CONDITION

Tendinitis

Tendinitis is irritation and inflammation of a tendon that causes pain during movement or activity.

WHAT IT IS
Painful irritation or inflammation of a tendon

BODY SYSTEM
Muscles, tendons and joints

MAIN SYMPTOMS
Activity-related pain, tenderness, stiffness, mild swelling

WHAT CAUSES IT
Repetitive overload or sudden injury

HOW IT IS DIAGNOSED
History and physical examination; imaging when needed

MAIN TREATMENT
Activity changes, pain relief and rehabilitation exercises

CAN IT BE CURED?
Sometimes - many cases settle with rehabilitation

IS IT AN EMERGENCY?
Sometimes - sudden pop with loss of function

LONG-TERM OUTLOOK
Most improve, but persistent or recurring pain can occur

Overview

Tendons are strong bands of tissue that connect muscles to bones. They transfer the force made by a muscle, allowing a joint to move.

Tendinitis means that a tendon is irritated or inflamed. It often develops when a tendon is exposed to more force or repetition than it can currently handle. A sudden injury can also cause it.

Common sites include the shoulder, elbow, wrist, thumb, knee and Achilles tendon at the back of the ankle. The pain is usually most noticeable when you use the affected muscle or put weight through the tendon.

The word "tendinitis" is often used for many types of tendon pain. However, pain that has

lasted for several weeks or months may involve changes within the tendon rather than ongoing inflammation. Clinicians may call this tendinopathy . Tendinosis is another term for longer-term changes in tendon structure. These terms overlap, and treatment often focuses on gradually rebuilding the tendon's ability to handle activity.[1,2]

Tendinitis is not usually dangerous, but it can interfere with work, exercise, sleep and everyday movement. Continuing to overload a painful tendon may make recovery take longer.

Symptoms

Symptoms usually occur around one tendon rather than throughout an entire limb. They may begin after a change in exercise, work, equipment or daily activity.

Common symptoms include:

Pain may improve as you warm up, then return later in the activity or afterwards. As the problem becomes more persistent, it may start earlier during activity or affect ordinary tasks.

The exact pattern reflects the tendon involved. Achilles tendinitis may hurt during walking, running or climbing stairs. Shoulder tendon pain may make reaching overhead or lying on that side uncomfortable. Elbow tendon pain may be triggered by gripping, lifting or twisting.

A sudden pop, bruising and immediate loss of strength may mean that the tendon has partly or completely torn. That is different from uncomplicated tendinitis and needs prompt assessment.

- Pain during or after movement
- Tenderness when the tendon is pressed
- Stiffness, especially after rest or on waking
- Mild swelling or thickening around the tendon
- Reduced strength because movement hurts
- A grating or crackling feeling in some affected tendons

Causes and risk factors

Tendinitis often develops when the demand placed on a tendon increases faster than the tendon can adapt. This can happen after starting a new activity, increasing training, returning after a break or doing repeated work without enough recovery.

Possible contributors include:

Some medicines are associated with tendon injury, particularly certain antibiotics like amoxicillin or doxycycline called fluoroquinolones. Steroid medicines may also affect tendon strength in some circumstances. Do not stop a prescribed medicine on your own. If tendon pain begins while taking a medicine, contact the prescriber or a pharmacist for advice.

Sometimes there is no single clear cause. Several small changes in activity, recovery and tendon health may be involved.

- Repeated lifting, gripping, jumping, throwing or running
- A sudden increase in activity intensity, frequency or duration
- Poorly fitted equipment or a change in footwear or playing surface
- Movement technique that places extra stress on one tendon
- Reduced muscle strength or joint movement
- A direct injury or unusually forceful movement
- Older age, because tendons become less adaptable over time
- Certain health conditions, including diabetes and inflammatory arthritis

Diagnosis

Tendinitis is usually diagnosed from your symptoms and a physical examination. A clinician may ask when the pain started, what activities bring it on, and whether your workload or exercise recently changed.

During the examination, they may check tenderness, swelling, joint movement, muscle strength and pain during specific movements. They will also look for signs of a tear, joint problem, nerve irritation or another cause of pain.

Scans are not needed for every case. An ultrasound or MRI scan may be considered if the diagnosis is uncertain, symptoms do not improve as expected, or a tendon tear is suspected. Imaging can show tendon thickening, fluid or structural changes.

Scan findings must be interpreted alongside your symptoms. Some people have tendon changes on a scan without pain, so an abnormal image does not always explain how much discomfort or disability you have.[2]

An X-ray does not show most tendon tissue. It may still be useful when a bone or joint problem, calcium deposit or previous injury is being considered.

Treatment and management

Treatment aims to reduce pain while gradually restoring the tendon's strength and ability to handle movement. Complete rest is rarely the long-term answer. Too much rest can reduce muscle and tendon capacity, while pushing through significant pain can keep the tendon overloaded.

Early management may include:

Pain-relieving medicines may help for a short time. These include paracetamol, also called acetaminophen, and non-steroidal anti-inflammatory drugs such as ibuprofen.
Anti-inflammatory medicines are not suitable for everyone and may cause stomach, kidney or cardiovascular problems. A pharmacist or clinician can help you check whether they are appropriate for you.

A structured exercise programme is a main part of treatment, especially when pain has persisted. Exercises may focus on slowly loading the tendon, strengthening nearby muscles and improving movement. The best programme differs by tendon and by the stage of recovery. A physiotherapist can help select exercises and adjust the load.

Some people benefit from a temporary brace, strap, splint, heel lift or other support. These may reduce stress during selected activities, but they do not replace rehabilitation.

