

FACT SHEET

ACHILLES TENDINOPATHY

The **Achilles tendon** is the strongest tendon in the body. It attaches the calf muscle to the heel bone (calcaneus). These structures help you go onto your tiptoes. **Achilles tendinopathy** is an overuse injury that occurs when the tendon **cannot adapt** to the strain being placed upon it. **Excessive strain** to the tendon



leads to repeated micro-damage within the tendon fibres, with the tendon trying to heal itself in response to the strain. There are three proposed stages of tendinopathy based on the changes and distribution of disorganisation within the tendon:

- Reactive tendinopathy (no pain during activity, increased pain after activity and subsides following rest)
- Tendon disrepair (pain takes longer to subside following aggravating activities)
- Degenerative tendinopathy (pain worsens with use and may be constant)

SIGNS & SYMPTOMS

The most common symptoms of Achilles tendinopathy are:

- **morning stiffness** (which often eases after a few minutes of walking)
- **tenderness over the Achilles tendon** (there may also be a nodule or audible clicking with ankle movement)
- **variable pain** (which settles during exercise but may increase on recommencement of activity after rest)

RECOVERY PROCESS

Recovery time is **3-6 months** depending on the **stage of tendinopathy**. Most people have **improved movement and reduced pain** within a **12-week period**, however, others will take longer. Everyone's recovery is **different** and influenced by **multiple factors**.

RISK FACTORS

General Risks	Common Training Errors
<ul style="list-style-type: none"> • >30 years of age • Tight and/or weak calf muscles • Poor endurance of calf muscles • Poor core stability around the hip/knee • Stiff joints in the foot • Increased weight • Diabetes 	<ul style="list-style-type: none"> • Increasing running distance too quickly • Excessive running mileage • Excessive running intensity • Low variation in training • Old or poor-quality footwear • Excessive hill running • Inadequate rest/ recovery time

ASSESSMENT

Achilles tendinopathy can usually be diagnosed by your physiotherapist with examination alone, scans may not be necessary. If imaging is necessary, an ultrasound or MRI is likely to be used. Examination may include assessing your walking pattern, the flexibility of the ankle joint, the strength/endurance/flexibility of your calf muscles and questionnaires to assess the impact of the pain on your day-to-day life.

RECOMMENDED TREATMENT

Ice - applying ice helps reduce pain (20 minutes, 4x / day or after exercise)

Simple painkillers - paracetamol or anti-inflammatories

Relative rest – avoid running and maintain fitness with low-tendon loading exercise such as swimming, cycling, rowing, weight training, Pilates or running in water

Massage and Manual Techniques – to reduce tightness in the surrounding muscles and joints

Other treatments options - orthotics, heel lifts, PRP injections, surgery for severe/chronic problems only

It has been shown that **strength training** can help reduce tendon pain and improve tendon loading tolerance. It is recommended that you begin a daily **strengthening and stretching** program tailored to suit the current level of your pain and symptoms. Remember, you need to be patient and **persist** with your exercise program as it takes 3 to 6 months to significantly improve your symptoms.



Further Resources

Achilles Tendinopathy: Advice and Management. Oxford University Hospitals (NHS Foundation Trust).

<https://www.ouh.nhs.uk/patient-guide/leaflets/files/11924Ptendinopathy.pdf>

Achilles Tendinopathy: Physiopedia. <https://www.ouh.nhs.uk/patient-guide/leaflets/files/11924Ptendinopathy.pdf>

If you should have any questions regarding this or any other similar injuries, please contact us on 9585 8392 or oatleyphysiotherapy@bigpond.com.

If you would like to go onto our electronic mailing list to periodically receive further fact sheets, please let us know.

