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# Ten Ways To Stop The Pain Of Tendonosis Without Surgery Or Steroids: The Definitive Guide for Sufferers

*by*  
David Wilson

**TEN WAYS TO**

**STOP THE PAIN**

**OF**

**TENDINOSIS**

WITHOUT SURGERY OR STEROIDS  
(THE DEFINITIVE GUIDE FOR SUFFERERS)

DAVID WILSON D.O. MLCSP. FRSPH.



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## **Synopsis**

One of a hugely popular series of short, clear, straight-forward, no-bullshit guides to soft tissue conditions and joint problems by one of the world's most highly experienced consultants in manual and physical medicine. These are self-help guides for sufferers designed to make dealing with your condition much quicker, easier and cheaper. David Wilson has already been hugely successful in speeding recovery and dramatically cutting the number of surgeries in his patients. LET HIM HELP YOU. Take advantage of a lifetime's knowledge and experience. Read his advice and follow his clinically-proven methods to get rid of pain fast and without surgery. Read this book and take your life back! In this book: A detailed explanation of what the condition is. A description of what it's not. A compilation of treatment methods which are known to work. A brief description of David's own highly successful clinical strategy which has been proven to be effective again and again.

## Look inside the book

DEDICATION: TO MY PEERLESS WIFE, ANN, WHOSE LOVE AND COMMITMENT ARE AN EXAMPLE TO ALL CONTENTS About the Author Page  
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51 Disclaimer 52 Books in This  
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qualified as an osteopath in 1991 and is a highly experienced practitioner of manual medicine. Since then, he has gained qualifications in many other types of therapy and has run several busy clinical and consultancy practices in osteopathy, manipulative therapy, manual medicine, remedial and therapeutic massage therapy and trigger point therapy as well as diet and exercise advice. He has been a member of the Law Society's Register of Expert Witnesses and the Sussex Police osteopath. He has also taught at CPD level. David Wilson is a Fellow of the Royal Society for Public Health and a member of the London and Counties Society of Physiologists. He has also become one of the UK's leading chefs and restaurateurs, his restaurant, "Creelers of Skye" being listed with a 2 in the Which Good Food Guide. He specialises in French cuisine. David has written many other basic self-help books on soft-tissue syndromes, arthritis, joint and limb pain, RSI, diet and exercise which are available on all E-book platforms.

ABOUT THIS BOOK This book is a CLEAR, SIMPLE, SHORT MANUAL on how to get rid of the pain from your tendinosis without resorting to dubious surgery or useless corticosteroid injections. It is NOT an orthopaedics textbook. There are HUNDREDS of causes of soft tissue and joint pain and you cannot be expected to differentially diagnose between them all, so SEE YOUR DOCTOR! See him or her for three reasons: 1) To make sure your symptoms are not something OTHER than tendinosis that is more serious, dangerous or life-threatening. 2) To make sure it's not one of the conditions listed in the chapter, "What It's Not" which require DIFFERENT treatments. Treating tendinosis with methods intended for a different condition may well make it much worse. 3) To obtain a diagnosis of tendinosis so that the treatments described in this book can be safely applied (as well as to put your mind at rest). When you receive a diagnosis of tendinosis from your doctor, unless he or she is above average, it will come along with advice to rest it, ice it, compress it and elevate it, along with using NSAID's (non-steroidal anti-inflammatory drugs) in gel or tablet form, such as Ibuprofen, Ibugel or Naproxen. There may also be advice about the ergonomics of your workplace and a mention of corticosteroid injections or surgery if it doesn't clear up. Some of this advice is good. Some is bad. Tendinosis is a chronic condition involving collagenous or scar-like tissue which tends to thicken and shorten a tendon, NOT an acute, inflammatory process involving swelling and inflammation. Rest is good. Ice is only good immediately after use or exercise. Compression and support DURING USE is good. When applied during rest it will only weaken that joint and its muscles. Elevation is useless and pointless as are NSAID's (except as analgesics) as there is NO INFLAMMATORY PROCESS taking place. Ergonomic advice is always good. So take the good advice – it really works – and ditch the bad stuff. You will probably also be told about the possibilities of steroid injections and surgery, should your tendinosis not respond to conservative treatment. Be aware. Surgery is an ABSOLUTE LAST

RESORT and tends not to be all that successful. Corticosteroids are primarily intended to treat inflammation and therefore have NO PLACE in tendinosis, which is NOT an inflammatory condition. So far so good but these are not the only means to treat your tendinosis. You have MANY other options before thinking about surgery and those are what this book is about. Make no mistake, you CAN get rid of your tendinosis pain. I've seen thousands of cases in my professional life and, with a mixed (and sometimes complex) treatment regime, I have successfully resolved nearly 90% of them. My listing and description of treatments over the following pages may seem short and simplistic but it's MEANT to be and that's why this book was so difficult to write. The problem was not how much to INCLUDE but how much to EXCLUDE. It's meant to be clear, simple and easy to follow. You really CAN look forward to a future free of tendinosis pain!

