

Tendinopathy

In the Wrist and Hand

Tendinopathy is a global term for a painful tendon that has failed heal as normal. Tendinopathy is a general term that is now normally used instead of older terms such as: tendonitis, tendinosis and tendon disrepair. With a tendinopathy, there are changes within the tendon structure. There may or may not be associated inflammation of the tendon.

Tendon problems can occur over time because of repetitive stress, or following a recent injury. If the tendon does not recover well initially, a Tendinopathy may develop. Tendinopathies can take anything from 3-18months to recover.

What are the signs and symptoms?

The signs and symptoms of Tendinopathy commonly present as the following:

- Pain and tenderness over a tendon, often close to a joint. This pain can be burning, sharp, achy or dull. It may occur several hours after the activity that caused it.
- Painful movements (fast or slow) such as gripping, lifting and weight bearing.
- Sometimes a clicking or snapping feeling.
- Sometimes swelling of the tendon.
- Sometimes a feeling of heat around the area.

How is the diagnosis made?

The description of the symptoms and a careful examination is usually enough to make a diagnosis.

Management:

1. Splints

The usefulness of a splint will vary from person to person. During a flare up it may help to wear one, in order to rest and protect the tendon for a few weeks. As you start to feel better, you can reduce the time you wear the splint to just while doing difficult or painful activities. The splint will not protect you fully, so you still need to be careful whilst you are wearing it. The splint shouldn't be worn full time for long periods of time, as it will cause muscle weakness. There are splints available to support the wrist, thumb or both. The above splint is a thumb spica. There are larger, more protective splints available, if you feel you need more support. Look online or in a chemist.



2. Pain management options:

This is variable, not all options help everyone and they may only reduce pain levels by a percentage, but this can be good if it is affecting sleep:

a) Topical gels. Ensure that the gel covers the area sufficiently according to the instructions and does not rub off on clothes.

b) Ice cube massage. An ice cube can be massaged in a circular motion over the area of most pain. This can be very helpful in settling your pain if you have done too much, or exacerbated your pain. Use the ice for 3-5 minutes up to 3 times per day. You will notice a raised area of red skin will occur due to increased blood flow to the skin, these will reduce over time. You can also use an ice pack over a tea towel for 20 minutes, several times a day

c) Oral analgesia (pain tablets such as paracetamol). Some people prefer this option at night if the pain is disturbing them. The tablets can be bought over the counter. You should ask your local pharmacist for advice, especially if you take other medications, sometimes a mixture of tablets can be unsafe or reduce the effectiveness of a particular medication.

Remember this is about pain relief NOT cure

3. Behaviour modification:

It is worth looking at activities that could be making your pain worse. Things to consider:

a) “Pacing” this means working out what level of a particular activity you can manage without flaring up your symptoms. It can involve a bit of trial and error. As a guide, if you get increased pain, which lasts for more than 20 minutes after an activity, then reduce your activity time or break it up into shorter periods several times per day. As your symptoms start to settle gradually increase your activity (see our pacing activity section)

b) “Ensuring your tools are right for the job”, e.g. if you are gardening and are using secateurs when you should be using loppers or when you are using loppers and should be using a saw.

c) “Ensuring tools are sharpened” blunt tools will cause greater load on the hands, wrists and thumbs and possible further irritation.

d) “Grip widths” can you adapt your equipment safely to increase the size of the area you are gripping, this helps to reduce the traction on the tendon. For example wrapping handles with pipe insulation or racket tape.

e) “Load” can you safely lessen the load you are moving or use a different technique e.g. with a toddler can you guide them to a level that is easier for you to lift, do you need to keep moving the baby seat in and out of the car, can you fill the kettle and pans less to reduce the weight. Try carrying a load closer to the body or using the elbows to create the movement rather than the wrist.

f) Using different utensils or gadgets to reduce strain during daily activities. An ergonomically designed or vertical computer mouse can greatly improve positioning. Using

a vegetable strainer means you don't have to lift a heavy pan of water. A wide gripped 'Y' shaped vegetable peeler reduces strain through the thumb. You can also consider buying pre-prepared vegetables or food during your recovery, to reduce the strain during food preparation.

g) Use your unaffected hand, for painful activities, when possible and safe to do so. You can also use your affected hand to 'guide' and support, whilst your unaffected hand does the heavy work e.g when lifting the kettle or hoovering.

4. Exercise

Tendon pain often occurs because the stress on the tendon is more than it can cope with. Our bodies are good at adapting to increased load but they need to do it over time. Sudden changes in the amount or type of activity can be a trigger for tendon pain. Once there is pain it is natural to avoid using the tendon, unfortunately this leads to gradually increasing weakness, stiffness and loss of resilience making it harder and harder to return to normal. In combination with the pain management options carefully managed exercises are important to rehabilitate the tendon. The clinician you are seeing should guide you in which exercises to do, or you can See the exercise sheets provided on our website. (link to 'get strong' section - hand and wrist)

Aim to reproduce only mild discomfort that settles within 20 minutes of completing the exercise. You can adjust the amount of movement, the number of repetitions or how often you do the exercise to try to find the right level or 'dose'. As the exercises get easier you can add resistance to make them harder.

With all of the exercises the aim is to tap into the body's normal ability to adapt and get stronger. As with any exercise you need to gradually increase the dose to keep getting the benefits. Don't worry if you do cause a flare up. It can be tricky to find the right level. Back off until the pain settles back to its previous level and try again more gently.

You need to be patient because this takes time often more than four weeks before there is any noticeable improvement. If the symptoms do not settle with conservative management within 3 months, a steroid injection may be offered or if this fails then surgery may be considered.