

Natural Relief for Tendinitis After 60

A Practical, Evidence-Based Guide with Exercises, Anti-Inflammatory Recipes and a 12-Week Plan

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How to Use This Book

Tendon pain is one of the most common reasons people over 60 slow down. It can turn a daily walk, a round of golf, gardening or simply lifting a grandchild into something you dread. The good news is that tendons respond very well to the right kind of care — even later in life. The bad news is that the most common instinct, resting completely and waiting for the pain to go away, is usually not enough.

This book brings together what current research and clinical practice say about helping tendons heal naturally: the right exercise, sensible nutrition, a few well-studied herbs and supplements, and everyday habits that take pressure off the injured area. It ends with a simple **12-week plan** that puts everything together, week by week.

How to read it. If you are in pain right now, read Chapter 3 (When to See a Doctor) and Chapter 4 (Calming a Flare-Up) first. Then read Chapters 8 and 9 on exercise — they are the heart of the book. The chapters on food and supplements support the exercise work; they do not replace it.

A word about safety. This book is for education. It does not diagnose or treat any individual. Tendon pain can be confused with other problems — arthritis, nerve irritation, a partial tear, a fracture — and some medicines common after 60 affect tendons. Please talk with your doctor or a physical therapist before starting

a new exercise program or supplement, especially if you take blood thinners, diabetes medication or several prescriptions.

What “natural” means here. Natural does not mean “anything goes”. It means using your body’s own repair systems — mainly through movement and nutrition — and choosing remedies with a reasonable safety record. Where the evidence is strong, we say so. Where it is weak or mixed, we say that too.

1. Understanding Tendinitis

What a tendon is

A tendon is the tough, rope-like tissue that connects a muscle to a bone. When the muscle contracts, the tendon transmits that force and moves the joint. Tendons are made mostly of collagen — long protein fibres packed in parallel, like the strands of a rope — plus water and a small number of cells (called tenocytes) that maintain and repair the tissue.

Tendons are strong, but they have a relatively poor blood supply compared with muscle. That is one reason they heal slowly: weeks and months, not days.

Tendinitis or tendinopathy?

“Tendinitis” literally means an inflamed tendon. Doctors now often use the broader word **tendinopathy**, because in many long-lasting cases the main problem is not classic inflammation but a tendon whose structure has become disorganised after being overloaded for too long. In this book we use the familiar word “tendinitis” for all tendon pain, but the difference matters for treatment:

- **Early or “reactive” tendon pain** often starts after a sudden increase in activity — a long walk on holiday, a weekend of painting the house, a new exercise class. It responds well to

reducing the load for a while and then building it back gradually.

- **Long-standing tendon pain** (months or years) usually needs a structured, progressive strengthening program. Rest alone rarely fixes it, because the tendon needs load to rebuild its fibres.

Researchers describe this as a *continuum*: a tendon can move from reactive, to struggling to repair, to degenerative — and, with the right management, back toward health.

Why tendons become painful

Most tendon problems are about **load** — how much, how often, and how suddenly a tendon is asked to work. Common triggers include:

- A sudden increase in activity (new hobby, more walking, a trip, moving house).
- Repeating the same motion many times (gardening, typing, gripping tools, playing tennis or golf).
- Returning to activity too quickly after a period of rest or illness.
- Compression of the tendon against bone in certain positions (for example, lying on the side of a painful hip or shoulder).

Other factors make tendons more vulnerable: age-related changes (Chapter 2), excess body weight, diabetes, high cholesterol, smoking, inactivity, and certain medicines (Chapter 3).

Common types after 60

Achilles tendinitis — pain at the back of the heel or a few centimetres above it, often stiff first thing in the morning and when you start walking.

Rotator cuff tendinitis (shoulder) — aching on the outside of the upper arm, worse when lifting the arm, reaching behind you or lying on that side at night.

Patellar tendinitis (knee) — pain just below the kneecap, worse with stairs, squatting or getting up from a low chair.

Tennis elbow (lateral elbow) — pain on the outside of the elbow when gripping, lifting a kettle or turning a jar lid.

Golfer's elbow (medial elbow) — similar pain on the inside of the elbow.

Gluteal tendinopathy (outer hip) — pain on the side of the hip, worse lying on that side, climbing stairs or standing on one leg. It is very common in women over 50 and is often mislabelled as “bursitis”.

De Quervain's tendinitis (thumb side of the wrist) — pain when gripping or lifting with the thumb, common in people who care for small children or use tools a lot.

