

Tendinitis Massage Treatment

Acute

Positioning depends on the location of the tendinitis and the clients comfort

Hydro – Cold, ice pack or a gel pack to the affected tendon

Treat compensatory structures – effleurage and petrissage, muscle stripping and trigger points

Lymphatic drainage on the affected area

Effleurage and petrissage to proximal limb

Trigger points referring into the lesion site are addressed with muscle Stripping

Hypertonicity is decreased in the antagonists of the affected muscle using segmental petrissage instead of techniques that flush circulation through the area

Hypertonicity in the affected muscles is treated with GTO on the unaffected tendon of the affected muscle

Vibrations can be performed

Muscle squeezing and stroking are used on distal limb

Pain free PR ROM is used on the proximal and affected joints

Gentle joint play is used on hypomobile joints

Chronic

Position – is chosen for comfort and for accessibility of the structures that are treated

Hydro – Deep moist heat proximal to and on the site itself to soften adhesions

Treat compensatory structures – Effleurage and petrissage, muscle stripping and trigger points

Assess fascia

Fascial techniques such as crossed hands, ulnar border spreading or skin rolling over the lesion site are indicated

The proximal limb is treated with effleurage, petrissage and trigger point work to reduce hypertonicity and trigger points.

Hypertonicity is decreased in the antagonists of the affected muscle
Using skin rolling, long effleurage and petrissage techniques to increase local circulation.

The affected muscle is then worked in a similar fashion working towards the lesion site

Isolate the affected tendon. The client then isometrically contracts the affected muscle helping to accurately locate the tender lesion site in the tendon.

Skin rolling, fascial spreading and repetitive muscle stripping are used over the lesion site to break down as many adhesions as possible before frictions are used

Frictions are applied across the tendon over the tendon adhesions.

Stretch for 30 seconds or more and ice for up to 5 minutes

The distal limb is treated with effleurage and petrissage then the entire limb is also finished with effleurage.

Joint play on hypomobile joints if necessary. Passive relaxed ROM is used on affected joint