Patient Information: Non-insertional Achilles Tendinopathy

Aintree University Hospital NHS
NHS Foundation Trust

What is Achilles Tendinopathy?

The Achilles tendon is a strong elastic band running from the calf muscle, in the back of the leg, to the heel bone. Achilles tendinopathy (more commonly referred to as tendinitis) is commonly thought to be due to repetitive micro-trauma that is in excess of the body's healing rate and results in a loss of the normal structure of the tendon and ultimately pain when weight-bearing.

What causes Achilles Tendinopathy?

Many factors are thought to contribute to the problem:
It is more common in adults aged 35-45 but can occur at any age. It is most prevalent in sports involving running and jumping, however approximately 1/3 of sufferers are inactive. In sports it may be due to a change in training techniques. Obesity, diabetes, the menopause and some medications (steroids and certain antibiotics) as well as a tight calf muscle and Achilles tendon are thought to be contributory.

What are the symptoms?

Initially pain may be felt only on activity but it may worsen with time, to become more constant. The site of pain is usually within the middle part of the tendon but is occasionally lower down, near to the heel bone. The Achilles tendon may feel tight or stiff on rising in the morning or following periods of rest.

There may be localised swelling of the tendon corresponding to the site of pain. It is a condition that varies from mild to severe, however recovery can be enhanced by a few simple measures.

How is it diagnosed?

The diagnosis can be made by your doctor or physiotherapist from careful questioning and an examination. Other tests such as X-rays, MRI or Ultra-sound scan are not required in the majority of cases.

How is it treated?

The key to improving your tendon is strengthening it. Surgery is rarely required. It will take a few months before the symptoms settle down as restructuring of the tendon tissue takes on average 3 months.

Non- surgical treatments include:

1. Selective **rest**- avoid daily activities that cause excessive pain.
2. **Strengthening exercises (see below)** – evidence consistently shows that regular calf strengthening exercises improves the structure of the tendon and speeds up recovery.
3. **Stretching exercises (see below)** are also very important.
4. **Physiotherapy** – most patients benefit from a course of treatment, advice and supervised exercise.

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5. **Footwear and insoles** – a small heel (rather than flat shoes) may reduce pain as may softer heeled shoes. Insoles may be considered, especially in cases of flat feet.
6. **Anti-inflammatory medication** (NSAIDs) may be tried for a short time.
7. **Weight loss**.

If these treatments are not effective, injection, shockwave therapy or surgery may be considered.

Exercises

Strengthening :

Stand on your affected leg with the ball of your foot on the edge of a step and knee straight. You may use your hands to maintain balance during the exercise. Slowly lower down until a stretch is felt in the calf/Achilles tendon and then rise up onto your toes. Repeat as many times as possible until fatigued or pain worsens. Perform 3 sets.

Next repeat with your knee bent. Repeat as many times as possible until fatigued or pain worsens. Perform 3 sets.

You should aim to perform as many sets of these exercises as you can per day whilst keeping pain under control. Exercise into mild pain is acceptable as no harm will be done.

If these exercises are too painful:

Start on the floor rather than on a step or by using both legs together.

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Stretching :

Place your affected leg behind your unaffected leg with the knee straight and toes pointing forwards. Lean forwards against a wall, keeping your back leg straight and heel down. A strong pull in the calf should be felt during the stretch. Hold the position for 30 seconds and repeat 5 times. This is 1 set. You should do at least 3 of these sets per day.

Next repeat with your affected leg bent at the knee. Again repeat 5 30 second stretches.

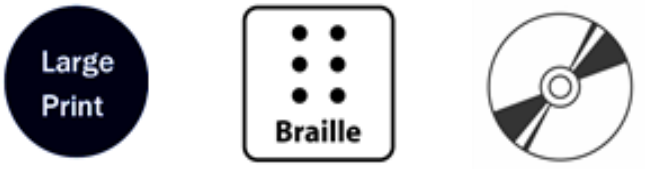
Gaining control of your symptoms may need significant alterations to your lifestyle and daily routines. Doing so can allow the tendon pain to settle quite quickly. This often makes your prescribed exercises easier to perform and can then be followed by a gradual increase in activity again.

This process can be guided by your Physiotherapist. The exercises should not be performed from a "No pain – no gain" viewpoint.

What if I need to contact someone?

Fracture Clinic –
Tel: 0151 529 2554 (Monday – Friday)
Please leave a message on the answer machine stating your name and contact number and a member of staff will return your call.

Phil Ellison
Extended Scope Practitioner
Therapies Dept.
Tel: 0151 529 3335 (Monday - Friday)



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Tel No: 0151 529 2906

Email: interpretationandtranslation @aintree.nhs.uk

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