WiltshireFoot
Podiatric Services

INFORMATION FOR PATIENTS SUFFERING FROM ACHILLES TENDONITIS (TENDONOPATHY)

What is it?

Achilles tendonitis is a painful condition of the Achilles tendon behind the ankle. It affects athletes, especially runners, basketball players, and anyone engaged in jumping sports, but is also common in less active people.

Chronic overuse may lead to degeneration and thickening of the tendon. Because there is no inflammation the condition may sometimes be referred to as tendonopathy or tendonosis instead of tendonitis. Sometimes the condition starts with a definite injury where there was probably a partial tear of the tendon. The thickening of the tendon is the tendon trying to repair itself.

Why does it happen?

There are many theories relating to the cause of Achilles tendonopathy but much is still unknown. The typical site for Achilles tendonitis is about 3 cm above the heel bone. This is the area with the poorest blood supply. Thus healing in this part can be quite slow. The other area it tends to occur is where the tendon attaches to the bone and this is called “insertional Achilles tendonopathy”.

A sudden increase in training by an athlete may be a factor. Runners may add on miles too quickly or engage in excessive hill training while other athletes increase training intensity. Other risk factors include being overweight, diabetes, aging and taking oral steroids or fluoroquinolones (a type of antibiotic).

As we age, our tendons can degenerate. Degeneration means that wear and tear occurs in the tendon over time and weakens the tendon. The healing process in the tendon causes the tendon to become thickened as scar tissue tries to repair the tendon. A nodule can form within the tendon. The Achilles tendon becomes tender to the touch and it hurts to walk, especially pushing off with the toes.

What treatments are available?

An acute injury needs rest. Reduce your walking. A heel pad placed in both shoes can minimize stress by putting slack in the calf muscle and Achilles tendon, or for ladies using a shoe with a moderate heel may help. Orthotics (custom made arch supports) can be helpful.

If the tendon is warm and swollen in the early stages then it may be worth trying a 2-week course of anti-inflammatory treatment such as ibuprofen either by mouth or as a gel rubbed onto the painful tendon, 3 times a day. Prolonged anti-inflammatory treatment is rarely helpful. Using ice on the tendon after any exercise can ease the symptoms.

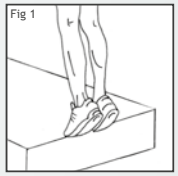
Physiotherapy

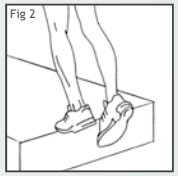
Treatments such as ultrasound and massage are used to control pain and inflammation in the early stages. As pain eases, treatment progresses to include stretching and strengthening exercises. