

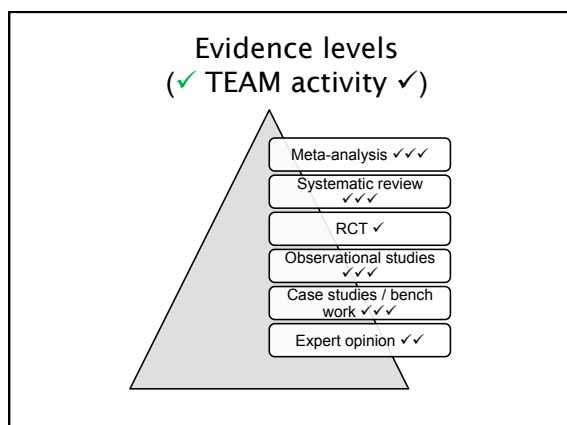
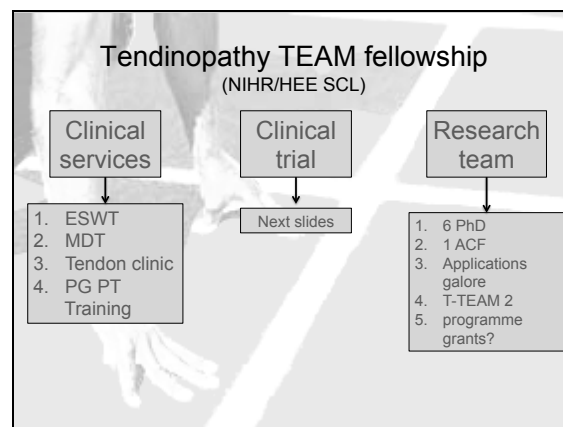
Barts and The London School of Medicine and Dentistry Barts Health NHS Trust Queen Mary University of London

## Tendinopathy TEAM-1

### An update & the (near) future



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## Best paper yet?

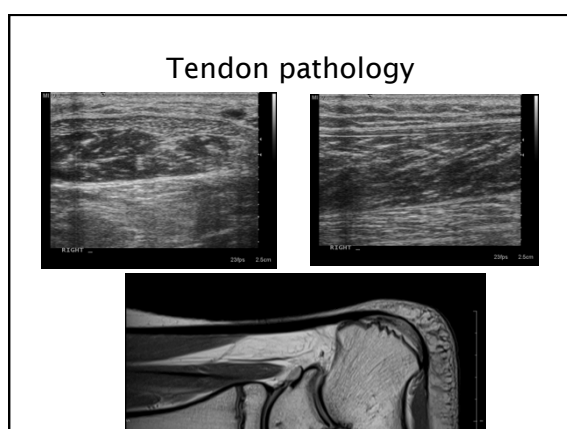
Original article

### The 'Best Practice Guide to Conservative Management of Patellofemoral Pain': incorporating level 1 evidence with expert clinical reasoning

Christian John Barton,<sup>1,2,3,4</sup> Simon Lack,<sup>1</sup> Steph Hemmings,<sup>1</sup> Saad Tufail,<sup>1</sup> Dylan Morrissey<sup>1</sup>

