



Franklin Physical Therapy at FitnessPro

"THE ORTHOPEDIC AND SPORTS INJURY SPECIALISTS"

JANUARY 2009 FPT Newsletter

Matthew J. Tibert
MS, PT, CSCS



Owner
Licensed Physical
Therapist
Exercise Physiologist
Certified Strength and
Conditioning Specialist

*"The
Orthopedic
and Sports
Injury
Specialists"*

385 West Central Street
Franklin, MA 02038
*Located in Liquor World
Plaza on Route 140*

Phone:
508.528.0147

Website:
www.franklinpt.com

Hours:
Monday - Thursday
7:00 am to 7:00 pm

Friday
7:00 am to 12:00 pm

TENDINITIS VERSUS TENDINOSIS AND PHYSICAL THERAPY

We know that tendinitis is inflammation of a tendon. Tendinosis is a less common diagnosis, but probably more prevalent. Tendinosis is the degeneration of the collagen elements of the tendon. When a patient presents with chronic tendon pain in the Achilles, elbow, shoulder, or hip, it is important to consider the possibility of tendinosis. Karim M. Khan, MD, suggests that many tendinopathies may be tendinosis and the current concept of treating them as inflammatory conditions may be an inappropriate way to look at these problems.

He suggests that a tendinosis is often chronic, lasting greater than 6 months. Boner classified the tendinosis condition as follows: Intratendinous degeneration commonly due to aging, microtrauma, or vascular compromise, collagen disorientation, disorganization, and fiber separation by increased mucoid ground substance, increased prominence of cells and vascular spaces with or without neovascularization, and focal necrosis or calcification.

This is contrasted with tendinitis which is described as follows: Symptomatic degeneration of the tendon with vascular disruption, inflammatory repair response, degenerative changes as noted above with superimposed evidence of tear, including fibroblastic and myofibroblastic proliferation, hemorrhage, and organizing granulation tissue.

Physical therapy can help the tendinosis patient. Eccentric loading has been shown to clinically relieve the symptoms of tendinosis and assist in return to function. Alfredson H, Pietila T, Jonsson P, et al, demonstrated the value of eccentric loading with Achilles tendinosis and Holmich P, Uhrskou P, Ulnits L, et al, described the beneficial effects of active therapy with chronic hip adductor problems. Similar clinical experiences have been noted with chronic hip abductor tendinopathy.

So if you have a patient with chronic tendon pain, physical therapy may be very beneficial.

Karim M. Khan, MD, et al. Overuse Tendinosis, Not Tendinitis. THE PHYSICIAN AND SPORTS MEDICINE - VOL 28 - NO. 5 - MAY 2000

Holmich P, Uhrskou P, Ulnits L, et al: Effectiveness of active physical training as treatment for long-standing adductor-related groin pain in athletes: randomised trial. Lancet 1999;353(9151):439-443

Alfredson H, Pietila T, Jonsson P, et al: Heavy-load eccentric calf muscle training for the treatment of chronic Achilles tendinosis. Am J Sports Med 1998;26(3):360-366

PATIENT TESTIMONIAL - CHRONIC HIP TENDINOSIS

I was treated with injections from my orthopedist, pills, and even sat in bed but my hip pain didn't go away. After my therapist started pushing on my hips (PT comment - she is describing eccentric loading), my hip pain went away within a couple of weeks. I am so pleased. Elizabeth M

For more information about our clinic, check out our website@

<http://www.franklinpt.com>

Until Next Month,

Thanks from Matthew J. Tibert, MS, PT, CSCS

**Thank you for taking the time to read this newsletter.
Healthy regards from Franklin Physical Therapy!**