

Achilles Tendinopathy Fact Sheet



Hastings Sports Injury &
Physiotherapy Centre
EXCELLENCE DRIVEN. SUPERIOR RESULTS

Aliases: Achilles Tendinitis, Achilles Tendonitis, Achilles Tendinosis

Tendonitis/tendinitis = acute tendon injury accompanied by inflammation.

Tendinosis = chronic tendon injury with degeneration at the cellular level and no inflammation.

Tendinopathy = general term for tendon damage involving, overuse, micro-tears, and collagen degeneration, manifested by pain, inflammation and weakness.



What is Achilles Tendinopathy?

The Achilles tendon is the largest tendon in the body, connecting the calf muscle to the heel (calcaneus). Achilles Tendinopathy is a common over use injury that affects the Achilles tendon.

There are two main types of Achilles Tendinopathy and they are differentiated by their location within the tendon.

These include:

- Insertional Achilles Tendinopathy
- Mid-Portion Achilles Tendinopathy

Each condition is managed slightly differently so it is important to seek professional advice from your physiotherapist.

Symptoms

- Morning pain and/or stiffness
- Pain after increasing activity level
- Pain decreases during training but returns hours after once cooled down
- Night pain
- Area may be tender, red, warm or swollen if inflammation present

Causes

Increased load to the Achilles tendon over a single session or period of time that exceeds the tendons ability to withstand the load.

Factors may include:

- Years of running
- Increase in activity (speed, distance, gradient)
- Change of surface
- Reduced recovery time between sessions
- Change of footwear
- Poor footwear
- Excessive pronation (flat feet)
- High arched foot with tight Achilles tendon
- Toe walking (high heels)
- Calf weakness
- Tight calf muscles
- Decreased range of motion
- Poor eccentric strength
- Genetic predisposition



The Achilles tendon also has a poor blood supply that further diminishes with age. This causes the tendon to become more prone to injury.

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Treatment

- Eccentric training
- Correction of biomechanical deficiency
- Massage, releases and frictions
- Individualised strength and stretching programs
- Achilles tendon de-loading tape – for acute exacerbations
- Heat &/or ice
- Electrotherapy – Ultrasound, TENS
- Orthotics, correct shoe selection, night splints
- NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) – eg ibuprofen
- Topical Glyceryl Trinitrate/Nitric Oxide



Eccentric Heel Drop Protocol

Exercise 1 – Gastrocnemius Drop

- Begin with heel raised and knee straight (no bend in leg)
- Lower the heel below the step
- Use uninjured leg to return to start position
- Figure A & B

Exercise 2 – Soleus Drop

- Begin with the heel raised and the knee bent to 45°
- Lower the heel below the step
- Use uninjured leg to return to start position
- Figure C & D

Complete:

3 sets of **15** repetitions for each exercise on affected leg.

Repeat this:

2 times daily

7 days per week

For **12** weeks

Repetitions completed at a slow speed.



Initially the exercise will be done without any weight. The “loading” will consist of the body weight. Once the exercise is complete without any minor pain or discomfort, increase the “load”.