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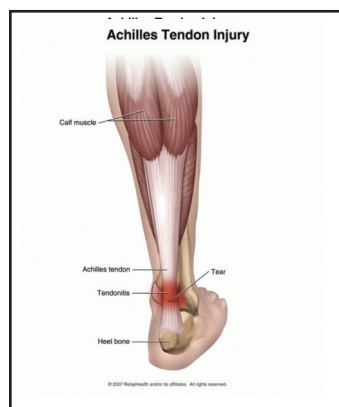
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How To Beat Stubborn "Tendonitis"

Tendinitis is a very common tendon disease seen among many different populations. To start it makes sense to define what it is, and clear up some of the often misused terminology. Tendonitis as "itis" implies is an inflammatory condition of a tendon. Tendinosis indicates that a chronic condition exists, typically one that is past 3 months in duration. Tendinopathy as "pathy" signifies is any diseased state of a tendon. Think of tendinopathy as big umbrella where all the other tendon conditions and terms fall under. For the sake of being consistent, the word tendinopathy will be used in this article for any condition in which there is tendon pain.

Tendinopathies are most frequently seen in people who engage in repetitive activities, whether it is jumping to shoot a basketball, typing, or scrubbing the bath tub. Many terms have been used to describe the type based on the activity like tennis elbow, golfer's elbow, jumper's and runner's knee, thrower's and swimmer's shoulder, etc...

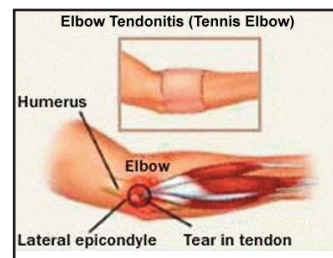


Historically these conditions have been treated with an anti-inflammatory protocol suggesting that inflammation is present. The program generally includes the RICE principle (rest, ice, compression and elevation), along with anti-inflammatory drugs (i.e. NSAIDS) and cortizone shots. This approach is effective, in truth, if the tendon is undergoing an inflammatory response, which is the body's first phase of healing lasting up to about 10 days.

Interestingly, however, in the past few decades more and more research has been conducted with the consensus now pointing to the fact that most tendon pathologies are, in fact, not in an inflammatory state, thus not a "tendonitis." Most tendinopathies when seen at a physician's office are already at a chronic state.

The significance of these terms is not so much to get caught up with semantics, but most importantly to elucidate a treatment program that is consistent with the new literature.

Because most patients are seen at a chronic state, the first consideration to make is: Is there inflammation in the tendon that would warrant the historical anti-inflammatory approach? The research shows that chronic tendinopathies



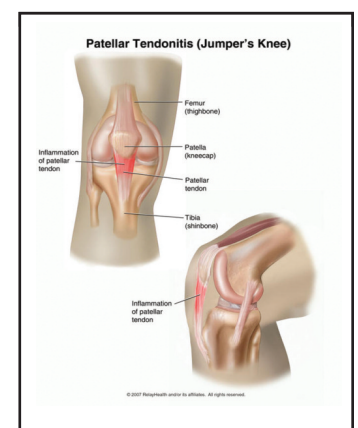
at a microscopic level are void of inflammatory cells. They are often seen as a degenerative condition prominent with scar tissue, an immature blood supply, and a collagen make up that is brown and mushy as opposed to white strong bands of tissue.

The treatment for chronic tendinopathy is not so obvious. Because the degenerative tissue fails to heal via the normal stages of healing, the goal is directed to

"jump start" the phases of healing, with the primary objective being remodeling the damaged tissue.

Many of these "jump start" treatments that have been introduced are non-surgical and include: Plasma Rich Platelet Injections (PRP), Prolotherapy, Niacin patches, Extracorporeal ShockWave Therapy (ESWT), Ultrasound, Cold Laser, Augmented Soft Tissue Mobilization (ASTM) and Eccentric Loading Exercises. Partial tenotomy with debridement is a surgical approach that is often considered after exhausting 6 months of failed conservative measures.

Among all of these treatments, with great consistency Eccentric Loading Exercises and augmented soft tissue mobilizations (ASTM) have proven to be highly effective and simple with a relatively short duration of treatment. In fact, eccentric loading is no being postulated to have a preventative effect. It is well understood that preventing an injury is far more effective than having to treat one.



Most importantly, tendinopathies present themselves in a wide spectrum, with very subtle cues initially that could significantly become more obvious and debilitating when not addressed early on. A common report from a patient is, "It started as a slight pain felt after running, but now it hurts all the time even when I am just walking."

Call us today and schedule your consultation. We will evaluate you, whether symptoms are mild or in a present very obvious manner, in order we discuss your candidacy for some of these conservative therapies.

Executive Park PT offers convenient hours:

Yonkers: Mondays, Wednesdays and Fridays: 8 a.m. to 8 p.m.; Tuesdays and Thursdays: 8 a.m. to 6:30 p.m.; Saturdays: 9 a.m. to 1 p.m.;

Elmsford: Mondays, Tuesdays and Wednesdays: 9 a.m. to 8 p.m.; Thursdays: 12 to 8 p.m.; Fridays: 9 a.m. to 6 p.m.; Saturdays: closed.

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