RAPID RESEARCH

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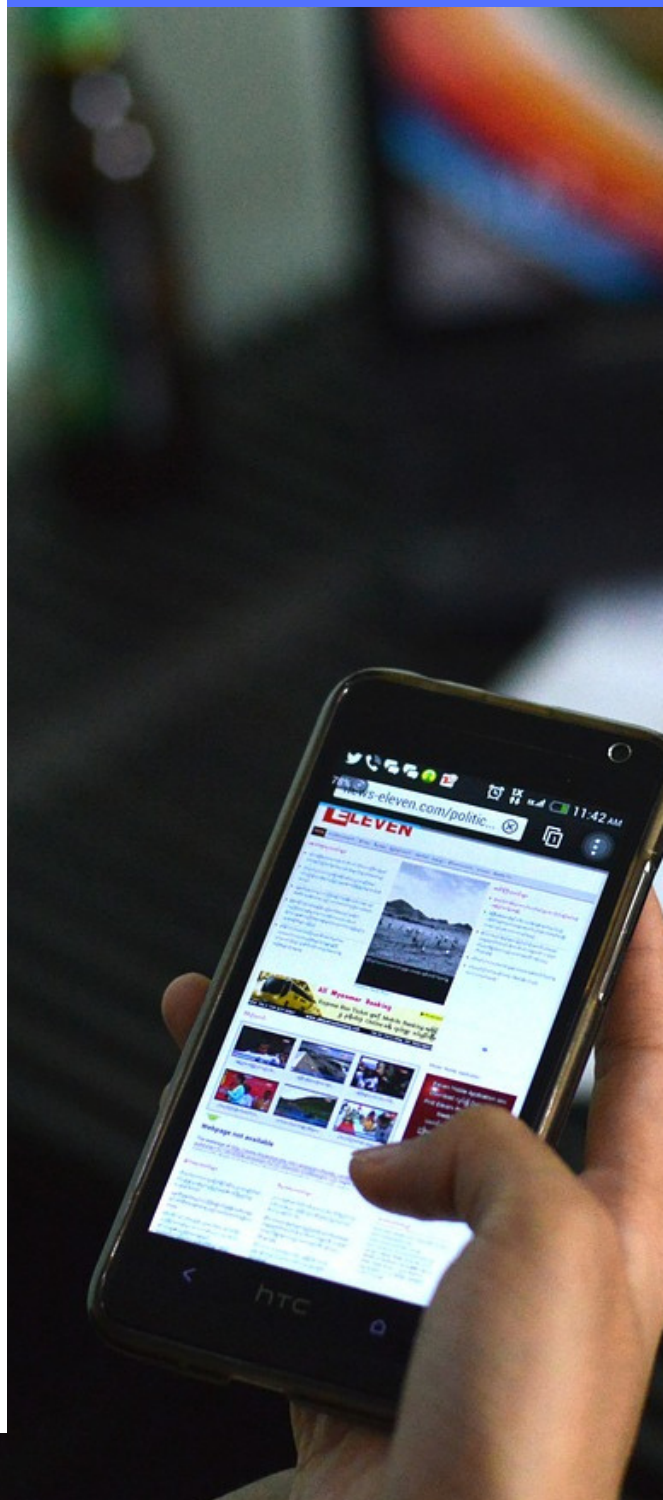
February 2021