Steroid injections can provide short-term relief for some tendon problems, but the benefit may not last. Repeated injections in or around certain tendons can weaken tissue and may increase the risk of rupture. Injection decisions should take account of the tendon involved and other treatment options.[3]

Evidence for platelet-rich plasma and similar injections is mixed, and results differ between tendon sites. Surgery is uncommon. It may be considered for a confirmed tear or severe symptoms that continue despite an extended course of appropriate rehabilitation.

- Reducing or changing activities that clearly increase pain
- Using ice or a cold pack for short periods if it feels helpful
- Choosing lower-impact movement while the tendon settles
- Gradually returning to normal activity rather than stopping indefinitely
- Adjusting work, sport technique, footwear or equipment when relevant

Complications

The most common complication is persistent or recurring pain. This may limit exercise, work or

everyday activities and can lead to reduced muscle strength.

A weakened tendon can sometimes partly or completely rupture. This is more likely after a sudden forceful movement and in tendons already affected by structural changes.

Long periods of avoiding movement may contribute to joint stiffness, muscle loss and reduced confidence in using the limb. A gradual, guided return to activity can help reduce these effects.

Pain around a tendon can also have another cause, such as arthritis, a fracture, bursitis, infection or nerve irritation. Reassessment is important if the symptoms change or do not follow the expected pattern.

Prevention

Not every case of tendinitis can be prevented. Age-related tendon changes, health conditions, medicines and unexpected injuries cannot always be avoided.

You may be able to reduce the risk by building activity gradually. Avoid making several large changes at once, such as increasing distance, speed and frequency in the same week.

Regular strength training can help tendons and muscles handle everyday or sporting loads. Technique, equipment, footwear and recovery time also matter when an activity is highly repetitive.

Warm-up may help you prepare for demanding movement, but stretching alone does not guarantee prevention. If a tendon starts to hurt, an early reduction in the activity that triggered it may prevent a short-term problem from becoming persistent.

Living with it and what to expect

Recovery time differs according to the tendon involved, how long symptoms have been present and how much load the tendon faces. A mild, recent episode may settle within weeks. Longer-standing tendinopathy often improves over several months rather than days.

Progress is not always steady. Pain may temporarily increase after a new exercise, a busy workday or a return to sport. A mild increase that settles may be part of adapting to greater load. Sharp pain, increasing swelling or a continuing loss of function suggests that the activity level needs review.

Most people can remain active by changing the type, intensity or duration of movement. Rehabilitation usually becomes more demanding as strength improves. Returning to full sport or heavy work too quickly can trigger another flare.

Some tendon thickening may remain even after pain and function improve. Treatment does not need to make a scan look normal for you to regain useful movement. A smaller group of people develop recurring or long-term symptoms and need ongoing load management.

When to get medical help

Arrange a routine appointment if the pain:

Seek urgent medical assessment if you hear or feel a sudden pop and then cannot use the limb normally. Sudden bruising, a visible gap in a tendon, loss of push-off when walking or inability to raise an arm may indicate a tear.

Urgent assessment is also appropriate for rapidly increasing redness, warmth and swelling, especially with fever or feeling unwell. Infection around a tendon is uncommon, but it needs prompt treatment.

Go to emergency care after a major injury if the limb looks deformed, the pain is severe, or the hand or foot becomes pale, cold or numb. Call emergency services for chest pain or difficulty breathing, including when these occur with new one-sided calf swelling.

- Is not improving after a period of activity changes and self-care
- Keeps returning when you resume normal activity
- Is affecting sleep, work, walking or daily tasks
- Is associated with ongoing weakness or restricted movement
- Began after starting a new medicine

Common questions

How long does tendinitis take to heal?

A recent, mild case may improve within several weeks. Symptoms that have lasted for months often need a longer rehabilitation period. The affected tendon, activity demands and consistency of graded exercise all influence recovery.

Should I keep exercising with tendinitis?

You may not need to stop all activity. Reducing movements that clearly worsen pain while maintaining comfortable activity is often more useful than complete rest. A physiotherapist can help set a safe level of tendon loading.

What is the difference between tendinitis and tendinopathy?

Tendinitis refers to tendon irritation or inflammation. Tendinopathy is a broader term for tendon pain and reduced function, including longer-term structural changes. Persistent tendon pain is not always caused mainly by inflammation.

Should I stretch a painful tendon?

Gentle stretching may help if nearby muscles or joints are stiff, but it is not suitable for every tendon problem. Forceful stretching can increase compression and pain in some tendons. Strengthening and controlled loading are usually more important for long-term recovery.

Is heat or ice better for tendinitis?

Either may provide temporary comfort. Ice is often preferred after an activity or for a recent injury, while heat may ease stiffness. Neither method repairs the tendon by itself, and extreme temperatures should not be applied directly to the skin.

Can tendinitis heal without treatment?

Some mild cases improve after the triggering activity is reduced. Persistent pain often needs a planned return to loading and strengthening. Assessment is useful if symptoms are worsening, recurring or limiting normal function.

Sources

- National Health Service. Tendonitis . NHS health information.
- Millar NL, Silbernagel KG, Thorborg K, et al. Tendinopathy . Nature Reviews Disease Primers . 2021;7:1.
- Coombes BK, Bisset L, Vicenzino B. Efficacy and safety of corticosteroid injections and other injections for management of tendinopathy: a systematic review of randomised controlled trials . The Lancet . 2010;376(9754):1751-1767.
- American Academy of Orthopaedic Surgeons. Achilles Tendinitis . OrthoInfo.
- de Vos RJ, van der Vlist AC, Zwerver J, et al. Dutch multidisciplinary guideline on Achilles tendinopathy . British Journal of Sports Medicine . 2021;55:1125-1134.
- American College of Radiology. ACR Appropriateness Criteria: Chronic Shoulder Pain . Revised 2022.