

What is calcific tendinopathy?

All of our tendons undergo small levels of trauma with routine use throughout our lives. We don't know why, but some people heal these injuries by depositing calcium in and around the tendons. This is called "calcific tendinopathy". No treatment is required if the calcium is not causing you pain.

How do I know if I have calcific tendinopathy?

Most people do not know they have calcium in their tendons as they do not have symptoms. Often, it is found by x-ray for other reasons. Having calcium in your tendon on x-ray does not mean that is the cause of your pain.

How is it treated?

When painful, physical therapy, with or without a steroid injection, will usually work to end your pain. If these treatments do not work, then the calcium may need to be removed.

How is it removed?

An ultrasound is used to see the calcium and guide a couple of treatment options: barotage, aspiration, or Tenex aspiration. These treatment options allow for two potential procedures: (1) your body gets access to the calcium and removes it by itself or (2) allow the removal of the calcium through a needle. Your ultrasound provider can help you determine which treatment option is right for you. Surgery can be done to open up the tendon and remove the calcium, but this requires several months of recovery to heal.

What should I expect with these ultrasound procedures?

The day of the procedure: you will be positioned comfortably while an ultrasound probe is moved over your skin to visualize and locate the calcium. Your skin is cleaned to minimize risk of infection, and the entire area is numbed with a local anesthetic. A needle is guided into the calcium to either poke holes in it or attempt to aspirate it. You may feel pressure or vibration, but not pain.

What should I expect after the procedure?

After the procedure: the pain is variable. Ice, ibuprofen and acetaminophen are often adequate for pain control. A short course of a low dose narcotic is sometimes used to help with night-time pain. You can begin to move the joint as soon as pain allows, and often, you return to physical or occupational therapy for guidance on progression of exercises; this will help you avoid doing too much, too fast. Often, weight bearing tendons (i.e., knee, ankle) have a brace to support them.

Follow-up typically occurs around 4 weeks after the procedure with more than 80% of patients noting a significant improvement. For extensive cases, a second aspiration is sometimes completed, but this is rare.

Will my insurance pay for this treatment?

Most insurance companies have been covering these procedures. We will submit for prior authorization to be sure.

