

Tendonitis and Bursitis

By Dr. Charles Seehorn
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Tendonitis and bursitis are inflammation or degeneration (breakdown) of the soft tissue around muscles and bones. Tendonitis often results from repetitive use. Though the problem can recur or be chronic in some people, it is most often short term, mainly if treated early. Tendonitis or bursitis often involve the shoulder, elbow, wrist, hip, knee and ankle. The pain it causes may be quite severe and often occurs suddenly. As in arthritis, the pain is worse during movement. Unlike arthritis, the pain is often in parts of the body away from a joint.

Tendons are cord-like structures located where a muscle narrows down to attach to a bone. The tendon is more fibrous and dense than the elastic, fleshy muscle. A tendon transmits the pull of the muscle to the bone to cause movement. Tendinitis is often very tender to the touch. Bursitis is inflammation of a bursa. This small sac acts as a cushion between moving structures (bones, muscles, tendons or skin). If a muscle or tendon is pulling around a corner of a bone, or over a bone, a healthy bursa protects it from fraying and stress. When a bursa is inflamed, it becomes very painful, even during rest. Tendonitis can occur from a sudden intense injury. Most often, though, it results from a repeated, minor injury of that tendon.

People with gout, pseudogout, or arthritis can often develop bursitis. Rarely, some drugs can cause tendonitis, including fluoroquinolone antibiotics.

Tenderness along the tendon or its sheath (outer covering), or at one specific point in the tendon, suggests tendonitis. Pain occurs when the muscle to which the tendon is attached is worked against resistance. Imaging and blood tests are done usually only if the problem recurs or does not go away.

Treatment depends on the cause. In overuse or injury, you must reduce the causing force or stress. Some people may need support of the involved region.

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LIVE UNITED



United Way
of Central Carolinas

Did you know?

**Arthritis Services
can provide your group
with an
Arthritis Awareness
Program
or
Osteoporosis
Screening**

Call 704/331-4878

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Please call
704/331-4878
for more information.

Immediate treatment includes **RICE: Rest, Ice, Compression and Elevation.**

Rest

You should rest the injured limb or joint, at least for a short time. Failure to rest it will most likely continue your symptoms. If the problem is in a hip, leg or foot, you may need to stop stressful weight-bearing activities for a short time to decrease inflammation.

Ice

Ice may help reduce inflammation and pain. Ice the area for 10–15 minutes once or twice a day.

Medicine

If your pain persists, you may need a nonsteroidal anti-inflammatory medication—often referred to as an NSAID—such as aspirin, ibuprofen or naproxen. Topical (applied to the skin) forms of NSAIDs are now available and may reduce pain and inflammation. Acetaminophen (Tylenol) also can help relieve pain.

Corticosteroid injections may provide benefit in tendonitis or bursitis.

Supports

Use of a cane in the opposite hand can help a painful hip. Splints or braces for the affected body part help rest and reduce stress on the body. You may need custom-made braces and referral to an occupational therapist.

For ankle tendonitis, you may need orthotics to reduce the stress at the ankle or in the foot.

An orthotic is a device that goes inside the shoe, which changes the support and the angle of the foot. This improves foot mechanics and relieves pain or pressure. They can be custom made or off the shelf.

Physical therapy

Some tendon problems do not go away despite standard treatment. If tendonitis lasts beyond a few weeks, you may need a referral to a physical therapist. The therapist can give you exercises to do that will maintain strength and function. If the tendonitis or bursitis has begun to limit joint movement, or already restricts movement, seeing a physical therapist is wise. For instance, if pain in a shoulder has gone away, but you can no longer raise your arm as high as your healthy arm, a "frozen shoulder" or other rotator cuff problems are developing. You can prevent this problem with early treatment.

Surgery

If, after a few months of treatment, tendonitis still limits an essential activity, you may want to consider an evaluation with an orthopedic surgeon.

