**Article Of The Month**

**Tendon Troubles**

Tendon problems in kickboxing do not get a lot of publicity yet there are a lot of tendons in the body and many of them are prone to injury. Collectively they cause a lot of lost time for both fighters and trainers.

Hamstring tendon tears are one of the most debilitating martial arts injuries. Adductor tendon or groin tears are also devastating. Other tendon problems I commonly see from the kickboxing industry include achillies and patellar tendinitis, rotator cuff especially supraspinatus tendinitis, Iliopsoas or hip flexor tendonitis, tennis and golfers elbow, sesamoiditis and extensor tendonitis of the knuckles.

I will talk about some of the principals of management of tendon injuries in general, some of the tricks for specific tendon injuries, and the latest advances in treatment.

Tendons are made of collagen and connect a muscle to a bone. They act like ropes to transmit the force of contraction of the muscle to bend a joint and move the bone. They often become injured when they have to bend around a joint.

Tendons can become injured through repetitive overuse, a sudden strain, or by direct trauma.

**MANAGEMENT**

Rest

The first principal of management is rest. This is often difficult because it means time out from training.          The job of a good trainer or sports physician is to find alternate ways to train and keep fit while resting the injured area. Basic ideas are if you have a lower limb injury then it is time to work hands. If you have an upper limb injury then practice kicks. You can also just work with one side only. Last year I had a right supraspinatus injury that flared up every week when I spared and then settled with rest. This pattern went on for months. Eventually I was told I should have surgery. For 3 months I learnt to spar with only my left hand. I did not throw a single right. It was frustrating! I was hit a lot of times. Now my supraspinatus is as good as new and my left has improved enormously. My injury was actually good for me.

Ice

Putting ice on an injury for 20 minutes has been taught religiously in many first aid courses for a long time. It does relieve pain in the short term. It is now being questioned if it has a lasting value or may in fact delay the healing marginally. It probably is useful if it is all that is available and you do not have any other treatment options on site at the time.

Compression

I am a big fan of compression bandaging and always carry lots of “Tubigrip “ bandages to the fights. They are useful acutely to reduce swelling and also good for chronic injuries.

Elevation

This is especially important for your lower limb injuries such as Achilles to improve circulation.

Anti-Inflammatories

These often work like magic for tendon injuries. Some people are scared that they just mask the pain. This is only slightly true. They will reduce pain because they reduce swelling and therefore pressure. (There’s a fine line between pressure and pain) Reducing swelling is vital for healing many tendon injuries. Often there is a vicious cycle where swelling causes more friction and rubbing on the tendon which causes more injury. With groins and hamstrings the ache or pain of the injury often causes the muscle to tighten up so we end up injuring it recurrently. Anti-inflams can break this cycle. The thing to be careful about is not to go back to full training just because it feels a bit better. It still needs time to heal. My favorite anti-inflam is Anaprox 550.

Stretching

Stretching is especially important in the lower limb tendon injuries such as hamstring, groin, hip flexor and Achilles. It is not very useful in the upper limb. Stretching actually helps the tendon fibres align as they are healing so you end up with a stronger tendon scar and it reduces the shortening that often sets the tendon up for recurrent injuries.

Strengthening

I have been really impressed with what a difference a good rehab program makes, especially with shoulder and hamstring injuries. The people who specialize in this are exercise physiologists. They are like physios or advanced personal trainers. The good ones are covered by Medicare. There is a new scheme called care plans. If you have a chronic, recurrent injury that has been going for about 6 months, you can get a care plan to see an exercise physiologist or physio to help you with a strengthening programme and if you get a referral from your doctor it can cost you nothing. Most sports physicians work closely with exercise physiologists nowadays.

Cortisone Injections

I usually do not use cortisone at the first visit, unless the fight is only a couple of weeks away or the patient has traveled a long way to see me, or they are a professional trainer and can not afford to take time off to rest.

Cortisone often achieves dramatic improvements in only a few days. It works best when the patient can take a week off after the injury. It is strange how often I hear horror stories about cortisone hurting. This is usually not the case if it is done well. It is almost painless in the shoulder. Don’t have it in the sole of your heal!

Local Anesthetic

I often use Naropin local anesthetic before a fight for professionals. It last about 3 hours. I often use it around the knuckles. It is not good for healing. It just gets you through the fight.

PRP

Platelet Rich Plasma is a new treatment option. I use it in many situations where we used to use cortisone injections. PRP is made from your own blood. We take about 20mls from your arm and spin it in a centrifuge. We take the goodies of the top of the test tube and throw out the red blood cells. We process the plasma under a special light which activates it and makes it less painful. We then inject it into the injured area. I have had some really good results with tendons and some great results injecting into old arthritic knees.

PRP may give a benefit after one injection, more serious conditions may take three or four injections. The advantage over cortisone is that there is nothing artificial about it. You are using the body’s own healing cells to stimulate repair. The downside is that it more expensive and time consuming. At my clinic we try to get all the PRP patients to come in on Saturdays.

Surgery

Surgery is often the last resort as it is expensive and usually involves a significant amount of time off. It is sometimes necessary. This is especially the case with severe, chronic Achilles tendinitis and full thickness tears of the supraspinatus tendon of the shoulder. If you have these conditions then the sooner that you get the surgery the better because you could just be wasting time with more conservative therapy.

Stem Cells

There are many very new and exciting healing modalities which have recently become available including the use of stem cells. We can harvest your own stem cells from abdominal fat and then process them and inject them into an injured area. This again is expensive and time consuming and is only appropriate for severe injuries.

Self Medication

I am commonly hearing about fighters self medicating themselves with black market roids or substances obtained from Thailand. This sometimes does help healing. But some words of warning. The black market doses are usually sold at about 8 times the therapeutic does. At these crazy levels the side effects are much more severe. The back yarders are also generally selling androgenic hormones, such as Sustanon whereas the better drugs for healing are the anabolic. The androgenic are the worst for shutting your own system down. Many users do not realize that what goes up must come down. After using roids there is a refractory period where the body is not making any of it’s own testosterone and so it is harder to train and healing is actually slowed.

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