How tendon pain usually behaves

Tendon pain has a typical pattern that helps you track it:

- It is often **worse at the start** of activity, may ease as you warm up, and then **flares later** that day or the next morning.
- It is usually felt in a **specific spot** you can point to with one finger.
- **Morning stiffness** is common, especially in the Achilles.

This “delayed response” is important. How your tendon feels the *next morning* is the best guide to whether yesterday's activity was the right amount. We will use this in the exercise plan.

2. How Tendons Change After 60

Ageing does not doom tendons, but it does change them. Understanding these changes explains why some approaches work better than others.

Slower turnover

Tendon cells produce new collagen more slowly with age, and the repair process takes longer. Tendons also become slightly stiffer and less elastic, partly because collagen fibres form more cross-links over time (a process also linked to high blood sugar). A stiffer, less elastic tendon absorbs sudden forces less well.

Less water and less “give”

The substance between collagen fibres holds water and helps the tendon glide and absorb shock. With age this tends to decrease, which may contribute to stiffness and to pain after unaccustomed activity.

Muscles weaken too

From middle age onwards we gradually lose muscle mass and strength (sarcopenia) unless we actively work against it. When the muscle is weaker, the tendon attached to it often ends up absorbing more of the load. Strengthening the muscle protects the tendon.

Health conditions that affect tendons

- **Diabetes and pre-diabetes:** high blood sugar stiffens collagen and is linked to more tendon problems and slower healing. Good glucose control helps tendons.
- **High cholesterol:** associated with tendon pain and, rarely, cholesterol deposits within tendons.
- **Inflammatory arthritis** (rheumatoid arthritis, psoriatic arthritis, gout): can cause tendon inflammation that needs medical treatment.
- **Overweight:** increases the load on the Achilles, knee and hip tendons and adds low-grade body-wide inflammation.

The encouraging part

Tendons remain **adaptable** at every age. Studies of older adults show that collagen production in tendons rises in response to exercise, and that strength training improves tendon stiffness and function in people well into their seventies and eighties. In other words, the same thing that heals a younger tendon — gradual, progressive loading — works for you too. It just needs patience: think in terms of **12 weeks**, not 12 days.

3. When to See a Doctor First

Most tendon pain can be managed at home with sensible steps, but some situations need a professional assessment before you start.

Red flags — seek care promptly

- A sudden **snap or pop** followed by pain and weakness (for example, you suddenly cannot push off on your foot or lift your arm). This can mean a tendon tear or rupture, which may need urgent treatment.
- A **gap or dent** you can feel in the tendon.
- Significant **swelling, redness and warmth**, especially with **fever** — possible infection or gout.
- Pain after a **fall or injury**, or pain at night that does not ease with any position.
- **Numbness, tingling** or weakness spreading into the arm or leg (possible nerve problem).
- Pain in several joints at once, or pain with general illness, weight loss or fatigue.
- Calf pain with swelling, warmth or redness in the leg — rule out a blood clot.

Medicines that can affect tendons

This is one of the most important sections for readers over 60.

Fluoroquinolone antibiotics (such as ciprofloxacin, levofloxacin and moxifloxacin) are linked to tendinitis and tendon rupture, most often in the Achilles. The risk is higher in people over 60, people taking corticosteroids, and people with kidney disease or organ transplants. The U.S. FDA has issued warnings about this. If you develop tendon pain while taking — or shortly after taking — one of these antibiotics, **contact your doctor right away** and avoid strenuous use of the tendon. Never stop a prescribed medicine on your own.

Corticosteroids (prednisone and similar tablets, or repeated injections) can weaken tendons with long-term use.

Statins have occasionally been associated with tendon pain. The link is uncertain and statins are important medicines — mention any tendon pain to your doctor rather than stopping them.

How a diagnosis is made

Usually a doctor or physical therapist can diagnose tendinitis by asking questions and examining the area: where it hurts, which movements provoke it, and how strong the muscle is. An ultrasound or MRI is sometimes used to check for tears or other problems. Blood tests may be needed if inflammatory arthritis or gout is suspected.

A **physical therapist** is often the best partner for tendon problems. Many of the exercises in this book are the same ones they use, and they can tailor them to you.

4. Calming a Flare-Up: The First Two Weeks

When a tendon first becomes painful, the goal is to calm it down **without** letting it get weak and stiff from complete rest.

Relative rest, not total rest

Reduce or temporarily stop the activities that clearly aggravate the pain — for example, long walks on hills for an Achilles, or overhead reaching for a shoulder. But keep the rest of your body moving, and keep gently using the painful area within comfortable limits. Complete immobilisation reduces collagen production in tendons and leads to stiffness and weakness, which makes the return to activity harder.