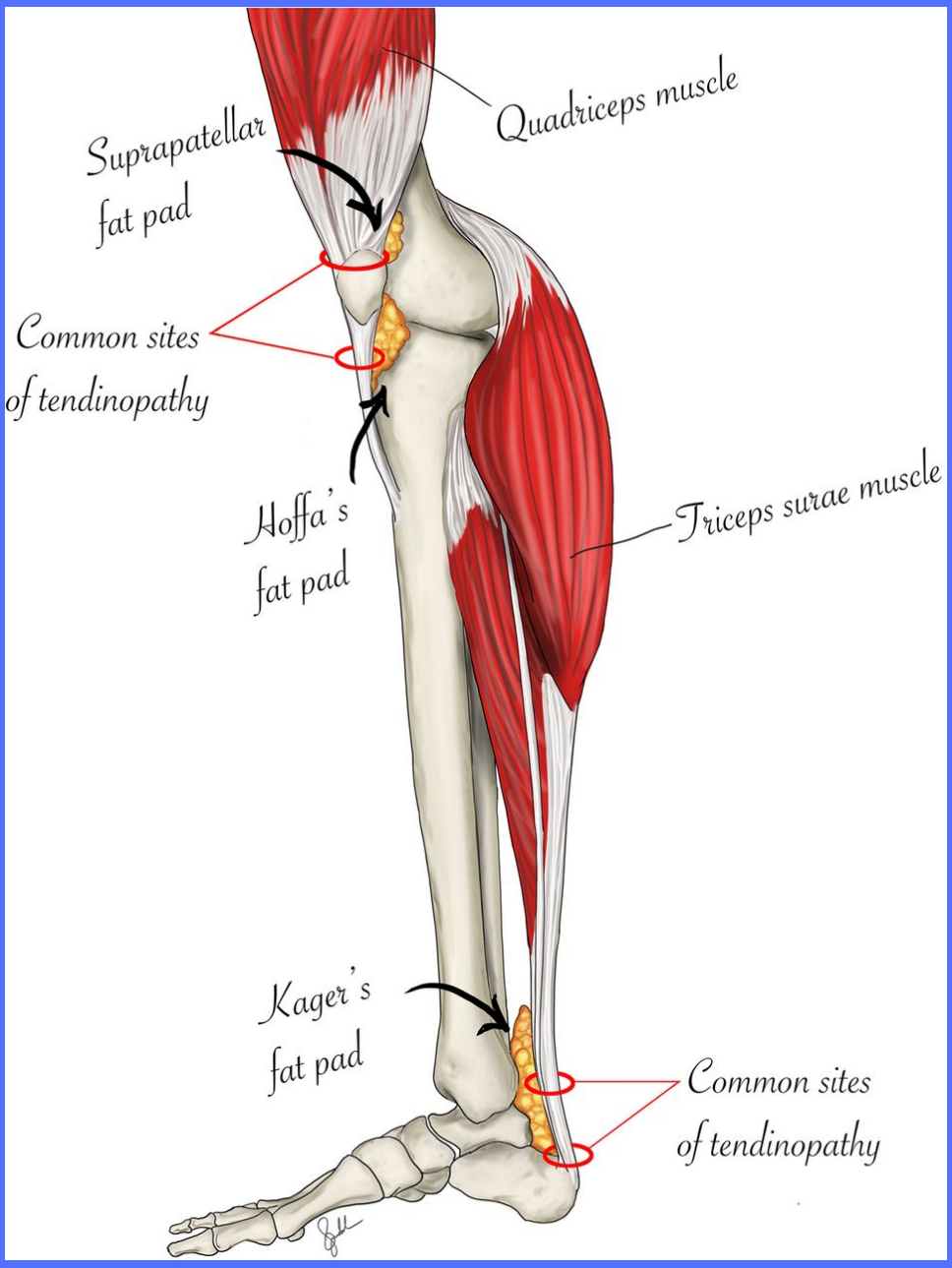
Inside This Week: Tendon Pains & Treatment



- ✓ 10 Treatments to Avoid for Lower Limb Tendinopathies
- ✓ Physical Therapy for Tendinopathy; What works?
- ✓ Understanding and Managing Tennis Elbow Pathology

10 TREATMENTS TO AVOID FOR LOWER LIMB TENDINOPATHIES

Tendon pain and dysfunction are the presenting clinical features of tendinopathy. Treatment should be active, consistent and ongoing.The following **10 points highlight what doesn't improve** lower limb tendinopathy.



10 MAIN POINTS

1. **Don't rest completely.** Treatment should initially reduce painful, high tendon load (point 2) and introduce beneficial loads (eg, isometrics).

