Achilles tendinopathy



The Achilles tendon

Achilles tendinopathy is an injury to the band of tissue (tendon) that connects the muscles in your lower leg to your heel bone. You may get pain, stiffness and sometimes swelling around your heel. It's a common injury, especially if you're very active or do lots of sports.



About Achilles tendinopathy

Your Achilles tendon is the thickest and strongest tendon in your body. It connects your calf muscle to the bone in your heel, helping you to move your foot when you walk, run, climb or jump.

If you have Achilles tendinopathy, your Achilles tendon becomes damaged and stops working as well as it should. It's usually damaged through repeated use and injury over time. The damage can make it painful and harder to do your usual activities.

You may sometimes hear Achilles tendinopathy called Achilles tendonitis. This means your tendon is inflamed. But because there isn't always inflammation when your tendon is injured, this term isn't strictly accurate.

Achilles tendinopathy symptoms

Achilles tendinopathy can cause several symptoms, including:

- pain in your heel – this may be an ache or a sharp pain, which feels worse when you've been active or put pressure on it

- stiffness in your tendon – often this is worse first thing in the morning or if you've been resting for a while
- swelling at the back of your ankle
- tenderness when you touch your tendon
- a grating noise or creaking feeling (crepitus) when you move your ankle

If you feel sudden pain in your heel or calf, this could mean you've torn your tendon. This is called an Achilles tendon rupture. You may hear it snap and have trouble bearing any weight on your leg. If this happens, seek urgent medical advice.

Causes of Achilles tendinopathy

Achilles tendinopathy is usually caused by overuse – this means repeated stress on your Achilles tendon over time. This can cause changes to the structure of your tendon and sometimes tiny tears, making it weaker.

Any sports or activities that put stress on your Achilles tendon can lead to Achilles tendinopathy. This includes running and anything that involves jumping – for example, dancing, gymnastics, squash and tennis. You may also be more likely to damage your Achilles tendon if you:

- use badly designed equipment including wearing the wrong footwear
- have a poor technique or haven't trained properly for the activity you're doing
- suddenly increase how much exercise you do or the intensity of your exercise
- train on hard or sloping surfaces

For advice on how you can overcome these factors, see our section on prevention below.

Other things that can make you more likely to develop Achilles tendinopathy include:

- getting older – because your Achilles tendon becomes less flexible and less able to cope with stress
- having a family history of the condition
- if you've injured your tendon or the muscles around it in the past
- having certain long-term health conditions such as rheumatoid arthritis, diabetes, high cholesterol or thyroid problems
- having certain problems affecting your feet or legs
- being very overweight or obese
- taking certain medications – for example, antibiotics belonging to the quinolone group; corticosteroids or statins

Self-help for Achilles tendinopathy

There are a number of things you can do to ease the symptoms of Achilles tendinopathy, without needing to see a health professional. These include the following.

- Rest your tendon by reducing (or stopping) the activity that triggered your symptoms.
- Apply cold packs or ice wrapped in a towel to ease your pain and reduce any swelling. But don't apply ice directly to your skin – as it may damage your skin.
- Take over-the-counter painkillers such as paracetamol to help ease the pain. Non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen may also help to ease the pain at first, but you shouldn't take NSAIDs for very long. Always check with your GP if you are unsure of whether to take any medication.

Try to continue putting weight on your leg if you're able to. It may also help to do some gentle calf stretches if you can. You may be able to do some exercises that don't put too much stress on your Achilles tendon – such as swimming.

You can gradually restart your normal activities once the pain starts to ease. But avoid uphill and downhill running until the pain has completely gone and stick to softer running surfaces. You should also make sure you warm up well and do plenty of calf stretches.

You might find heel lifts helpful. These are insoles that you fit into each of your shoes. They can reduce the stress on your Achilles tendon and ease your symptoms. It may also help to see a podiatrist – a specialist in conditions affecting the feet. They can advise you about wearing the right footwear to suit your feet, posture and activities.

For more tips on avoiding further injury, see our section on prevention below.

