related localized pain coinciding with increased activity. The most common overuse tendinopathies involve the rotator cuff, medial and lateral elbow epicondyles, patellar tendon, and Achilles tendon. Examination should include thorough inspection to assess for swelling, asymmetry, and erythema of involved tendons; range-of-motion testing; palpation for tenderness; and examination maneuvers that simulate tendon loading and reproduce pain. Plain radiography, ultrasonography, and magnetic resonance imaging can be helpful if the diagnosis remains unclear. Most patients with overuse tendinopathies (about 80 percent) fully recover within three to six months, and outpatient treatment should consist of relative rest of the affected area, icing, and eccentric strengthening exercises. Although topical and systemic nonsteroidal anti-inflammatory drugs are effective for acute pain relief, these cannot be recommended in favor of other analgesics. Injected corticosteroids also can relieve pain, but these drugs should be used with caution. Ultrasonography, shock wave therapy, orthotics, massage, and technique modification are treatment options, but few data exist to support their use at this time. Surgery is an effective treatment that should be reserved for patients who have failed conservative therapy.

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