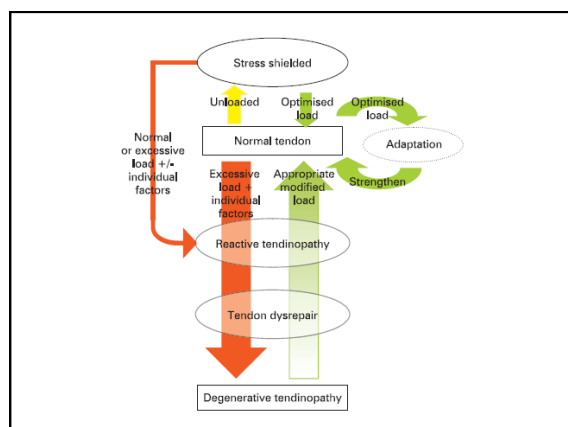
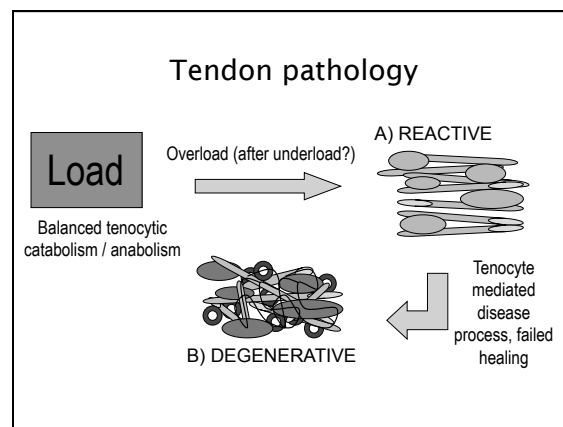
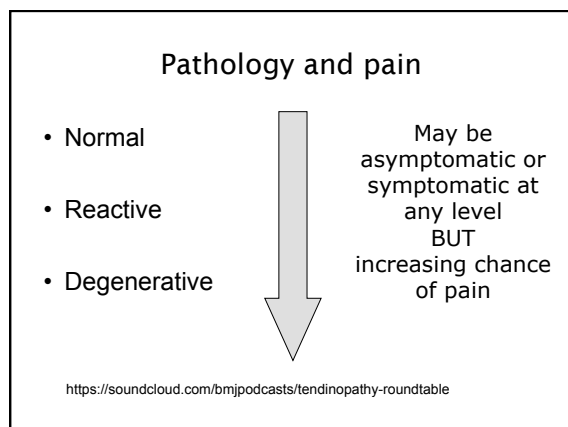
**ABSTRACT**  
**Importance** Patellofemoral pain (PFP) is both chronic and prevalent; it has complex aetiology and many conservative treatment options.  
**Objective** Develop a comprehensive contemporary guide to conservative management of PFP outlining key considerations for clinicians to follow.  
**Design** Mixed methods.  
**Results** This methodological review synthesises the best available evidence on the conservative management of PFP.

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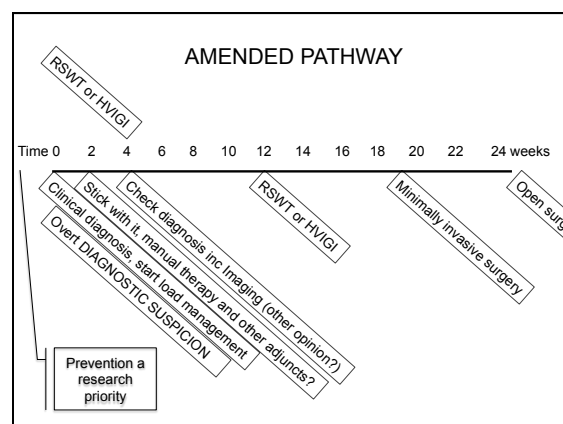


## Tendon pathology terms

- Not tendinitis IF chronic
- Tendinopathic = chronic tendon pathology
  - Failed healing/degeneration
  - Cook and Purdham model
- Nb acute on chronic
  - ~ reactive on tendinopathic
  - Reactive a little more 'itis' (Rees 2012, BJSM)



Site vs load type (3)	ISO	EL	HSR	Multi modal	ESWT
Long flexors / peroneal	(✓)	(✓)	(✓)	(✓)	
Achilles insertional	(✓)	✓	(✓)	(✓)	✓✓
Achilles mid-portion	(✓)	✓✓	✓	✓✓	✓✓
Patellar	✓	✓✓	✓✓		✓
Popliteus				(✓)	
GTPS / Glut Med	(✓)			(✓)	✓✓
Hamstring origin				✓	✓
Ilio-psoas				(✓)	
Adductor	(✓)			✓✓	



## Main intervention

*What is the most important element of your*  
SYSTEMATIC REVIEW

### Conservative Management of Midportion Achilles Tendinopathy

A Mixed Methods Study, Integrating Systematic Review and Clinical Reasoning

Victoria Reece, Stephanie Hemmings, Christian Barton, Peter Malliaras, Nicola Maffulli and Dylan Morrissey