Prevention

There are ways you can prevent these problems from occurring. These tips apply to all joints:

Before strenuous exercise, warm up and stretch. Properly train for a new activity. Slowly increase the intensity of your



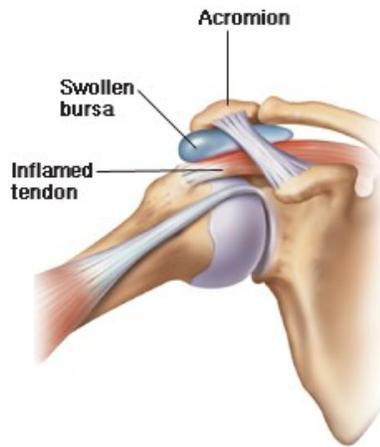
workout. Engage in exercise and sports daily or near daily rather than just on weekends. Learn and maintain proper posture and body mechanics. Make sure sports equipment is the right size and fit for you, and designed for the sport you are doing. Avoid staying in one position for too long. Take rest breaks or change positions every 20–40 minutes. Stop any activity that causes pain. Avoid compulsive behavior, like “I’m going to finish this job even if it kills me!”

What is the broader health impact of tendonitis and bursitis?

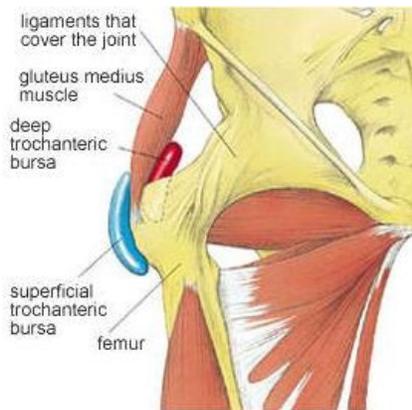
Tendonitis or bursitis in the shoulder can become a greater problem if the shoulder becomes stiff. It is important to do range of motion exercises, such as stretching, each day. This preserves movement in the shoulder joint.

Living with tendonitis or bursitis

Tendonitis or bursitis can be painful. Seek medical attention early to prevent joint stiffness and chronic problems that may follow. It also is important to rest the limb or the joint, at least until movement is free of pain. Failure to rest it most often delays full healing.



Shoulder



Knee



Demonstrating Limitations for Arthritic Impairments

By Lynn Bishop
Attorney at Law



The contents of this publication are for informational purposes only. It is strongly recommended that readers consult with their physician or other health professionals regarding individual needs.

The increase in cases of arthritis is not surprising with the aging population.

The Center for Disease Control (CDC) says that the number of people with doctor-diagnosed arthritis has climbed from roughly 46 to 50 million over the last four years. The CDC also projects that more than one in four people suffering from arthritis will suffer work limitations. This is in line with predictions based on the aging population.

In spite of promising new drug treatments, arthritis is still a major disabling condition. The disease eats away at cartilage, tissue and bone. It causes unremitting pain and can sometimes be seen in the twisted fingers and painful joints of its victims.

The Social Security Administration (SSA) regulations view some forms of arthritis as orthopedic impairments and some as autoimmune disorders. Osteoarthritis is evaluated as an orthopedic impairment by lab tests and effect on soft tissue, bones and joints. Other forms of arthritis such as the connective tissue, psoriatic and rheumatoid forms of the illness (lupus, sclerosis and scleroderma) are evaluated under the autoimmune

regulations.

Any favorable decision requires more than a simple diagnosis. The medical charts must include the usual appropriate lab tests or biopsy findings and must also document ongoing reduction in mobility and reports of pain. Remember, as in any disability claim, the focus is on function, not diagnosis.

Showing functional limitation is an integral part of proving a case. Along with detailed medical records, it is helpful to have clear statements from doctors and witnesses about limitations in use of hands, use of arms or legs and ability to sit, stand and walk. It is particularly important to note fine motor skill problems, such as inability to write or hold a pen or coffee cup.