The pain-monitoring rule

This simple rule will guide you through the whole book. Rate your pain from 0 (none) to 10 (worst imaginable):

- During exercise or activity, pain up to **3 out of 10** is generally acceptable.
- Up to **5 out of 10** can be acceptable for some exercises **if** it settles back to your usual level within **24 hours** and you are not stiffer the next morning.
- If pain goes above 5, or you are worse the next morning, you did too much: reduce the load next time — fewer repetitions,

less weight, or a shorter session.

Pain during rehabilitation does not automatically mean harm. What matters is how the tendon *responds over 24 hours*.

Ice and cold

A cold pack wrapped in a thin towel for **10–15 minutes** can ease pain after activity. Check your skin regularly, and avoid ice if you have poor circulation, diabetes-related nerve damage, Raynaud's phenomenon, or reduced feeling in the area. Cold is a pain-relief tool; it does not heal the tendon on its own.

Compression and elevation

A light elastic sleeve or bandage can feel supportive, especially around the ankle or elbow. It should never be tight enough to cause tingling, colour change or swelling below it. Raising a swollen ankle or wrist on a pillow can help at the end of the day.

Pain-relieving isometrics (start here)

An **isometric** exercise means contracting a muscle without moving the joint – for example, pushing against a wall. Research in patellar tendinopathy found that sustained isometric contractions reduced tendon pain for some time afterwards, and many therapists now use them as the first step for any painful tendon. They are gentle, easy to do at home, and usually well tolerated. You will find isometrics for each tendon in Chapter 9.

The usual prescription: hold **30–45 seconds**, rest **1–2 minutes**, repeat **4–5 times**, once or twice a day, at an effort that feels moderate (about 5–7 on a 10-point effort scale) and pain no higher than 3 out of 10.

Sleep position

Shoulder and hip tendons often hurt more at night because lying on the painful side compresses the tendon. Try sleeping on the other side with a pillow between your knees (hip) or hugging a pillow (shoulder), or on your back with a small pillow under the painful arm. # 5. Herbs and Supplements: What the Evidence Says

Many people want to know which natural remedies are worth trying. The honest answer is that **no supplement heals a tendon on its own**. Exercise does most of the work. Some supplements may help with pain or support the body's repair processes, and most are safe for many people — but several interact with common medicines taken after 60. Always check with your doctor or pharmacist first, and add only **one new supplement at a time** so you can tell what helps.

Turmeric (curcumin)

Turmeric, the yellow spice used in curries, contains curcumin, a compound with anti-inflammatory and antioxidant effects in laboratory studies. Clinical trials in **osteoarthritis** suggest turmeric extracts can modestly reduce joint pain, sometimes comparable to common pain relievers, with fewer stomach side effects. Direct studies in tendinitis are few, so expectations should be modest.

- **Absorption:** curcumin is poorly absorbed on its own. Taking it with a meal containing some fat, and choosing products that include black pepper extract (piperine) or another “enhanced absorption” formula, improves absorption.
- **Typical amounts used in studies:** about 500–1,000 mg of curcumin extract per day, split between meals. As a spice in food, 1–2 teaspoons of turmeric a day is a reasonable culinary amount.

- **Cautions:** may increase bleeding risk with blood thinners (warfarin, apixaban, rivaroxaban, clopidogrel, aspirin); may lower blood sugar with diabetes medicines; avoid with gallstones or bile-duct problems; can upset the stomach. Piperine can change how the body processes some drugs. Rare cases of liver injury have been reported with concentrated supplements – stop and see your doctor if you notice dark urine, yellow skin or unusual fatigue.

Ginger

Ginger has a long history in traditional medicine and some evidence for easing osteoarthritis and muscle pain. It is pleasant to use as food or tea.

- **Typical amounts:** 1–2 grams of ground ginger per day, or a few slices of fresh root in hot water as tea.
- **Cautions:** may add to the effect of blood thinners; can cause heartburn in some people.

Boswellia (Indian frankincense)

Boswellia serrata extracts have been studied mainly in knee osteoarthritis, where several small trials reported less pain and stiffness. Evidence for tendons is limited.

- **Typical amounts:** products standardised for boswellic acids, used according to the label (often 100–250 mg of a standardised extract once or twice a day).
- **Cautions:** generally well tolerated; may cause stomach upset. Avoid during pregnancy and breastfeeding. Check for interactions with your pharmacist.