

"Eat food. Not too much.
Mostly plants."

*May I use this column to embrace the benefits of quality fresh food?
That's what I bring to the run.
Think fresh and think fibre.*

Tendinopathy

The recent Vetrin article about tendinopathy (*page 12, December 2015 edition*) made no mention of food.

In Third World countries there is minimal tendinitis.

Plantar fasciitis, achilles tendinitis, knee & hip tendinitis, shoulder elbow & wrist tendinitis is absent! They live with minimal gout, etc, levels and eat mostly plant food.

Tendinitis hates to get better, and may continue for months, years.

John D H Bell,

Orthopaedic Surgeon

Sheehan

John also repeats some of the writings of George Sheehan.

Here's a short selection of some of his words of wisdom.

** Life is the great experiment. Each of us is an experiment of one - observer and subject - making choices, living with them, recording the effects.*

** Success rests in having the courage and endurance and, above all, the will to become the person you are, however peculiar that may be. Then you will be able to say, 'I have found my hero and he is me.'*

** Fitness has to be fun. If it is not play, there will be no fitness.
Play, you see, is the process. Fitness is merely the product.*

** There is no substitute for learning to live in our bodies. All the tests and all the machines in the world will fail if we do not first become good animals.*

** No matter how old I get, the race remains one of life's most rewarding experiences. My times become slower and slower, but the experience of the race is unchanged: each race a drama, each race a challenge, each race stretching me in one way or another, and each race telling me more about myself and others.*

** Play is where life lives.*

- * *Once you have decided that winning isn't everything, you become a winner.*
- * Everyone is an athlete. The only difference is that some of us are in training, and some are not.
- * *Treat the reason, not the result. Treat the cause, not the effect.*
- * All we need to know is the fitness equation: How fast? How far? How often?
 - * *Know how to impose stress that makes you better, how to minimize or avoid stress hostile to you.*
- * You must listen to your body. Run through annoyance and not through pain.
- * *There is no disease that needs more advice and less medicine than heart disease.*
- *Sweat cleanses from the inside. It comes from places a shower will never reach.
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Tendinopathy

by
Chris Perrey

Chris is a Musculoskeletal and Sports Physiotherapist, and past MAWA member (past Australian M35 champion over 400m and 400m hurdles).

‘Tendinopathy’ (or tendinosis/tendinitis) is the medical description of a painful or problematic tendon, and is common in Masters athletes, due to a change in the collagen (the ‘make up’ of tendon tissue) as we age. Tendon knowledge is one of the most rapidly-growing areas of research in sports medicine currently. Much of what we now know is very new!

Excess load

Tendon failure usually occurs where the load put onto the tendon exceeds the ability of that tendon to take load. This usually means one of two things.

* A normal tendon is loaded excessively (e.g. an increase in training, a change in training regime, introduction of a new component such as hill running or sprints.)

* An under-loaded tendon is loaded normally (e.g. sedentary office worker starts training for City-to-Surf.)

Tendons generally like to stay at a steady amount of load, but they will adapt to increases in load, provided it is done sensibly.

Too rapid an increase, excessive plyometric training, or consecutive trainings can become problematic.

The *type* of loading needs to be considered in addition to the overall balance of load vs capacity.

Other factors

Other factors can lead to a tendinopathy, including training surface, running style, muscle strength/control, footwear and co-morbidities (e.g. diabetes), amongst other things.

There are also a number of factors that predispose to poor tendon health, including age, genetics, smoking, fatty diet.

Your therapist will be able to work out these factors.

Unfortunately the point at which you get pain in a tendon is generally the tip of the iceberg – the changes have usually occurred long ago. Also, tendon changes can be slow to respond, and so recovery can be slow.

Control

Rehabilitation must be carefully controlled, and should be guided by a therapist who is experienced in tendon recovery. There are many therapies currently being used, which are still poorly understood, and which have mixed results. These include injections (e.g. cortisone, blood injections, PRP and prolotherapy).

Your therapist can talk you through these options as well as get you ‘on track’ with a carefully controlled, graduated loading program.

Hope

Hope is out there, as there *is* a ‘magic pill’ for tendinopathy – it is EXERCISE, mixed with good load management and treatment of the contributing factors. See an experienced physiotherapist to guide you through this challenging disorder.

*For further information or for a detailed assessment, you can contact Chris at chris@ascendphysio.com.au, or call *Ascend Physio* on 9387 2699.*

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