If repetitive motion exacerbates pain, this should be noted. There is a big difference in being able to lift something once and being able to lift multiple times during a day. If a person must lie down and rest for extended periods, it is important to have this noted in the medical records.

An examination by a rheumatologist is optimal, but may not always be practical. Unfortunately, it is rare that SSA will send a claimant out for a consultative examination with



Demonstrating...

...Continued from page 4

a board-certified expert. X-rays are routinely done, but x-rays do not show soft tissue and cartilage damage and may not show bone deterioration.

Recent regulatory changes recognize the superior forms of evidence that can be provided by MRI's and CAT scans. SSA says, however, that these are "quite expensive and we will not routinely purchase them." Applicants fortunate enough to have treating physicians who will order these tests are in a better position to win claims.

Social Security disability law asks whether a person is able to do full-time work on a predictable, consistent and productive basis. Ability to work on a hit-or-miss basis is not enough. Our office will work with you to be certain all evidence is prepared and presented in the best possible way to win your case.

Lynn Bishop
Attorney at Law
Disability and Worker's
Compensation Attorney
101 N. McDowell St., Ste. 206
Charlotte, NC 28204
704-376-7461



Please don't forget about our ongoing "arthritis friendly" fitness site that is not involved with the Senior Citizen's Nutrition Program:

Wilmore Community Center
501 West Blvd.
Charlotte, NC

Tuesdays and Thursdays
9:00 am until 10:00 am

Both days are led by
Suzanne Rosen, LPT

Please contact Arthritis Services at 704/331-4878 with any questions you may have or to register for the classes.

As always, this class is offered free of charge.

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Handy Arthritis Tips

By Jennifer Watson, MPT

Fall Prevention

When your muscles, bones, and joints are affected by arthritic conditions, it can result in a loss of overall balance and posture. Here are some tips to minimize imbalance or prevent falls:

Exercise-By keeping active, you can increase your flexibility, strength, and coordination to decrease risk of falls.

Vision Checks-Ensure that you do not have any changes in your depth perception, acuity, or peripheral vision which all affect your balance.

Know Your Medications-Drug side effects/interactions can decrease mental alertness, cause dizziness or drowsiness, and produce changes in blood pressure affecting balance and walking ability.

Hazard Proof Your Home:
-Remove low lying furniture, electrical and phone cords, loose rugs and floorboards from walkways.

-Have adequate lighting in all areas of the house, including nightlights.

-Keep all your necessities within easy reach.

-Install handrails on both sides of stairs or consider a ramp to enter your home.

Use Adaptive Equipment-Fall risk can be minimized with the recommended use of walkers, canes, reachers, grab bars, elevated toilet seats, and bath seats.

Falls can have both a physical and psychological impact on people as well as lead to a loss of independent functioning. The best cure is prevention! **Think ahead with the above tips!**



Did You Know?

Arthritis Services receives funding from The Older Americans Act (OAA) Title III-D Disease Prevention and Health Promotion Services. This funding is disseminated through the Centralina Area Agency on Aging and allows us to offer these classes.



Living Healthy: Stanford University Chronic Disease Self-Management Program (CDSMP)



Living Healthy with Diabetes: Stanford University Diabetes Self-Management Program (DSMP)



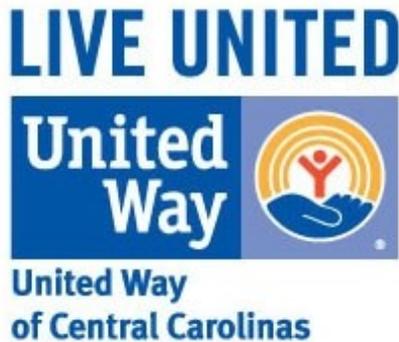
Matter of Balance Falls: Managing Concerns About Falls (MOB)



Fit and Strong



If you would like to participate in any of these classes, please contact Arthritis Services at 704-331-4878 or email jennifer@arthritisservices.org



CAP
Community Arthritis Project



Research Opportunities For:

(Listed in alphabetical order by site.)

