

Achilles tendinopathy

Patient Information

Musculoskeletal (MSK)



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What is the Achilles tendon?

The Achilles tendon is the strong cord at the back of your ankle.

It connects your calf muscles (gastrocnemius and soleus) to your heel bone (calcaneus).

You use it when you:

- Walk
- Climb stairs
- Run
- Jump
- Rise up onto your toes

It is the strongest tendon in the body, but it can still become painful if overloaded.

What is Achilles tendinopathy?

Achilles tendinopathy is a condition where the tendon becomes painful and irritated possibly because of an increase in activity or doing less activity than you normally would for an extended period of time.

It is not usually because of inflammation. Instead, the tendon structure becomes irritated because it has been asked to do more than it can cope with.

There are 2 common types:

- Mid portion Achilles tendinopathy – 2-6cm above the heel
- Insertional Achilles tendinopathy – pain where the tendon attaches to the heel bone

What are the Symptoms of Achilles tendinopathy?

- Pain at the back of your ankle
- Stiffness (often worse first thing in the morning) – this is very common
- Pain when walking, running, or climbing stairs
- Tenderness when squeezing the tendon
- Swelling or thickening of the tendon
- Pain that eases with gentle movement but worsens after activity

Risk Factors are Associated with Achilles tendinopathy?

- Change, excessive or sudden increase in activity levels
- A change in footwear/unsupportive footwear
- Tight or weak calf muscles
- Are aged 30-60
- Carrying extra body weight (obesity)
- Have other health conditions such as diabetes and high cholesterol
- Hormonal changes (such as menopause)
- Having a job involving lots of standing or walking

It is common in runners, but also in people who are less active.

How is Achilles tendinopathy Diagnosed?

- In most cases, no investigations or scans are needed
- A diagnosis is usually made by discussing your symptoms, the history of your pain and by performing a physical examination of your foot and ankle.
- Occasionally, if symptoms do not resolve with usual management techniques, then other tests might be used to rule out other causes of the pain. These can include ultrasound, or magnetic resonance (MR) imaging scans.

What is the Prognosis/Outlook for Achilles tendinopathy?

Most people improve with the right exercises and lifestyle advice/changes. However, tendons heal slowly so recovery can take up to 12 months although it can improve within a few months. Gradual improvement in your symptoms is expected, rather than immediate improvement.

Being consistent with management advice is key.

What is the management for Achilles tendinopathy?

Most people with Achilles tendinopathy will improve with conservative measures which can include:

- Reducing painful activities temporarily (complete rest is not helpful long term)
- Avoiding sudden increases in activity
- Keeping active within pain limits (mild discomfort during exercise is acceptable with pain settling by the next morning)
- Wearing supportive shoes (avoiding very flat shoes if you have insertional pain)
- A small temporary heel raise orthotic may help to reduce strain for insertional pain
- Pain relief (speak to your GP or local pharmacist about this)

EXERCISES – (mild discomfort during exercises is normal. Stop if pain becomes severe or sharp.

Do these exercises daily/every other day aiming for 2-3 sets of 8-15 repetitions. Rest for 1-2 minutes between sets.)

Level 1



DOUBLE LEG HEEL RAISES

While standing next to a chair or countertop for support, raise up on your toes as you lift your heels off the ground. Return your heels to the floor and repeat.

Level 2



ECCENTRIC HEEL RAISES

While standing next to a chair or countertop for support

1: Raise up on your toes as you lift your heels off the ground.

2: Bend the non target leg.

3: Lower your the target leg heel back down to the floor.

Repeat from step 1 again

Level 3



SINGLE LEG HEEL RAISE (with step support)

Stand at the bottom of your stairs or at a step.

Hold on to the railings/wall as needed.

Place the non target foot on the first step and keep the target foot on the floor.

With the target foot, raise up on your tip toes allowing your non target foot to take some (but not all) of the weight to assist you.

Return target heel to the floor and repeat.

Level 4



SINGLE LEG HEEL RAISES

Stand next to a chair or countertop for support. Stand on the target foot and then raise up on your toes as you lift your heel off the floor. Lower back down and repeat.

When should I progress?

When the level of difficulty with the exercise decreases and pain levels remain the same or better.

Once symptoms improve, please continue with exercises to prevent re-occurrence.

Key messages

- Achilles tendinopathy is common and treatable
- Complete rest is not usually helpful
- Strength exercises are the main exercise treatment
- Lifestyle changes are often required alongside exercise treatment
- Recovery takes time
- Consistency is essential

Frequently Asked Questions.

- **Is it a tear?**

Most cases are not a tear. If you can walk and rise onto your toes, a full rupture is unlikely.

- **Should I stop running completely?**

Not always. You may need to:

- Reduce distance
- Avoid hills
- Avoid speed work

Pain should not be worse the next morning

- **How long will it take to get better?**

Most people will improve within 3-6 months with consistent management.

- **Should I take painkillers?**

Painkillers can reduce your pain and help to keep you moving. It is important to speak to your General Practitioner (GP) or a Pharmacist first before taking any pain relief, especially if you are taking any other medications.

- **Will it come back?**

It can if:

- Exercise is stopped suddenly
- Activity increases too quickly

Keeping calf strength up reduces risk

- **Do I need surgery?**

Surgery is rare. Most people improve with exercise-based treatment.

- **Can I stretch it?**

Gentle stretching may help stiffness, but strengthening is more important.

- **What should I do if my symptoms do not improve?**

If your symptoms do not improve for longer than two months after following the advice in this leaflet, please contact:

Physiotherapy Departments:

- Wigan 0300 707 1113 wwl-tr.mskphysio-bostonhouse@nhs.net
- Platt Bridge 0300 707 1772 wwl-tr.mskphysio-bostonhouse@nhs.net
- Leigh 0300 707 1595 wwl-tr.leighphysio@nhs.net

- **When should I seek urgent help?**

- There is a sudden “pop” to the back of your ankle
- Sudden severe pain
- Difficulty walking
- Inability to rise onto your toes

This could suggest a rupture.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

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Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
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WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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