

Why Do Tendon Injuries Take So Long To Heal?

If you've ever suffered from a tendon injury you will know that the recovery can be frustratingly long. Tendons are important tissues of the body, connecting muscles to bones and come in many different shapes and sizes. There are many reasons why tendon injuries can be difficult to treat, as we explain below.

Tendon injuries often develop gradually

Tendons need to be able to transmit forces from muscles to the bones that they attach, however they respond to changes in strength more slowly than muscles do. As muscles become stronger or take on more load, the tendons can fail to keep up with this increased demand becoming painful and damaged. This process can take a while to occur and often changes to tendon tissue has begun long before the pain is noticed. This means that there are likely to be multiple factors to be assessed, including biomechanics and training regimes before the problem can be resolved.

Tendons have limited blood supply

Tendons do have their own blood supply, however, it is not as abundant as muscles. This can be a factor with healing, as all tissues require nutrients for health and to heal. Any condition that compromises circulation, such as diabetes, can predispose tendons to injury and delayed healing.

Rest and stretching may not necessarily help

Our instincts in response to tendon pain may not help with recovery. In some cases, stretching can aggravate symptoms and

while rest may reduce symptoms, it will not necessarily help with recovery. The best evidence for promoting healthy tendon growth is through addressing poor biomechanics and a tailored strength and loading program.

Recovery often relies on adherence to a specific rehab program

One of the biggest barriers to healing tendon pain is that exercises can be easy to do in theory, but hard to do in practice. They can take time and discipline. Your physiotherapist can also help you to find strategies to fit your exercises into your daily routine if you are finding this difficult.

Contact your local [clinic](#) to make an [appointment](#) with one of our Physiotherapists to discuss how you can help reduce and manage your tendon pain.

None of the information in this article is a replacement for proper medical advice.

5 Physio Tips for Better Running

Distance running can be a surprisingly complicated sport. In this article, we offer some words of wisdom from our physiotherapists to help you get the most out of your training and avoid injuries.

1) CHOOSE YOUR SHOES CAREFULLY

- Repeated stress from running long distances will show up any biomechanical flaws in your body relatively quickly. Choosing the wrong shoes can worsen an existing problem causing pain and injury. Your physiotherapist can guide you on what style of shoe will best suit you.

2) DON'T NEGLECT YOUR UPPER BODY

- While running can appear to be a purely leg based activity, increasing the strength and mobility of your upper body can have a surprisingly large impact on your posture, running style, breathing and overall performance.

3) FIND TIME TO TRAIN STRENGTH AS WELL AS ENDURANCE

- Your body is great at finding ways to compensate for weak muscles, however, overtime this can lead to overuse injuries of tendons and muscles. Identifying any areas of weakness early and specifically strengthening these muscles can both improve your running and help keep you injury-free.

4) PACE YOUR PROGRESS

- Entering an event is a great way to set a specific goal and keep you motivated. While trying to increase distances and speed, it is easy to forget to include rest days as a part of your routine. Your body needs time to recover and restore itself, just as much as the active portions of your training program. Increasing

your speed and distances gradually also allows your body to adapt to new demands without breaking down.

5) ENJOY TRAINING AND LISTEN TO YOUR BODY

- Your body will guide you as to when you need to rest and when you can push a little further. Training will be more enjoyable when you are well-rested and pain-free. Most importantly, if you are able to enjoy your runs, this will help you maintain motivation over a longer period of time, so you can continue for many years to come.

Contact your local [clinic](#) to make an [appointment](#) with one of our Physiotherapists to discuss how you can reach your running goals while staying injury-free.

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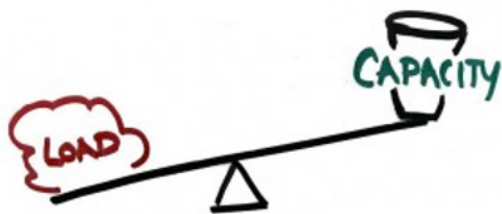
Gluteal Tendinopathy – “Pain in the butt”

Jenny is a 65-year-old lady who has just retired recently. Her GP suggested she lose some weight to reduce aches and pains in her knees and back. Jenny decided to take on daily 5km walks and also joined a power walk group. Prior to this, Jenny was not very physically active and used to work in an office. Shortly after, she started noticing pain on the side of her right hip that is painful first thing in the morning, painful

when getting up after sitting or driving for a while.

Her symptom seems to get better or “warm-up” with movement but gets aggravated when doing too much. Jenny also experiences disturbed sleeps due to difficulty getting comfortable lying on either side. Jenny tried to “massage it out” and leg stretches with no noticeable effect... She is frustrated that the pain is preventing her from walking and achieving her goal of losing weight.