2. **Don't prescribe incorrect exercise.** To be effective tendons must be loaded quickly, such as jumping, changing direction, and sprinting.

3. **Don't rely on passive treatments.** Passive treatments do not increase the load tolerance of tendon and are not helpful in the long term.

4. **Avoid injection therapies.** Injections into a tendon have been shown to be no more effective than placebo in good clinical trials.

5. **Don't ignore tendon pain.** Pain usually increases 24 hours after excess tendon load. An increase in pain of >2/10 on a daily loading test should initiate reduction in aspects overloading the tendon (point 2).

6. **Don't stretch the tendon.** Stretching only adds detrimental compressive loads to the tendon.

7. **Don't use friction massage.** It may reduce pain (Short-term), only for it to return with high tendon loads.

8. **Don't use tendon images for diagnosis/prognosis. I**n isolation, these do not support a diagnosis of tendon pain as asymptomatic pathology is prevalent.

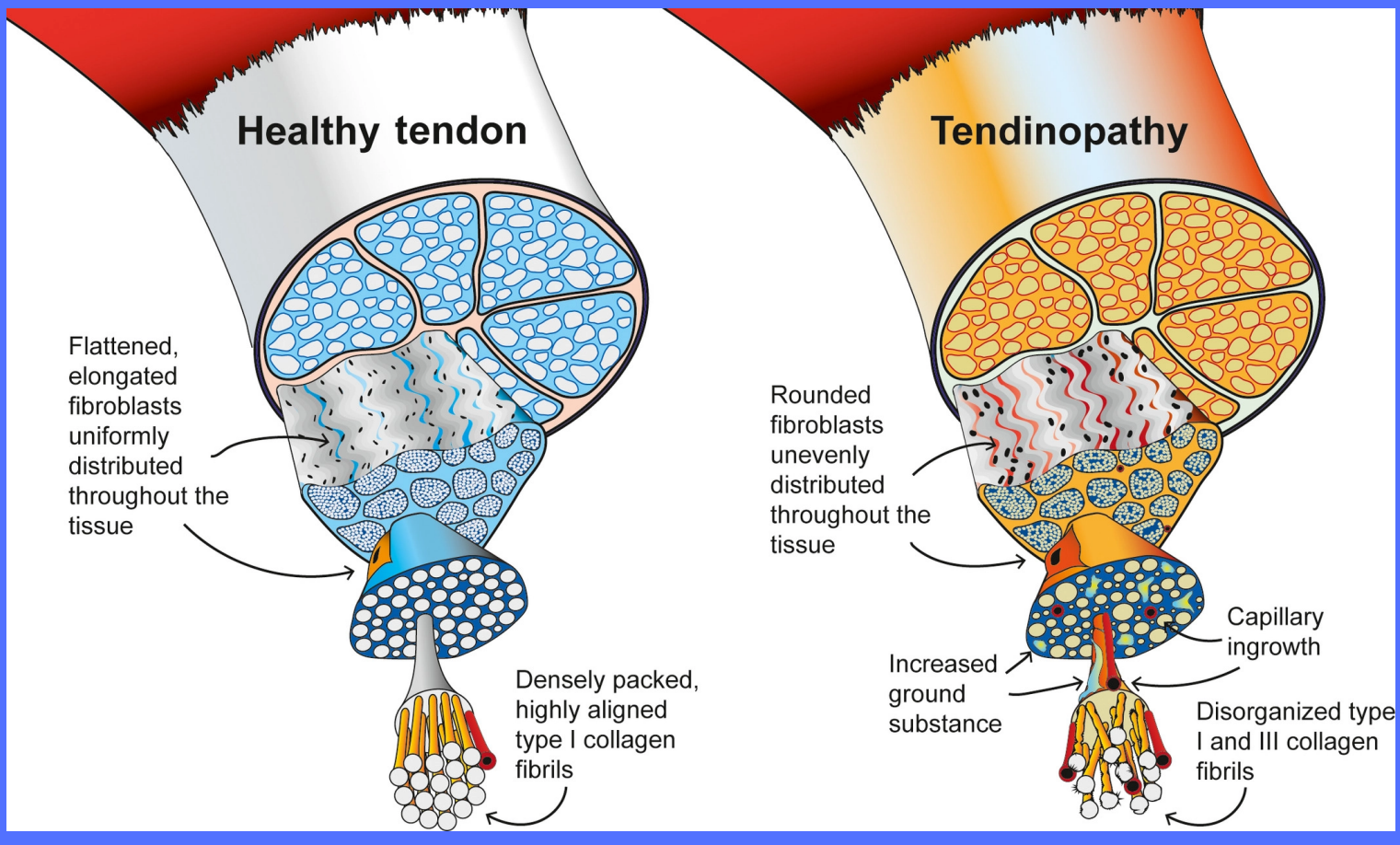
9. **Don't be worried about rupture.** Pain is protective as it causes unloading of a tendon.

