



Tendinopathy, evidence and treatment – Prof. Jill Cook

10.5, אולם השיקום הגדול, קומה 1- בניין השיקום בבי"ח איכילוב, 9:00-17:00

רח הנריאטה סולד 13 ת"א.

הסדנה פתוחה לחברי עמותה בלבד!!!

Course content:

This full day course will examine all aspects of tendon injury from the underlying pathology to the management of these conditions. At the completion of the workshop the participant will understand why tendon injuries are difficult to treat, what to tell the client with a tendon injury and will be well placed to educate other health professionals about tendinopathy. Although directed towards tendinopathy of the lower limb, this course will give the clinician the skills to treat most tendon injuries and will include both theory and practical teaching.

Learning Outcomes:

After the course, participants will:

- Understand and be able to explain the current understanding of the anatomy, pathology and physiology of tendinopathy.
- Have the capacity to assess a client presenting with tendon pain
- Understand the principles of treatment for tendinopathy and apply them to all tendons
- Recognise difficult tendons and refer them as appropriate to other providers.

Program:

9.00-10.00	Anatomy, pathology and physiology of tendons
10.30-11.30	Tendon load
11.30-12.00	Risk factors for tendinopathy
Lunch Break	
1.00-1.30	Differential diagnosis
1.30-3.00	Assessment of tendon injury (includes practical component)
3.00-5.00	Conservative management of tendinopathy (includes practical component)

עלויות:

לחבר עמותה שנרשם לכנס ליום אחד: 250 ₪.

לחבר עמותה שנרשם לכנס ליומיים: 150 ₪.

לחבר עמותה שלא נרשם לכנס: 500 ₪.

לתקנון ביטולים [לחץ כאן](#).

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In this millennium we have abandoned the inflammatory paradigm as the primary pathology in tendinopathy. Abandoning this paradigm has left sports medicine practitioners without a clear model of pathology and repair on which to base treatments. As little research has been conducted on treatments based on other models, clinicians have limited treatment options.

After abandoning inflammation, the primary model of pathology has been degeneration, however an alternative concept of a failed healing response may be more fitting. Other concepts such as compression and stress-shielding have been hypothesized, although they have little data to support them at this time.

In all these models, treatment that maintains or encourages the appropriate healing response in the tendon may be appropriate. Both surgical and conservative treatments may fulfill this role. There is now clear evidence that tendon is responsive to mechanical loading and that exercise stimulates tendon healing. Surgical intervention appears to stimulate tendon repair by initiating the triphasic response of inflammation, proliferation and repair.

The limited literature on the pathology and repair of tendon tissue may not be of critical clinical significance, as the primary clinical issue is tendon pain. Based on the response in other soft tissues, it is widely surmised that resolving acute pathology will correspondingly improve pain. This is often not so in tendon, as pain is not related to pathology either in the acute or chronic stage. Most treatments reviewed in this chapter are hypothesised to affect pathology but the goal of all clinical treatment programs is to reduce pain. As pain is the presenting feature of this condition, and outcome measures are mainly pain-based, most treatments do not measure changes in the underlying pathology of tendinopathy.

The conservative treatment recorded in the literature of tendinopathy includes combinations of rest, exercise – especially eccentric exercise, modalities including ultrasound, heat and cryotherapy, frictions, biomechanical adjustment, nutritional supplements, sclerosing injections and pharmaceutical treatment. Different conservative treatments may have a cumulative effect and investigations often include more than one aspect to the intervention as well as other activity and treatments, making it difficult to delineate the most effective part of the treatment.

The surgical management of tendinopathy traditionally follows when conservative treatment fails. Surgical treatment includes several different operative procedures and post-operative rehabilitation protocols and research that defines the best surgical option is absent. The quality of surgical intervention trials are constrained by low subject numbers, data that suggest that suboptimal outcome is common, multiple surgical techniques and the absence of a reasonable model for appropriate intervention on which to base study hypotheses.

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As the literature has shifted from an inflammatory model, studies of the treatment of patellar have focused on exercise, and most of the new studies included in this edition include an exercise-based treatment. This course will summarize the limited evidence on the effectiveness of treatments for tendinopathy.