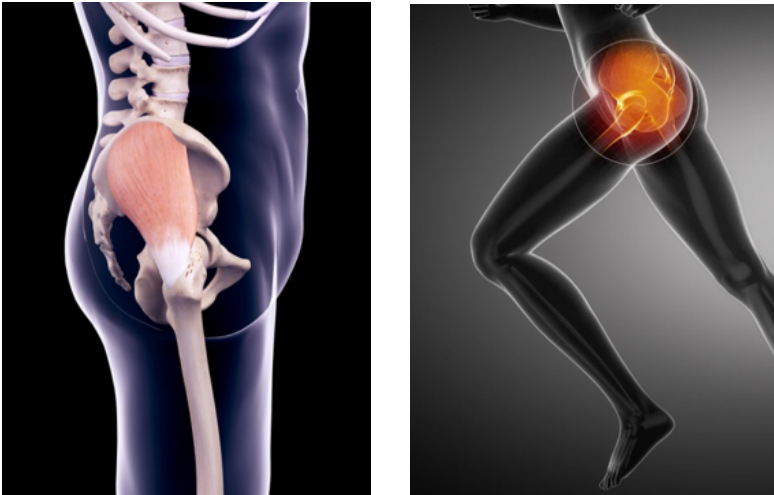
If this sounds familiar, you may be experiencing a condition called Gluteal Tendinopathy. **It occurs because the muscle group has been overloaded compared to its current capacity.**



In this case, the load is a sudden increase in walking activities, and capacity refers to Jenny’s CURRENT ability to cope with a certain walking distance or intensity.

So what is Gluteal tendinopathy anyway?

It is an overuse injury to the gluteal tendon which attaches your gluteal (backside) muscles to the side of the hip.



What do I need to do to get better?

Avoid positions that may irritate the already irritated tendon. This includes hanging off one hip when standing, sitting with leg crossed, sleeping on the painful side, walking with a large stride or uphill, stretching your ITB or gluteal muscles.

1. **Pain management.** Manual therapy may help provide short term relief. Anti-inflammatory medications have showed to delay the healing process of the tendon, therefore may not be the first choice for pain relief. Isometric exercise has been shown to have a pain-relieving effect on tendon pain, see a physiotherapist to find out more.
2. **Improve tendon's loading capacity.** See a physiotherapist to get an accurate diagnosis and a loading program accordingly.
3. **A gradual return to the aggravating activities.** A physiotherapist will be able to guide you through returning to the activity that you enjoy.

Written by [Jess Zhu](#)

Book a time in with Jess, at either

www.psmgroup.com.au

Spinal Stenosis

What is spinal stenosis?

The spinal cord, nerves, and arteries are housed by the spine, which acts as a hard electrical casing to support and protect these vulnerable structures. The spine has a hollow column that allows the spinal cord to run from the brain to the rest of the body. At each spinal segment, nerves exit the spine and supply the tissues of the body. There is also an intricate network of small veins and arteries that provide blood to the spinal cord and vertebrae, providing them with the nutrients needed to operate.

Spinal stenosis is characterized by a narrowing of the spaces that house the spinal cord, nerves and blood supply. A variety of factors can cause spinal stenosis, however overwhelmingly it is caused by degenerative changes to the spine as we age. Many people over the age of 60 will have spinal stenosis; however, not all will have pain. Clinically, spinal stenosis is used to describe the painful symptoms of this condition rather than just the narrowing itself.

What are the symptoms?

Pain with walking or standing that radiates into the hips, thighs and even feet is the hallmark of spinal stenosis. Usually, this pain will be reduced with rest and forward movements of the spine. Spinal stenosis is a progressive condition and symptoms will gradually increase over time. The

pain is often described as a deep radiating ache and can be associated with fatigue, heaviness, weakness, and numbness. It can affect just one leg, however more often will be felt in both legs. There will often be associated with back pain; however, leg pain is usually the most severe complaint.

How can physiotherapy help?

There are many conditions that need to be excluded before a diagnosis can be made. Your physiotherapist is able to conduct a thorough examination and accurately diagnose this condition. In some cases, imaging may be requested. As mentioned earlier, many people have stenotic spinal changes without symptoms. Surgery to decompress the restricted nerves and stabilize the spine are used in very severe cases.

For mild to moderate cases of spinal stenosis, physiotherapy can be extremely beneficial. Your physiotherapist can help you manage your pain through hands-on techniques and by providing a targeted exercise program based on biomechanical assessment. They are also able to help you to understand and manage your day in a way that helps to reduce flare-ups and maintain muscle strength.

If surgery is the right choice for you, your physiotherapist is able to guide you through this treatment pathway, helping you to prepare and recover from surgery to get the best outcome possible.

None of the information in this newsletter is a replacement for proper medical advice. Always see a medical professional for advice on your condition.

How can a physio help with knee pain?

The knee is a joint between your thigh (femur) and shin (tibia) bones which bends and straightens as we walk and acts as a shock absorber for activities such as running, jumping and landing. Between the two bones is a cartilage disc called the meniscus which acts as a shock absorber and improves stability of the joint.

The meniscus can become irritated if it is challenged with a sudden, forceful landing, an awkward twist, or can become sore if it is slowly challenged over a period of time. This will often lead to pain and/or swelling with certain movements of the knee such as bending, going upstairs, walking on uneven ground or jumping. It may also ache overnight or first thing in the morning.