10. **Don't rush rehabilitation. It takes min 3 months** to build up strength and capacity.

The best treatment for tendon pain: Exercise-Based Rehab

PHYSICAL THERAPY FOR TENDINOPATHY; WHAT WORKS?

This research summarized evidence in the last decade regarding the efficacy of physical therapy interventions to treat tendinopathy, as a single disease entity.



KEY FINDINGS

Moderate-quality evidence may support these treatments:

Eccentric exercise was supported by qualitative evidence only.

Low Level Laser Therapy for pain and short-term function.

Extracorporeal shockwave therapy for pain and short/medium/long term function.

MAIN TAKEAWAYS

Moderate-quality evidence exists to support the efficacy of low-level laser therapy, extracorporeal shockwave therapy, and exercise therapy.

Exercise therapy demonstrated positive effects in reducing pain and improving function, with eccentric exercise, in particular, being supported by several SRs

The superior intervention however, and optimal protocols remain unknown.

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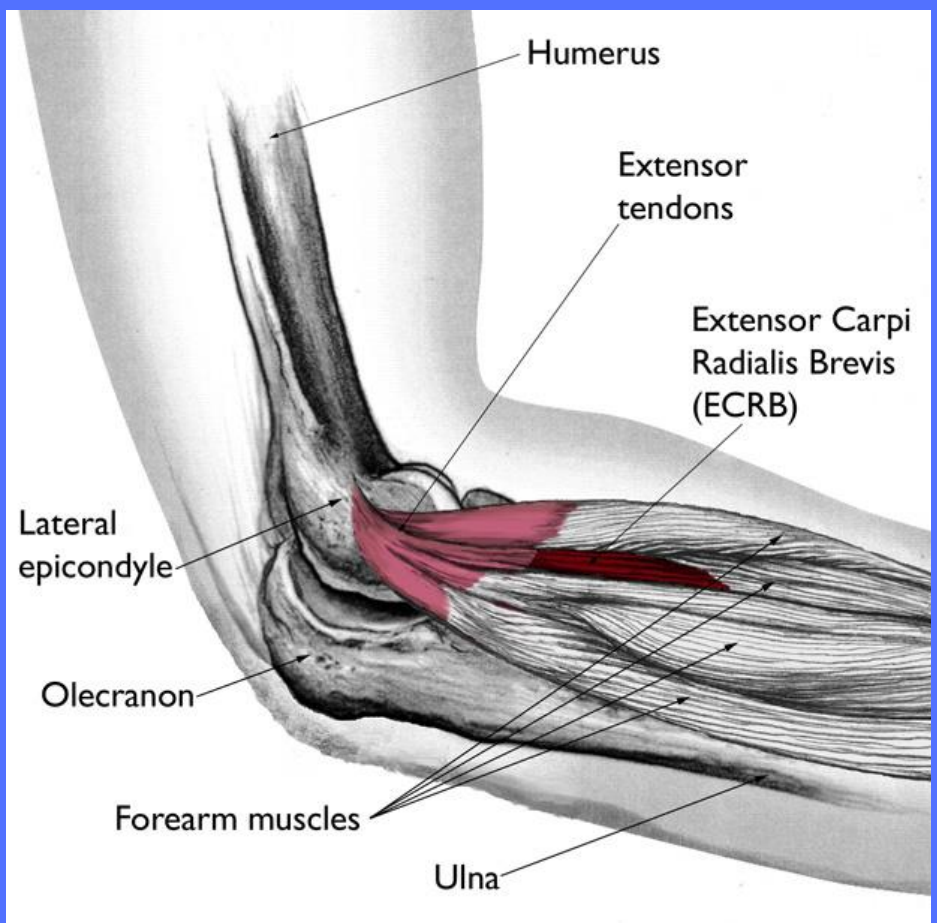
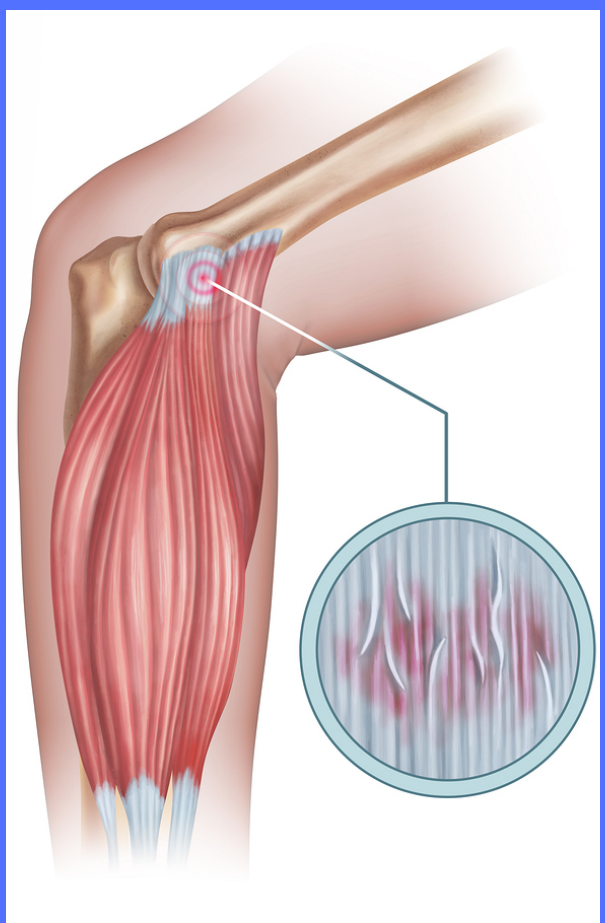
UNDERSTANDING & MANAGING TENNIS ELBOW PATHOLOGY

This article presents a landscape of emerging evidence on tennis elbow and focuses on pathogenesis, diagnosis, and management, shedding light on the understandings and treatment for healthcare professionals.





KEY FINDINGS