### CHAPTER ONE WHAT IS TENDINOSIS?

A tendon is the more collagenous, rope-like end of a skeletal (striated or voluntary) muscle which attaches the muscle to bone. It is the anchor for the muscle and it exists in a tight-fitting, fibrous bag or sleeve filled with fluid. This sleeve is called the synovial sheath and the fluid synovial fluid or synovium and it's exactly the same as the fluid around your joints. Its job is to lubricate the tendon. Every time you move a joint, you contract a muscle and every time you do that, the muscle's tendon slides through its sheath lubricated by the synovial fluid. Every time you contract a muscle, some strain is put on its tendon and too forceful a contraction can put too much stress on the tendon, injuring it. The extreme example of this would be a partially or completely ruptured tendon. But tendon injuries run along a spectrum that is not simply black and white but many, many shades of grey. Tendons can be over-strained or injured without any overt rupture. They can also be subject to multiple micro-tears through overuse or repetitive use. The point is, any injury to any part of the body triggers the body's one-size-fits-all healing response – the INFLAMMATORY RESPONSE. When a tendon becomes inflamed, we call it tendinitis. Of course, there are other causes of inflammation, such as infectious disease and inflammatory disease. The most common cause of tendinitis is repeated micro-trauma (even more common than sports injuries). Hence, tendinitis is often lumped in with the various conditions called RSI or Repetitive Strain Injury but it is a definite disorder of a discrete structure in the body and can therefore be targeted for treatment very specifically. True RSI is far less clear and distinct and it is not at all well understood. It is also more difficult and complex to treat. And it is NOT inflammatory.

### THE INFLAMMATORY RESPONSE.

This is the body's one-size-fits-all response to injury, whether that injury is blunt-trauma, sharp-trauma, repeated micro-trauma, wear and tear, bacterial invasion, chemical invasion or anything else. It is recognised by three things: 1) HEAT from the extra blood the body pumps to the site of injury. 2) REDNESS from the extra arterial blood in the area and dilation of arterioles to increase nutrition and delivery of white cells. 3) SWELLING from an increase in interstitial fluid and white cells left behind in the area to speed the breakdown and removal of waste and by-products. My point is that inflammation is a RESPONSE TO INJURY and therefore the FIRST thing that happens when an injury occurs. Inflammation and hence tendinitis is an ACUTE condition which will not be helped by any treatment which causes MORE inflammation (as some are designed to do). What I have just described is TENDINITIS and the process that causes it. Tendinitis is the ACUTE phase of tendonopathy, tendinosis is the CHRONIC phase. After the inflammation dies down, your tendon is left with a build-up of collagen and other scar-tissue-type fibres in and around the site of inflammation. This can do four things: 1) It can SHORTEN the tendon, causing some pain and putting excess strain on the relevant joint, possibly causing some deformity or abnormal resting position of the joint. 2) It can THICKEN the tendon, causing some pain and possibly extra rubbing on the tendon sheath which may, in

turn, cause tenosynovitis.3) It can make the tendon more BRITTLE, leading to increased likelihood of rupture.4) It can lead to RSI manifesting as pain around the tendon or in the joint. There are three stages to the body's healing process:1) INFLAMMATION.Described above.This happens over days to weeks.2) PROLIFERATION.

So far so good but these are not the only means to treat your tendinosis. You have MANY other options before thinking about surgery and those are what this book is about.Make no mistake, you CAN get rid of your tendinosis pain. I've seen thousands of cases in my professional life and, with a mixed (and sometimes complex) treatment regime, I have successfully resolved nearly 90% of them.My listing and description of treatments over the following pages may seem short and simplistic but it's MEANT to be and that's why this book was so difficult to write.The problem was not how much to INCLUDE but how much to EXCLUDE.It's meant to be clear, simple and easy to follow.You really CAN look forward to a future free of tendinosis pain! CHAPTER ONE WHAT IS TENDINOSIS? A tendon is the more collagenous, rope-like end of a skeletal (striated or voluntary) muscle which attaches the muscle to bone. It is the anchor for the muscle and it exists in a tight-fitting, fibrous bag or sleeve filled with fluid.This sleeve is called the synovial sheath and the fluid synovial fluid or synovium and it's exactly the same as the fluid around your joints. Its job is to lubricate the tendon.Every time you move a joint, you contract a muscle and every time you do that, the muscle's tendon slides through its sheath lubricated by the synovial fluid.Every time you contract a muscle, some strain is put on its tendon and too forceful a contraction can put too much stress on the tendon, injuring it. The extreme example of this would be a partially or completely ruptured tendon.But tendon injuries run along a spectrum that is not simply black and white but many, many shades of grey.Tendons can be over-strained or injured without any overt rupture. They can also be subject to multiple micro-tears through overuse or repetitive use.The point is, any injury to any part of the body triggers the body's one-size-fits-all healing response – the INFLAMMATORY RESPONSE.When a tendon becomes inflamed, we call it tendinitis.Of course, there are other causes of inflammation, such as infectious disease and inflammatory disease.The most common cause of tendinitis is repeated micro-trauma (even more common than sports injuries). Hence, tendinitis is often lumped in with the various conditions called RSI or Repetitive Strain Injury but it is a definite disorder of a discrete structure in the body and can therefore be targeted for treatment very specifically.True RSI is far less clear and distinct and it is not at all well understood. It is also more difficult and complex to treat. And it is NOT inflammatory.THE INFLAMMATORY RESPONSE.This is the body's one-size-fits-all response to injury, whether that injury is blunt-trauma, sharp-trauma, repeated micro-trauma, wear and tear, bacterial invasion, chemical invasion or anything else.It is recognised by three things:1) HEAT from the extra blood the body pumps to the site of injury.2) REDNESS from the extra arterial blood in the area and dilation of arterioles to increase nutrition and delivery of white cells.3) SWELLING from an increase in interstitial fluid and white cells left behind in the area to speed the breakdown and removal of waste and by-products.My point is that inflammation is a RESPONSE TO INJURY and therefore the FIRST thing that happens when an injury occurs.Inflammation and hence tendinitis is an ACUTE condition which will not be helped by any treatment which causes MORE inflammation (as some are designed to do).What I have just described is TENDINITIS and the process that causes it.Tendinitis is the ACUTE phase of tendonopathy, tendinosis is the CHRONIC phase.After the inflammation dies down, your tendon is left with a build-up of collagen and other scar-tissue-type fibres in and around the site of inflammation.This can do four things:1) It can SHORTEN the tendon, causing some pain

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