Seeking help for Achilles tendinopathy

If your symptoms don't improve after a week or so using self-help measures, you may find it helpful to see a sports and exercise therapist or talk to your GP.
You should see your GP or go to a minor injuries clinic if you think you may have ruptured your Achilles tendon. If you have ruptured it, you're likely to be in severe pain and you may have heard a popping or snapping sound.

Diagnosis of Achilles tendinopathy

Your GP or sports and exercise therapist will ask you about your symptoms and examine your leg, heel and ankle. They may ask you to do a series of movements or exercises to help them see how well you can move your leg. They may squeeze your calf muscle to check the movement of your foot.

They may also ask you about your medical history to check for other related causes or conditions. Your GP can check if any medications you're taking may have increased your risk of Achilles tendinopathy. They can also and advise whether or not you need to stop taking them. For more on this, see our section on causes of Achilles tendinopathy above.

Achilles tendinopathy can usually be diagnosed from your symptoms, and you won't usually need any further investigations.

Achilles tendinopathy treatment

If self-help measures aren't helping your Achilles tendinopathy, your GP or sports and exercise therapist may suggest some treatments. This will usually involve an exercise rehabilitation programme to start with, before moving onto other treatments if this doesn't work. Most people find their symptoms improve within 12 weeks.

Exercise therapy for Achilles tendinopathy

Exercise therapy can help to build up the strength and function in your Achilles tendon. You may need two to three exercise therapy sessions a week for about six weeks.

Your sports and exercise therapist will suggest some exercises for you to do. Achilles tendinopathy exercises usually start with some gentle mobility and very light stretches, before moving on to what are known as eccentric exercises. These are exercises that are designed

specially to stretch and lengthen your Achilles tendon over time. They're known to be particularly effective for Achilles tendinopathy. You'll probably need to do Achilles tendinopathy exercises twice a day, every day for at least three months to get the best out of them.

Other treatments for Achilles tendinopathy

If your Achilles tendinopathy doesn't improve with self-help measures or exercise therapy, there may be other treatments you can try. These include the following.

- Extracorporeal shockwave therapy. This is where a machine passes shockwaves through your skin to the damaged part of your tendon. This may help to ease your pain. You may need several sessions.
- Blood or platelet-rich plasma (PRP) injections. These use part of your own blood that's rich in growth factors and may help your Achilles tendon to heal faster. Your doctor injects the plasma or blood into or around your damaged tendon, sometimes using ultrasound for guidance.
- Dry needling. This involves passing a thin needle into your tendon with the aim of triggering the healing process and strengthening your tendon.

Your physiotherapist may be able to deliver some of these therapies. But for others, you may need a referral to a specialist sports or musculoskeletal doctor. Some of these treatments may only be available in specialist centres or as part of a research trial.

Achilles tendinopathy surgery

Most people don't need surgery for Achilles tendinopathy. But if you've been trying other treatments for several months and they haven't helped, surgery may be an option. You will need a referral to a specialist foot and ankle surgeon, who can assess if surgery may be helpful for you. Your surgeon may ask you to have some scans to check the condition of your tendon.

Surgery involves removing damaged areas of your tendon and repairing what's left of it. Your surgeon may need to use tissue from higher up your Achilles tendon or from a different tendon for these repairs. It will take time to recover from Achilles tendon surgery, and the surgery will leave scars. Surgery doesn't work for everyone with Achilles tendinopathy.

Prevention of Achilles tendinopathy

There are several things you can do to help prevent Achilles tendinopathy.

- Make sure you wear appropriate and well-fitting shoes for running and other activities you do. It can help if they're well-padded.
- Whether you're active through work or sports, make sure you use the right equipment and techniques.
- Limit repetitive motions that keep putting stress on your tendon.
- Gradually build up new activities slowly. You should increase the intensity and duration of your activities slowly over time.
- Warm up well before you start exercising and stretch your calf muscle afterwards.
- If you have underlying health problems that put you more at risk, make sure they're being treated properly.
- Aim to maintain a healthy weight because being overweight can increase your risk of Achilles tendinopathy.

Wearing orthotics (special inserts) in each shoe may help if there's a problem with the shape of your foot or how you walk. You can buy orthotics from pharmacies or other retailers or they can be custom-made for you by a podiatrist. Ask your physiotherapist or podiatrist for advice.