A physiotherapist can assess knee pain to identify the irritated structure and in some cases may refer for investigations such as Xray or MRI to rule in or out serious structural damage to the knee. However, in many cases, this is not required and knee pain can be treated conservatively without the need for scans.

Even if people who have a tear to their meniscus confirmed on their MRI, conservative therapy such as exercise can be the

best treatment with recent best-practice guidelines (1) recommending that arthroscopic surgery can be avoided in nearly all cases of meniscus tears, including those with acute onset of pain, mechanical symptoms and/or those with osteoarthritis or meniscus damage found on scans. Instead, recommended therapies included exercise therapy and in some cases medications or injections.

A specific range of motion, coordination and strengthening exercises will aim to reduce your pain and swelling, help you start walking without pain, and return to work and sports as quickly as possible.

If you or someone you know has knee pain which doesn't seem to be getting better, seeing a physiotherapist for a tailored exercise program would be a great place to start.

1. Siemieniuk Reed A C, Harris Ian A, Agoritsas Thomas, Poolman Rudolf W, Brignardello-Petersen Romina, Van de Velde Stijn et al. Arthroscopic surgery for degenerative knee arthritis and meniscal tears: a clinical practice guideline BMJ 2017; 357 :j1982

<https://www.bmj.com/content/357/bmj.j1982>

Written by [Brendan Young](#)

Book with Brendan at our Langwarrin Sports Medicine Centre:
PH: 03 9789 1233

Growing Pains

What is Growth Pain?

Growing pain is a common complaint of children during their transition from childhood to adolescence. Growing pain is typically characterised by the gradual onset of vague, aching pain at the hip, knee or ankle, that is aggravated during and after physical activity. The most common cause of growth pain we see at Langwarrin Sports Medicine Centre is a condition known as Tension Apophysitis.

Tension Apophysitis is a condition caused by the pull of muscles on the bony growth plates which are active during times of growth. Tension apophysitis affects several different areas of the body at varying stages in the growth cycle, these are listed below:

Site	Common Name	Age of Onset	Fusion
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Heel	Sever's Disease	9 – 11	10 – 13
Knee	Osgood Schlatter's	10 – 12	11 – 14
Hip	–	13 – 15	16 – 18
Buttock	–	15 – 17	19 – 25

Management of Growth Pain

It is often believed that when a child is experiencing growing pains, they should rest from sports and physical activity. While these conditions will settle with rest in the short term, this will become a source of frustration for the child, and will not provide long term relief of the condition.

Growth-related pain is something physiotherapist's routinely treat with a high success rate. At Langwarrin Sports Medicine Centre, our physiotherapist's will complete a thorough assessment of your child's injury, and provide practical exercises and education to ensure you have an understanding of the condition, and what is required to achieve a positive outcome with regard to your son or daughter's pain

Written by [Alex Balnaves](#)

Book with Alex Balnaves at:

Langwarrin Sports Medicine Centre, Ph: 03 9789 1233

Or

Eramosa Physiotherapy, Ph: 03 5977 6590

Osteoarthritis of the Knee

What is Osteoarthritis of the Knee?

Osteoarthritis (OA) is a common degenerative joint disease that affects almost all the joints of the body. The knees are some of the most commonly affected joints, with many people experiencing at least a small degree of osteoarthritis over the age of 40. The disease is characterized by degradation of the cartilage that lines the surfaces of the joint, growth of osteophytes or bony spurs, pain, stiffness and swelling.

What are the symptoms of Osteoarthritis?

Stiffness in the morning that lasts less than 20 minutes and pain with movement, clicking, crepitus, swelling and a generalized reduction in joint range of motion are all common symptoms of osteoarthritis. As OA is a progressive disease,

the condition is categorized into stages to help describe symptoms and guide treatment. Early stages of OA may have only mild symptoms, however as the disease progresses, a joint replacement may be required.

What Causes Osteoarthritis?

While aging is the most significant risk factor for the development of OA, it's not an inevitable outcome of growing older. Other factors that may predict the development of OA are obesity, family history, previous joint injury, high impact sporting activities, and peripheral neuropathy. It is thought that abnormal wear and tear or stress on the joint is the primary cause of OA. It is also important to note that many people will have changes on X-Ray that show OA, however, will have no symptoms – which indicates that simply having OA is not a sentence for having pain.

What is the treatment?

Your physiotherapist is first able to help diagnosis and differentiate OA from other conditions that may have similar symptoms. An X-Ray can confirm the diagnosis and can be helpful in determining the best course of treatment to follow.

While OA is a progressive disorder, there is often a significant improvement that can be made simply by addressing lifestyle factors and any biomechanical factors that may be contributing to pain.

How can physio help with Osteoarthritis?

Your physiotherapist is able to guide you with strengthening exercises to support the joint, advice for adapting your exercise routine and can even help you to lose weight, all of

which have been shown to have a positive impact on the symptoms of OA.

If surgery is the right course for you, your physiotherapist is able to guide you through this treatment pathway, helping you to prepare and recover from surgery to get the best outcome possible.

None of the information in this newsletter is a replacement for proper medical advice. Always see a medical professional for advice on your individual injury.