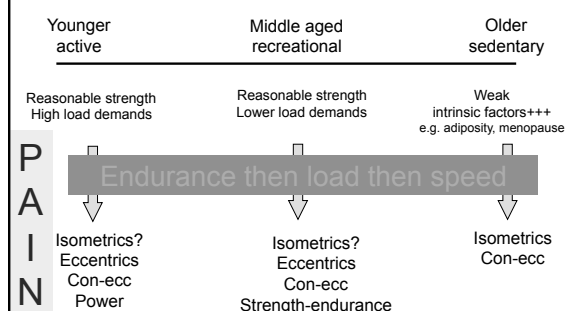
*concludes that the most important treatment modality is appropriate loading.'*

Scott A, et al. Br J Sports Med 2013;47:536–544. doi:10.1136/bjsports-2013-092329

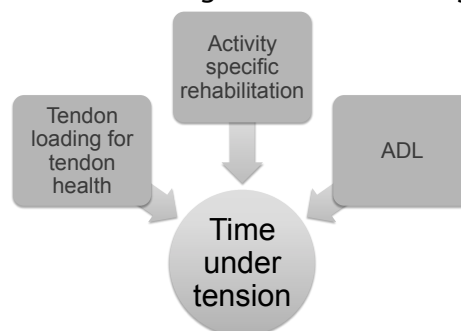
## Look up...

- K Khan – mechanotherapy / transduction
- <https://soundcloud.com/bmipodcasts/bjism-podcast-mechanotherapy>

## Tendon loading: clinical reasoning



## Tendon loading: clinical reasoning

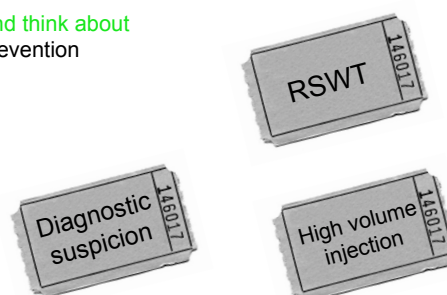


## Balancing 'tendon loading for tendon health' with activity-specific rehab and ADL

Day	Tendon healing		Other activity that loads tendon
	AM	PM	
Mon	✓	✓	Gym (core and UL)
Tue	✓	*	Train pm
Wed	✓	✓	
Thurs	✓	*	Gym with tendon load
Fri	*	✓	Train am
Sat	*	✓	Shopping +++
Sun	✓	*	train

## Top 'tickets to treatment' (tendon loading)

- And think about prevention





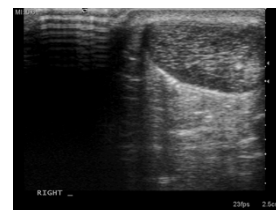
### And if loading not working? – Injection? And of what?

- Platelet-rich plasma
  - Polidocanol
  - Prolotherapy
  - Saline
- 
- no effect
  - Irritate, healing via scar
  - Several RCT's - some effect
  - 1 RCT - small effect
  - 5 Case series
- Reduces pain AND Allows loading



### HVIGI as a 'ticket to treatment' (tendon loading)

- Mechanical effects
  - Needle and manipulation
  - Injectate volume

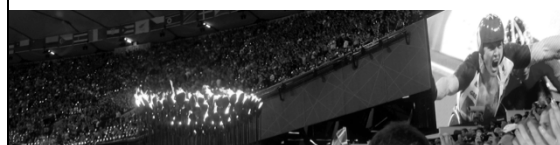


- effects
  - Beliefs
  - Placebo
  - Injectate
  - Hormonal

### In summary

- A simple inter-disciplinary care pathway
- Good evidence for success of different elements
- Developing evidence about mechanisms
- Key points
  - Progressive load management
  - Diagnostic suspicion
  - Tickets to treatment
  - Combined treatments

### How put it all together?



Dr Dylan Morrissey



It is all about teamwork

### Thank you

P-G Sports and Exercise Medicine MSc  
U-G Sports and Exercise Medicine iBSc

Treatment for difficult to help patients

18<sup>th</sup> Annual Scientific Meeting  
September 2015

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