

# Patient Information: Insertional Achilles Tendinopathy

## 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, 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 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.

# Patient Information: Insertional Achilles Tendinopathy

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.

8. **Weight loss.**

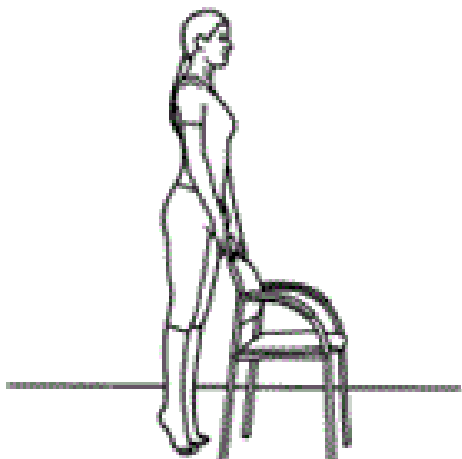
If these treatments are not effective, injection, shockwave therapy or surgery may be considered.

## Exercises

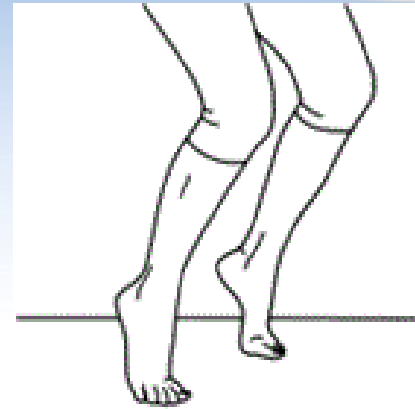
### Stretching :

Stretching the Achilles tendon and calf muscles is **not** generally recommended for insertional tendinopathy.

### Strengthening :



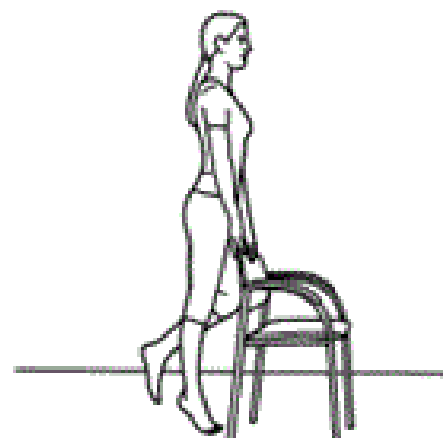
In standing with support if needed. Keep your knees straight. Slowly rise up onto your toes and lower down again slowly. Repeat as many times as possible until fatigued or pain becomes significant. Perform 3 sets.



Next, repeat the same exercise with your knees bent. Repeat as many times as possible until fatigued or pain becomes significant. Perform 3 sets.

You should aim to as many sets of these exercises as you can per day and are encouraged to exercise into mild pain as no harm will be done.

**If these exercises are not too painful:**



Practice the same two exercises but stood only on your affected leg.

As you improve extra weight can be added through use of a backpack with books inside.

# Patient Information: Insertional Achilles Tendinopathy

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)



### If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

**Tel No: 0151 529 2906**

**Email: [interpretationandtranslation@aintree.nhs.uk](mailto:interpretationandtranslation@aintree.nhs.uk)**