Yukon Medical Association
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YUKON WORKERS' COMPENSATION HEALTH AND SAFETY BOARD

FACT SHEET

Tendonitis

What Is it?

- Inflammation and degeneration of tendon tissue resulting in pain, swelling and a creaking or squeaking sensation (crepitus).
- When there is injury to the tendon itself, with partial tearing of the fibers, tendonitis is the diagnosis.
- Tendonitis can be caused from an infection (most common in the hand), overload or inflammatory diseases such as rheumatoid arthritis.
- Chronic conditions are the result of microtrauma or "over-use" of the tendon. The over-use can be excessive pressure or workload or normal "wear and tear". This is a condition that develops over time.
- Acute or traumatic tendonitis is caused by a contusion or muscle-tendon strain.

How Is It Diagnosed?

History:

- Individuals with traumatic tendonitis may have heard or felt a 'pop' as the tendon fibers tore.
- Most individuals have symptoms that begin gradually, with increasing pain.
- Chronic tendonosis creates a group of symptoms. Most often pain during or after activity, a sensation of creaking or squeaking with motion and swelling and stiffness.
- Infective tendonitis of the hand will have pain and swelling over the top (dorsum) of the hand. There may be history of a recent bacterial infection. Individuals must be questioned about previous injuries that may not have been successfully diagnosed and rehabilitated.

What to look for:

- Swelling, warmth, tenderness and/or crepitus along the course of the tendon.
- Limited tendon excursion and pain with contraction of the muscle tendon unit should be present.
- There may be visible deformity (for example, torn biceps tendon may curl up in the arm making a ball under the skin).
- A neurovascular exam is necessary to rule out compartment syndrome and nerve injury.

Tests:

- There are no special x-rays or laboratory tests to confirm the diagnosis of tendonitis or tenosynovitis.
- The clinical exam and history are usually sufficient.
- Laboratory studies, x-ray, bone scans and compartment pressure measurement are used to rule out complications or underlying conditions.
  - Relief of pain by local anaesthetic injection into the tendon sheath supports the diagnosis.

What is the Expected Return to Work Time?

Depends on location, severity and underlying cause.

Job Classification……...	**RTW Minimum – Maximum**
Sedentary Work……..….	3 days – 14 days (calendar days)
Light Work……..….....	3 days – 21 days
Medium Work……..	7 days – 28 days
Heavy Work……....	7 days – 28 days
Very Heavy Work…….....	7 days – 35 days

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How is it Treated?

Traumatic tendonitis:

- Treated with rest, cold therapy, compressive dressing and elevation to control swelling (R.I.C.E.).
- Nonsteroidal anti-flammatory drugs (NSAIDs) are prescribed for pain and swelling. It is important to maintain muscle tendon length with gentle stretching.
- When the acute episode has passed, rehabilitation for strengthening is important to prevent re-injury.

Chronic tendonosis:

- Treated by stopping the aggravating activity, R.I.C.E. regime modified to control symptoms, NSAIDs and physical therapy modalities to control pain and swelling.
- Muscle strengthening should be included to restore normal function.

What is the Predicted Outcome?

Recovery should be expected in chronic cases, but may take six to eight months.

Traumatic tendonitis with rupture may require surgery and take longer to heal. These injuries may be left untreated as in a ruptured biceps tendon, with some residual loss of function.

Infective tendonitis in the hand can lead to loss of tendon structure, requiring surgery and an extensive recovery time. Function may be decreased. Return to sports and work must be monitored, as many individuals attempt to resume "normal" activity too soon. This often leads to a cycle of re-injuries.

What are the Work Restrictions and Accommodations?

- Restrictions include removing aggravating activities depending on tendon involved.
- This may include no lifting, carrying, twisting of the wrist or forearm and no overhead work.
- Use of protective devices such as crutches and slings my affect dexterity.

What Are the Common Prescriptions?

- Anti-inflammatories
- Local anaesthetic injection

"A safe and timely return to work benefits the patient and his or her family by enhancing recovery and reducing disability."
Canadian Medical Association