Arthritis & Osteoporosis Consultants of the Carolinas

Allyson Eakin, 704-342-0252 ext.225

Call for information on clinical research trials for **Rheumatoid Arthritis** and/or **Osteoporosis** with **Cardiovascular Risk Factors, OSKIRA2** for RA patients who have taken DMARDs for at least 6 months and **stopped a biologic drug** due to lack of insurance or financial means to pay for biologic treatment, and **RA** patients on a stable dose of DMARDs for 8 weeks but **NO previous biologics**.

Box Arthritis & Rheumatology of the Carolinas

Jennifer Ponder or Laura Crawford, 704-541-9092 ext. 211

Call for information on clinical research trials for **Rheumatoid Arthritis, Gout, Lupus** and **Psoriatic Arthritis**.

Carolina Bone & Joint

Lisa Ward, 704-541-3055 ext.127 for Pineville office and ext.326 for Monroe office. Call for information on research opportunities for **Rheumatoid Arthritis, Osteoarthritis, Lupus, Gout, Anemia, Fibromyalgia, Psoriatic Arthritis, Osteoporosis** and **pain management**.

Carolina Center for Rheumatology & Arthritis Care

Call 704-366-3001 for clinical research studies for **Fibromyalgia, Lupus, Gout, Gout with Cardiovascular Disease** and **Rheumatoid Arthritis**. Study sites convenient to Charlotte and up-state South Carolina.

Joint & Muscle Medical Care Clinic

Vanica Pharoah, 704-377-1216

Call for research opportunities for **Rheumatoid Arthritis**.

Metrolina Medical Research

Call 704-527-6672 for research opportunities for **Osteoarthritis** and/or **Rheumatoid Arthritis** with **Cardiovascular Risk Factors**. Check their website for a listing of all current studies: www.pmg-research.com/metrolina

Thurston Arthritis Research Center, University of North Carolina

Diane Bresch, 919-966-0545 or Brenda Meier, RN at 919-843-6619

Call for research opportunities for **Rheumatoid Arthritis, Osteoarthritis** and **Lupus**.

Arthritis Services
500 East Morehead St., Suite 320
Charlotte, NC 28202

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Local Opportunities

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Charlotte NC 28202
704/331-4878 Phone, 704/358-8562 Fax
email: help@arthritisservices.org
www.arthritisservices.org



Support Opportunities

Fibromyalgia / Chronic Pain Support Group

Offers support/education for people with FM. Meets the third Wednesday of the month at 1:00 pm at Arthritis Services office. Pre-registration required - **call 704/331-4878**.

New Support Group - Spill Your Beans

A support group for young women with disabilities ages 16 and up. Meetings are held once a month at Caribou Coffee on Park Rd. Covered topics include safety, relationships, health and beauty, and more. For more information, contact: Ariel Kliem, Therapeutic Recreation Specialist, at 704/432-4327 or email Ariel.Kliem@MecklenburgCountyNC.gov

Individual Counseling

Call 704/331-4878 for more information or an appointment.

Educational Opportunities, Information and Referral Services

Arthritis Nurse Consultation

Health Professionals available to meet with you individually or upon request to speak for community groups about arthritis, Fibromyalgia and osteoporosis.

Osteoporosis Screening & Education

Available by appointment. Also provided to community groups upon request.

Community Arthritis Project (CAP)

Comprehensive Arthritis Management /Exercise Program offered at Mecklenburg County Senior Nutrition sites. Call to see if the CAP is coming to your area.

Exercise Opportunities -

Functional Fitness Classes

Taught by a physical therapist for those 55 and older, all fitness levels welcome.

WEST - Wilmore Community Center, 501 West Blvd., Tuesdays and Thursdays, 9:00 'til 10:00am

Charlotte Mecklenburg Senior Centers offer arthritis exercise classes. Please call them at 704/522-6222 for more information.