Leicestershire Partnership NHS Trust

Achilles' Tendinopathy

Patient Information Leaflet

MSK Musculoskeletal Physiotherapy Service

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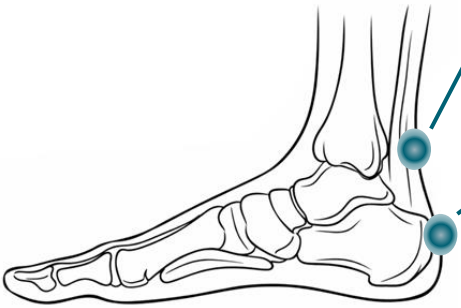
What is Achilles' tendinopathy?

The Achilles tendon attaches the calf muscle to the heel bone. It helps you point your toes down and push off when you walk, run or jump. The tendon works hard every day and takes a lot of load, especially during exercise.

Achilles tendinopathy is a condition that affects the tendon. In the past, it was thought to be caused by inflammation. We now know it happens due to changes in the tendon and how the tendon responds to load placed on it.

When the tendon is asked to do more than it is used to or is not able to do what is asked of it, the tendon becomes overloaded. This can cause pain, but pain does not always mean damage. It often means that the tendon is not coping well with the load at that time.

Types of Achilles' tendinopathy



Mid-portion
Pain 2 to 6 cm above the heel bone.

Insertional
Pain at the back of the heel, where the tendon attaches to the bone.

Common symptoms

Symptoms may vary from person to person; however some of the most common symptoms reported are:

- pain at either the insertion or mid-portion of the Achilles tendon (see image above)
- tenderness when touching the area
- swelling or thickening of the tendon
- stiffness, especially first thing in the morning or after rest
- pain that improves slightly once you get going
- pain when walking, running or climbing stairs
- pain when wearing shoes that press on the tendon

Why does it happen?

Achilles tendinopathy is usually caused by a combination of things, rather than a single injury. Symptoms are usually caused by overload, which means that the tendon is doing more than it is used to or able to cope with.

This may happen if you:

- suddenly increase activity levels or exercise
- start a new sport
- have weaker calf muscles – this may be because of a previous injury or weakness due to a lack of exercise

- spend long periods of time on your feet without breaks
- do not allow your body enough time to recover between activities
- change footwear

Some health conditions or medication can also increase your risk of developing an Achilles tendinopathy, such as:

- diabetes
- high cholesterol
- inflammatory conditions (such as rheumatoid or psoriatic arthritis)
- being overweight
- long-term steroid medication or certain antibiotics.

Achilles tendinopathy is most common in individuals between the ages of 30 to 60 years, however, it can affect people of all ages, backgrounds and activity levels.

Diagnosis

Achilles tendinopathy can usually be diagnosed based on the symptoms you report, such as:

- where your pain is
- how it behaves
- what makes it better or worse

A clinical assessment may be helpful if the cause of your symptoms is unclear or if pain does not improve with the initial advice provided.

Scans, such as ultrasound or MRI, are usually not required.

Self-help

There are lots of simple ways you can help yourself to manage your Achilles tendon pain.

Exercise

Current guidelines and research suggest that progressive exercise is one of most effective treatments for managing Achilles tendinopathy.

Complete rest is usually not helpful and, in the long term, can be harmful. Our tendons respond better to gradual movement and loading. A mild increase in pain during or after activity is usually acceptable if it settles within 24 hours.

Previously, stretching was thought to be an effective treatment for Achilles tendinopathy, however we now know that progressively loading the tendon with strengthening exercise is the most effective.

Example exercises are provided in this leaflet.

Activity Modification

You do not need to stop activity completely, but you may need to reduce it or change what you are doing for a short time. This may include:

- reducing the amount of time you do an activity for
- reducing the speed you do an activity at
- reducing how often you do an activity

This should allow your pain to settle down. It is then important to gradually build your activity levels back up.

Symptom Management

Ice and heat can be beneficial to help reduce pain in the area - make sure you have something to protect the skin against burns. If this doesn't help, you can also speak to your GP or local pharmacist to discuss pain relief.

Please note, these methods will often only provide short-term pain relief.

Weight Management

Guidelines recommend maintaining a healthy weight when managing Achilles tendinopathy. Weight loss is therefore advised for people who are overweight and experiencing Achilles tendon pain. Carrying excess body weight puts greater forces through the tendon and as a result can

contribute to ongoing pain. Obesity also increases pain by fat cells releasing chemicals that can cause inflammation.

