Tendonitis: Troublesome yet Treatable

Tendonitis is a fairly common problem. According to the Bureau of Labor Statistics, tendonitis causes more than 70,000 people to miss work per year. It is important to understand its symptoms and treatment so that you can avoid this painful condition.

Don't be fooled by the myth

Be careful about the "no pain, no gain" approach. It can be difficult to distinguish between an ache that indicates you are building strength and an ache that means you have injured a tendon.

For more information, visit www.hss.edu. To make an appointment, call our Physician Referral Service at 800.796.0486.

Public & Patient Education Department
212.606.1057
www.hss.edu/pped

What is Tendonitis?

A tendon is a thick rope-like cord that attaches a bone to a muscle. Tendonitis is the inflammation of a tendon, most commonly caused by overuse. It manifests through pain at the site of the injured tendon. The pain may be chronic or it may come on suddenly and feel sharp. According to Dr. Joseph Feinberg, Physiatrist-in-Chief at HSS, "Tendonitis can be confused with a muscle strain. The way to distinguish between the two is that with a muscle strain, the pain is felt in the muscle itself, whereas in tendonitis, the pain is felt near where the muscle attaches to the bone."

Who gets Tendonitis?

Although tendonitis can occur at any age, it is more common in adults over 40 years of age. As tendons age, they tolerate less stress and are less flexible.

Where does Tendonitis occur?

Tendonitis can occur at almost any site of the body where a tendon connects a bone to a muscle. Some common names that indicate frequent sites for tendon problems are:

- Golfer's elbow (inner part of the elbow)
- Swimmer's shoulder (top of the shoulder)
- Jumper's knee (front of the knee)
- Tennis elbow (outer part of the elbow)
- Achilles tendonitis (back of the heel)
- De Quervain's disease (back of the wrist)

How is Tendonitis treated?

The quicker your tendonitis is treated, the sooner you'll be on your way to recovering full strength and flexibility. Dr. Steve Lee, Associate Professor of Orthopedic Surgery at HSS, says, "Tendonitis is common and usually responds to non-surgical care. Surgery is sometimes needed and can be helpful in select cases." Most cases of tendonitis can be successfully treated with rest, ice, compression (a sleeve or wrap), stretching, modification of activities and elevation of the injured tendon. Avoiding activities or movements that aggravate the site of the pain and over-the-counter anti-inflammatory drugs to reduce the pain are usually recommended. If pain does not improve in a few days, see your doctor, who may prescribe physical therapy to work on the flexibility and strength of the involved tendon, and possibly modify mechanics (how one performs the physical activity). Additionally, a corticosteroid injection may be offered to decrease the pain. As a last resort, if the symptoms are not resolved, surgical options may be necessary.

How do I prevent Tendonitis from returning?

It is important not to go back to exercise until the symptoms have resolved. Your physical therapist or physician can recommend proper stretching and strengthening techniques. They may also modify your biomechanics (how you perform the activity). Other tips include:

- Always warm up before beginning strenuous exercise.
- Take breaks to relieve stress on your tendons by varying your workouts and not performing one activity for hours at a time.
- Protect the tendons when returning to the task or sport. For example, wear a wrist splint while gardening or using the computer, or a knee strap while playing sports.

HOSPITAL FOR SPECIAL SURGERY

Watch and Learn through our HSS Webinars at www.hss.edu/pped-webinars. Topics include OA: surgical and non-surgical options, managing pain, nutrition, research, self-management and exercise. Check out our HealthConnection newsletters at www.hss.edu/healthconnection.

Education & Academic Affairs

Programs Promoting Musculoskeletal Health

Find Hospital for Special Surgery on the web at www.hss.edu. Follow us on: