TREATMENT OF TENDINOPATHY

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My personal view is that tendinopathy is an injury. Like many other injuries, such as fractures, age and prior history are risk factors.
Chronic Achilles tendinopathies occur almost exclusively in aging runners and walkers.
Acute achilles tendinopathy is particularly common in footballers.

First line treatment of tendinopathies is physical, with strengthening exercise
Be it concentric or eccentric exercise.

Interventional treatments are more and more imaging guided……Why?

- relief of pain
- relief of disability
- long lasting
- minimal side effects
- minimal risk

Steroid Injections

Steroids plus other drugs or other interventions

Autologous blood

Platelet Rich Plasma

Other prolotherapy (hypertonic saline, glucose …)

Current Usage in My Clinic

Shoulder: LA and Corticosteroid,
considering usage blood in interstitial tears supraspinatus

Elbow: Lateral Epicondylitis: dry needling plus small steroid dose,
Autologous blood for tears

Knee: Jumper's knee High volume LA and steroid very successful

Achilles: High volume LA and steroid moderately successful.
Blood used to accelerate healing of small tears

Careful audit and feedback will lead to modification
Of our current rather blunt remedies.

Careful biochemical analyses of the “injured” tissue
May help develop new and less invasive therapies.

Subacromial bursitis……STEROID
Frozen shoulder……STEROID°

Lateral epicondylitis…….dry needling plus steroid
or Blood
Lateral epicondylitis with tears… autologous blood

Patella tendon……..High vol marcaine
Achilles tendon…….. High vol marcaine
Achilles interstitial tears…..blood

Next: rotator cuff interstitial tears …….Blood