Even small amounts of weight loss can make a difference.

Footwear

Comfortable and supportive footwear may help reduce symptoms. Some people find that heel lifts or insoles can help relieve symptoms. However, there is a lack of high-quality evidence to support this. If you decide to try this, it is to be used alongside an exercise programme, rather than to replace it.

Exercises

Exercise is the most effective management for individuals with an Achilles tendinopathy.

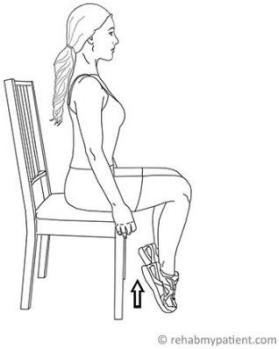
The aim is to gradually improve the strength and tolerance of the tendon.

Level 1:

Isometric strengthening

1A: seated

Sitting on a chair. Lift your heels off the ground to raise onto your tip toes.



hold **30-45** secs | repeat **4-5** times | **1 to 2** times daily

1B: standing

Stand upright.

Hold onto a wall or chair for support.

Push up onto your tip toes.

hold **30-45** secs | repeat **4-5** times | **1 to 2** times daily

Level 2 and 3 Exercises:

Insertional and mid-portion tendinopathy are managed slightly differently for exercises in level 2 and 3.

If you have insertional Achilles tendinopathy, exercises that lower the heel below the level of a step are usually avoided, as they can increase pain. As symptoms improve, your physiotherapist may gradually reintroduce this movement.

Follow the appropriate section below for your type of Achilles tendinopathy.

Level 2: for **insertional** tendinopathy

Double leg calf raises

2A: straight knees

Stand upright and hold onto a wall or chair for support.

Push up onto your tip toes, then slowly lower down.

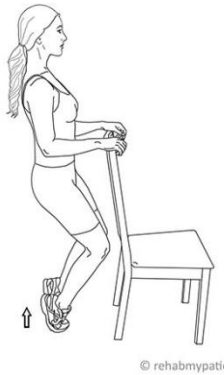
10-15 times | **rest** | repeat **3** times | **once** a day

2B: bent knees

Stand upright with your knees slightly bent.

Hold onto a wall or chair for support.

Push up onto your tip toes, then slowly lower down.



10-15 times | **rest** | repeat **3** times | **once** a day

Level 3: for **insertional** tendinopathy

Single leg calf raises

3A: straight knees

Stand upright on your painful leg.

Hold onto a wall or chair for support.

Push up onto your tip toes, then slowly lower down.

10-15 times | **rest** | repeat **3** times | **once** a day

3B: bent knees

Stand upright on your painful leg with your knee slightly bent.

Hold onto a wall or chair for support.

Push up onto your tip toes, keeping the knee bent, then slowly lower down.

10-15 times | **rest** | repeat **3** times | **once** a day

Level 2: for **mid-portion** tendinopathy

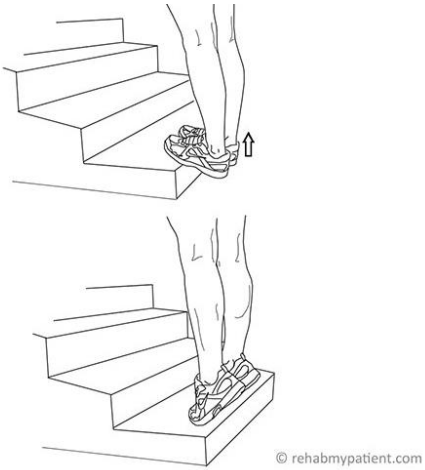
Double leg calf raises over a step with heel drop

2A: straight knees

Stand on a step. Hold onto a rail for balance.

Push up onto your tip toes and then slowly let your **heels drop down to just below the level of the step.**

From this position, raise back up onto your tip toes.



10-15 times | **rest** | repeat **3** times | **once** a day

2B: bent knees

Stand on a step with your knees bent. Hold onto a rail for balance.

Push up onto your tip toes and then slowly let your **heels drop down to just below the level of the step.**

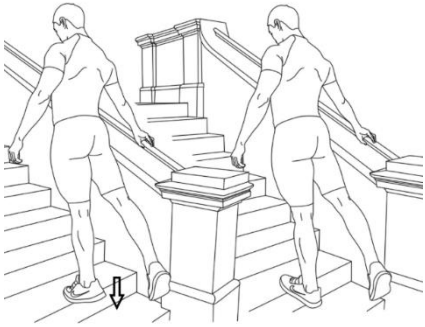
From this position, raise back up onto your tip toes.