Treatment usually has 5 therapeutic goals: Control pain, Preserve movement, Improve grip strength and endurance, Restore normal function, and Preventing further deterioration.

NONOPERATIVE: Resolves 90% of cases.
Includes: Activity modification, Physical Therapy (Progressive Overloading exercises), NSAIDS, Counter Force Bracing, ECSWT, Acupuncture.

Eccentric exercise has gradually been a first-line conservative treatment.

OPERATIVE TREATMENT: An option for patients that have failed appropriate nonoperative management.

The number of patients requiring surgical treatment is estimated about 4% to 11%.

MAIN TAKEAWAYS

Tennis Elbow s a **common cause of pain and disability** affecting a broad range of patients.

Most cases have a **self-limiting course of between 12 and 18 months.**

Nonoperative treatment remains the priority and mainstay with as high as **90% success rate**.

These treatment should mainly revolve around **progressive overload based exercises** for the affected tendon(s), musculature, and other soft tissue.

See a Physical Therapist or other exercise based healthcare provider for an accurate assessment and tailored treatment plan.

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EXAMPLE PROGRESSIVE OVERLOAD EXERCISES FOR TENDONS

These progressive exercises are an example of loading an achilles tendinopathy. However the concept is consistent for other types of tendinopathies.

Tendon Exercises

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