



Achilles Tendinopathy

Education and advice to help patients manage their condition

This leaflet explains more about Achilles Tendinopathy. If you have any further questions, please speak to a staff member caring for you.

What is a tendinopathy?

Tendinopathy is an overload of a tendon (the soft tissue that connects muscles to the bone), causing pain and inflammation and sometimes stiffness around the area affected.

The most common tendinopathy is of the Achilles tendon, which runs along the back of your heel and into your calf muscle.

What causes a tendinopathy?

The exact cause of Achilles tendinopathy is not fully understood but there are many factors that may contribute to it:



Risk factors:

Sudden changes in activity level

Being overweight

Weak calf muscles

Prior tendinopathy

Biomechanics (how you move)

Having certain diseases (Diabetes, Rheumatoid Arthritis, High cholesterol)

Use of certain antibiotics

Use of steroids

How do I make my tendinopathy better?

(1) Load management

Reduce activities that are very painful until you have improved your tolerance to loading (e.g. running, walking, stairs). This will help reduce stress on the Achilles tendon and help settle your pain. You can gradually resume these activities when you are able. Your physiotherapist will guide you more with this.

(2) Strengthening exercises

Strengthening exercises are supported with the highest level of evidence for the treatment of Achilles tendinopathy. They help improve a tendon's ability to cope with load and have a positive influence on pain, strength and function. The exercises you should perform depend on the severity of your symptoms and your goals. See below for some examples.

(3) <u>Heel wedges/supportive footwear</u>

Heel wedges or insoles can support the foot in a position that reduces strain on the Achilles tendon. Supportive footwear can also provide similar support.

(4) Anti-inflammatory medication

Anti-inflammatory medication can be useful for severe and irritable tendon pain. (Always check with your GP or Pharmacist before taking any new medication).

Some people find ice helpful. You can do this at home with a bag of frozen vegetables/an ice pack wrapped in a tea towel. Leave over the painful area for a maximum of 15 minutes.

How long will it take to get better?

It can take anywhere between three to twelve months to recover, so it is hard to predict for everyone. Timeframes depend on a variety of factors such as duration of symptoms, muscle weakness and adherence to advice and exercises. Other treatments can promise a faster recovery, but research has not shown better results compared with exercise in the long-term.

Remember



Completing the prescribed exercises for at least three months is the key to getting better.

Recommended Exercises

Doing exercises may be uncomfortable and you may experience some pain during and/or after completing them which is normal and not harmful.

If the pain increases for more than 24 hours after exercising, try doing a fewer exercises the next time. See the section below on 'What if my pain gets worse?"

Top Tip: Hold onto a support such as the back of a chair.



Following the "traffic light system" approach can help.

In the green zone you can increase your exercise/activity level.

In amber you can stay at your current level.

In red you may need to reduce your current exercise/activity levels.

It can be helpful to monitor your pain and activity daily using an exercise diary to make sure you are progressing at the right level.

Start with the **Level 1 exercise**, then progress to **Level 2** and **Level 3 exercises** as your pain allows. Start with the number of repetitions that you feel challenges you. Try to increase this number gradually as your strength and pain improve.

Level 1 Exercise - repeat to three to four times, once per day.



Step 1
Standing on both feet to start



Step 2
Come up onto your toes
as high as you can. Hold this
position for 20-30 seconds



Step 3
Slowly lower the heels to the floor.

Level 2 Exercise - repeat to fatigue, once every other day.



Step 1
Standing on both feet, come up onto your toes as high as you can.



Step 2
Holding this position, slowly take the unaffected leg off the floor.



Step 3
Slowly lower the heel of the affected leg to the floor.



Step 4
Place the foot back on the floor to prepare to repeat from Step 1.

Level 3 Exercise - repeat to fatigue, once every other day.



Step 1
Standing on both feet to start.



Step 2
Take the unaffected leg off the floor, so you are standing on your affected leg.



Step 3
Raise the heel off the floor as high as you can. Hold this for 2-3 seconds.



Step 4
Slowly lower the heel
to be ready to repeat
from Step 1.

Is there anything other than exercise?



Some people may be referred for Shockwave Therapy. Shockwaves are used to stimulate the healing response and reduce pain. Shockwave Therapy does not work for everyone and the evidence suggests outcomes are no better than exercise in the long-term.



There are no recommended surgeries or other passive treatments for tendinopathy management. As the tendon needs to be "re-trained" to tolerate load, through exercise.

What if my pain gets worse?

Sometimes, certain exercises or activities may be too intense and cause a flare up of your pain. This does not mean you have damaged the tendon(s). Normally this is just a warning signal from your tendon that you've done more than it can tolerate.

If this happens, don't panic. Reduce your exercise slightly and modify your activities. For example, reduce how long you do a particular exercise or activity or reduce how regularly you do the exercises/activities. Whatever you do, don't stop completely as this can make the tendon less tolerant to exercise when you restart.

Other helpful tips

General physical activity has many benefits including helping maintain weight loss or a healthy weight. Exercise can also improve your mood. If you have trouble staying active due to pain, consider swimming or cycling as you may be able to tolerate these activities better.

Managing stress through exercise, relaxation, meditation, mindfulness, breathing exercises may also help your pain.

Sleeping and eating well can positively affect your pain levels and your general health.

Useful sources of information

For more information regarding other causes of ankle/foot pain please visit The Chartered Society of Physiotherapy website <u>Causes of foot pain | The Chartered Society of Physiotherapy</u> (csp.org.uk)

Find us on twitter @STGMSKPhysio

Contact us

If you have any questions or concerns, please contact the Physiotherapy department on 020 8725 1422 (Monday to Friday, 8.30am to 4pm) or alternatively contact your GP.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 Email: pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

With thanks to: Physiotherapy Outpatient Department Croydon University Hospital.

Dr Pete Malliaris

www.completesportscare.com.au/team/dr-peter-malliaras/



Reference: PHY_AT_02 **Published:** August 2022 **Review date:** August 2024