10-15 times | **rest** | repeat **3** times | **once** a day

Level 3: for **mid-portion** tendinopathy

Eccentric single leg lower over step with heel drop

3A: straight knees



Stand on a step. Hold onto a rail for balance. Push up onto your tip toes with **both legs.**

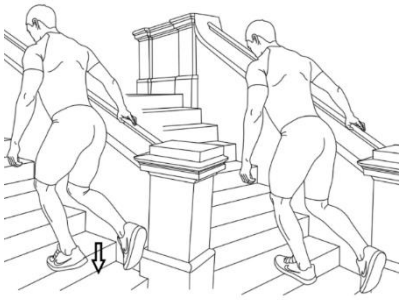
Once you are on your tip toes, transfer all your weight onto the painful leg.

Slowly lower the heel down to just **below the step** on the painful leg only.

Place **both feet back on the step to push back** up onto tip toes.

10-15 times | **rest** | repeat **3** times | **once** a day

3B: bent knees



Stand on a step with your **knees bent**. Hold onto a rail for balance.

Follow exercise 3A but **keeping your knee bent through the exercise**.

10-15 times | **rest** | repeat **3** times | **once** a day

Pain monitoring guide

Do your exercises slowly and with control. Using a pain scale from 0 to 10 can help you monitor pain and know when to progress.

0 = no pain 10 = the worst pain imaginable

Please note, a small amount of discomfort during exercise is acceptable and to be expected, this does not mean you are doing harm and should settle down.

Use the traffic light system during and after exercise:

Green: pain is **below 4/10**

Keep going with the exercises. Consider progressing to the next level.

Amber: pain is around **5-6/10**

This is usually acceptable providing the increase in pain settles within a few hours of stopping the exercise. Continue with this exercise.

Red: pain is **above 7/10**

Consider reducing the amount of each exercise you do or take a step back to the previous level.

Frequently asked questions

Do I need a scan?

Scans, such as ultrasound or MRI, are usually not required in the diagnosis of Achilles tendinopathy. Diagnosis is made based on your symptoms and assessment.

Should I stretch?

Stretching may help some people; however, strengthening exercises are more important. In some cases, stretching exercises can irritate the tendon, particularly near the heel.

Should I stop exercising?

No, staying active is important. However, if something is very painful, try a different exercise for a short period instead. For example, if running hurts a lot, try walking or cycling instead.

Will it go away on its own?

For some people it does, however many people need exercise and advice to help improve their pain.

How long does it take to improve?

Recovery time is very variable from person to person.

Most people will notice some improvements within 8 to 12 weeks of starting exercise and modifying their activity levels.

However, full recovery can take several months, especially if you have had pain for a long time.

Flare-ups of pain can happen during recovery and are a normal part of this process.

Although progress can be slow, perseverance is key and symptoms often improve.

When should I seek further help?

You may wish to seek further advice from a physiotherapist if:

- your pain is not improving
- your pain is getting worse
- your pain is affecting your ability to work, perform daily chores or do the hobbies you enjoy
- you keep getting repeated episodes of Achilles tendon pain

You should attend the **A&E department immediately** if you experience:

- a sudden sharp pain or ‘snap’
- sudden bruising or swelling in the area following an injury

- difficulty walking or putting your foot to the floor following an injury
- an inability to stand on your tiptoes

This may be an Achilles tendon rupture and needs immediate investigation.

You should also attend the **A&E department immediately** if you experience:

- unexplained swelling of the lower leg and calf
- redness, heat and extreme pain in the calf
- a very hard or painful calf to touch

These symptoms could be a DVT (a blood clot in the leg) and need investigating immediately.

Remember

Achilles tendinopathy is very common and with the right advice usually improves well.

The best management for Achilles tendinopathy is a gradual exercise programme to strengthen the tendon.

Complete rest is usually not required, but modifying activity levels to help control the pain can be beneficial.

Recovery takes time and consistency; you may not notice significant improvements immediately.

Acknowledgements

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If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille or audio, please ask a member of staff.

MSK Physiotherapy Service

Find out more about the MSK Physiotherapy Service and what we offer www.leicspart.nhs.uk/service/musculoskeletal-msk-therapy-physiotherapy/

Further Resources

Access our other MSK Physiotherapy resources www.leicspart.nhs.uk/msk-physiotherapy-resources-getting-started/

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