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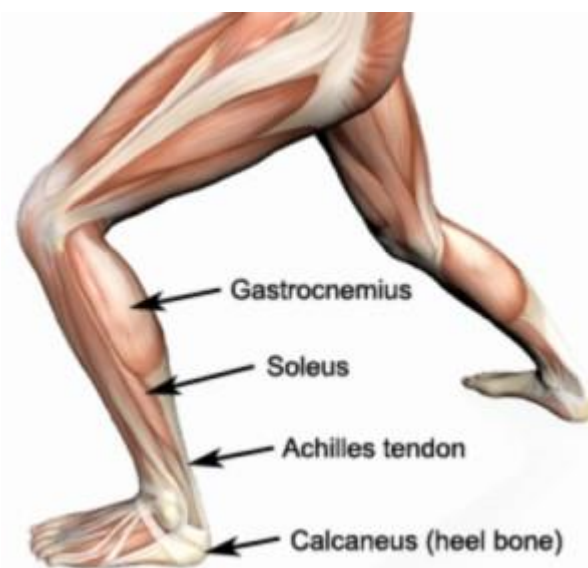
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LYNDOCH

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Achilles Tendinopathy

Achilles tendinopathy is a relatively common condition characterised by tissue damage and pain in the Achilles tendon. The calf is made up of 2 major muscles. One of them originates from above the knee joint (gastrocnemius), the other originates from below the knee joint (soleus). Both of these muscles insert into the heel bone via the Achilles tendon.



As the calf contracts, it places tension through the Achilles tendon. If this tension is excessive, subsequent degeneration and inflammation may occur. This may be as a result of either traumatic high force going through the tendon beyond what it can withstand, such as sudden acceleration or a forceful jump. More commonly, it occurs due to gradual wear and tear associated with overuse, such as excessive walking, running or jumping activities. This condition may also occur following a calf or Achilles tear, following a poorly rehabilitated sprained ankle or in patients with poor foot biomechanics or inappropriate footwear. In athletes, this condition is commonly seen in running sports such as marathon, triathlon, football and athletics.

Signs and symptoms of Achilles tendinopathy

Patients with this condition typically experience pain in the region of the heel and back of the ankle. In less severe cases, patients may only experience an ache or stiffness in the Achilles region that increases with rest (typically at night or first thing in the morning) or following activities which place stress on the Achilles tendon. These activities typically include walking or running excessively (especially uphill or on uneven surfaces), jumping, hopping, performing heel raises or performing calf stretches. The pain associated with this condition may also warm up with activity in the initial stages of injury.

As the condition progresses, patients may experience symptoms that increase during sport or activity, affecting performance. Pain may also increase when performing a calf stretch or heel raise. In severe cases, patients may walk with a limp or be unable to weight bear on the affected leg.

There is also often swelling, tenderness to firm touch, weakness and sometimes palpable thickening of the affected Achilles tendon when compared with the unaffected side.

Prognosis of Achilles tendinopathy

Most patients with this condition heal well with appropriate physiotherapy. This, however, can be a lengthy process and may take up to 6 months in those who have had their condition for a long period of time. Early physiotherapy treatment is vital to hasten recovery in all patients with this condition.

Physiotherapy for Achilles tendinopathy

Physiotherapy treatment for patients with an Achilles injury is vital to hasten the healing process, ensure an optimal outcome and reduce the likelihood of recurrence. Treatment may comprise:

- Electrotherapy - Radial Pressure Wave therapy, Ultrasound, InterX, Interferential therapy
- soft tissue massage
- the use of crutches
- the use of heel wedges
- the use of a protective boot or night splint
- stretches and/or joint mobilisation
- ice or heat treatment
- exercises to improve strength, flexibility, core stability and balance
- anti-inflammatory advice
- activity modification advice
- biomechanical correction (e.g. the use of orthotics) or footwear advice
- a gradual return to activity program

Other intervention

Despite appropriate physiotherapy management, some patients with this condition do not improve. When this occurs the treating physiotherapist or doctor will advise on the best course of management. This may include pharmaceutical intervention, corticosteroid injection, autologous blood injection or referral to appropriate medical authorities who will advise on any interventions that may be appropriate to improve the condition. A review with a podiatrist for possible orthotics may also be indicated.