



Tendonitis (also spelled 'Tendinitis') and Tenosynovitis

You have inflammation in either the tendon or the synovial membrane of the sheath enclosing the tendon, or both. The synovial membrane produces the lubricant for the tendon.

As the ending "itis" implies, inflammation is involved in both of these disorders.

(a) Cause

The cause of either tendonitis or tenosynovitis is generally *overuse*. It is most common in athletes undergoing heavy training. However people performing repetitive tasks at home or in the workplace are also at risk.

In the case of tenosynovitis the initial overuse inflames the synovial membrane, compromising the production of the fluid that lubricates the tendon (synovial fluid). Then the rubbing of the tendon on the walls of a dry membrane further inflames the tissue (the tendon as well as the synovial membrane), exacerbating the problem.

(b) Symptoms

Tendonitis

Common locations of tendonitis problems in the body include the shoulder and Achilles heel.

Pain will be felt in the tendon when the contraction of the muscle for which the tendon provides anchorage to the bone is resisted by the practitioner, and this fact forms the basis of the testing techniques which serve to identify the problematical tendon.

Tenosynovitis

Tendon sheaths are generally located in the wrist-hand and ankle-foot. See Figure 1 overleaf for pictures.

Tapping upon the affected synovial sheath will elicit pain. Pain may be *absent* on *slow* movement but *mild to severe* on *quick* movement, with coexisting *crepitus*. Crepitus is the grating sensation and noise that occurs on movement of the affected tendon within the synovial sheath due to rubbing of tissue over a dry synovial membrane.

(c) Treatment

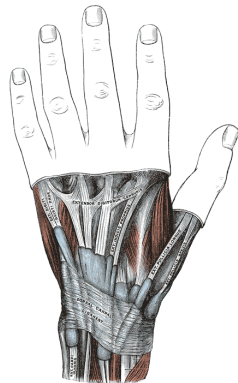
Rest, ice and a healing cream during the acute phase with graduated reintroduction of either work or training is the best approach.

Your practitioner may release the muscle from which the tendon arises, and also all the surrounding musculature since this is important to creating the conditions for recovery.

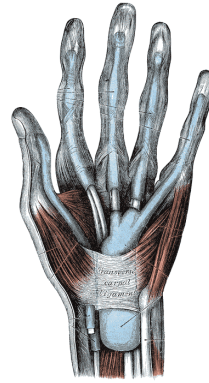
In the case of tenosynovitis, deep massage over the sheath may break-up the crystals of dried-up synovial fluid and pave the way for more rapid healing. Whilst this is unconventional, for most rapid improvement please discuss this possibility with your practitioner.

Figure 1: Synovial Sheaths in the Wrist/Hand and Ankle Foot

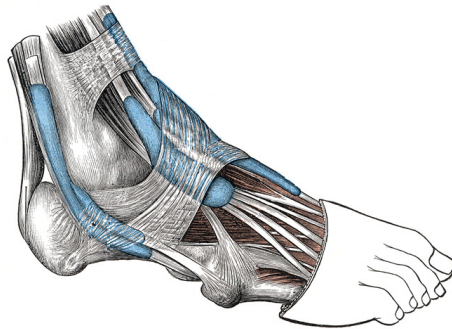
Left Hand Extensors
(Tendon sheaths in blue)



Left Hand Flexors
(Tendon sheaths in blue)



Right Lateral Ankle
(Tendon sheaths in blue)



Right Medial Ankle
(Tendon sheaths in blue)

