

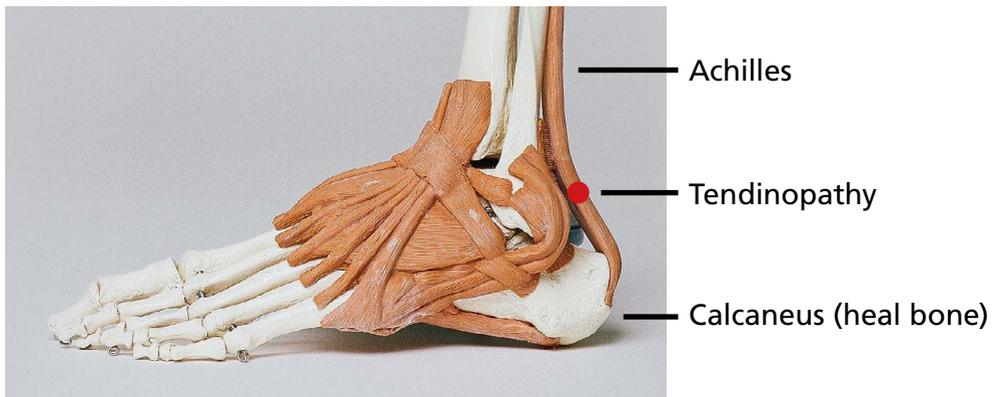
**NHS Buckinghamshire Musculoskeletal  
Integrated Care Service (MusIC)**

# **Achilles tendinopathy**



## What is the Achilles tendon?

The Achilles tendon is the biggest and strongest tendon in the body. It is found at the back of the lower leg, just above the heel bone (calcaneus) and attaches the calf muscles (Gastrocnemius and Soleus) into the bone itself. It helps you push up onto your tiptoes and helps to provide power as you walk.



## What is Achilles tendinopathy?

A tendinopathy is essentially wear and tear of the tendon. It occurs when a tendon is continuously overloaded leading to repeated small amounts of changes within the tendon as it tries to heal itself.

Sometimes people use the terms tendinitis or tendinosis, these terms are often used to mean the same thing as tendinopathy.

Common symptoms include:

- Pain in Achilles tendon.
- Swelling or thickening of the tendon
- Reduction in strength or stamina
- Feeling of morning stiffness

## Treatment of Achilles tendinopathy

Most treatment is based around exercise and other conservative options.

These include:

- Relative rest: Not doing any loading which is outside of your normal routine
- Stretching: If you have had your symptoms for more than 4 weeks, stretches of the calf muscle and Achilles can often help
- Use of ice/cold: Regular application of an ice pack or cold gel pack can manage any inflammation and reduce symptoms
- Simple over the counter painkillers
- Eccentric exercises: These are the most common exercises provided for an Achilles tendinopathy
- Seeing a Physiotherapist: He/she will advise you on the best course of management depending on the nature of your symptoms

## Further management

In some instances other treatments are considered if the typical treatments listed above fail. If this happens your therapist will discuss them with you.

Options include:

- Podiatry referral for shoes inserts
- Injection
- Surgery

# Exercise plan

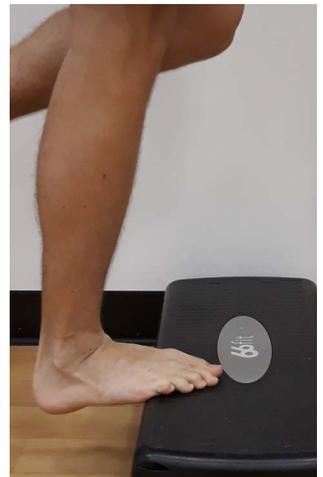
## Double leg eccentric exercise



1. Stand on both legs
2. Push up onto tip toes
3. Slowly lower yourself back down over 5 seconds
4. Repeat 10 times if able (if not, do what you are able to do and build up to 10 repetitions)

## Single leg eccentric exercise

1. Stand on one leg
2. Push up onto tip toes
3. Slowly lower yourself back down over 5 seconds
4. Repeat 10 times if able (if not, do what you are able to do and build up to 10 repetitions)



## Calf & Achilles stretch



1. Put on leg in front of another (keeping the leg you want to stretch as the back leg)
2. Lunge forward onto the front leg
3. Make sure the back leg has a straight knee and the heel flat on the floor
4. Hold for 30-60 seconds depending on tolerance

## Helpful tips for training

- If you want to increase your running distance or time, only increase this by 10% each week.
- Renew your trainers every 300 to 500 miles. Consider having two pairs of trainers 'on the go' at the same time.
- Vary your training. Combine different speeds, distances and times during your training period. This will allow your tendon to adapt to the loads placed upon it.
- Plan your training regime. Access online help, such as the NHS' 'Couch to 5K'.
- Make training more fun. Vary your exercise in different ways to train other parts of your body. This is termed 'cross training' and is a valuable method of reducing injury, by distributing the loads placed upon your body.
- Here are some examples of cross training that you may find useful: Swimming, spin classes, Pilates, circuits, gym equipment, rowing, weight training, aerobics, cycling or alternative sport.

## Frequently asked questions

Q. What does 'eccentric exercise' mean?

*A. Eccentric exercise is a type of exercise whereby you are controlling a load or weight whilst the muscle is lengthening. An example of this would be lowering yourself down to standing with a flat foot from being on your tip toes.*

Q. Is there a risk that my tendon will rupture while doing my exercises?

*A. There is no evidence that the tendon is at risk of rupture while doing these exercises.*

Q. Will I be able to return to my sport?

*A. If you respond positively to the eccentric programme and your tendon heals as expected then there is no reason why you cannot return to your sport without pain.*

Q. When can I go back to my sport?

*A. This depends on how quickly your body heals and recovers from the tendinopathy. When you feel ready to return to sport we advise a gradual return to your chosen activity and slowly increase the load through your leg so you don't overload the tendon.*

*Be aware that you may have lost some fitness during your recovery, therefore doing some non-impact exercise like cycling or swimming during your recovery would be beneficial.*

Q. Can I still run during my rehabilitation phase?

*A. There is no evidence that you will do yourself further harm if you return to running and have no pain. Your rehabilitation may take longer if running aggravates your pain. As such, you may want to consider alternative forms of exercise, such as swimming or cycling, to maintain your cardiovascular fitness.*

Q. Will I always have to do my exercise programme?

*A. Typically, once the tendon has healed the symptoms will not return if you stay fit. If you find your symptoms returning then it is advisable to return to your exercise programme. If these symptoms do not settle, then consult with your therapist.*

Q. What happens if I do not respond to the eccentric exercise programme?

*A. The majority of people experience a positive outcome to an eccentric program. Approximately 10% to 30 % of people will not respond positively to this treatment. If this happens in your case your therapist will review your treatment plans and suggest alternative treatment measures.*

Q. Is surgery better than an eccentric programme?

*A. Surgery tends to be the last resort when all other treatments have failed. It is not guaranteed to relieve your symptoms.*

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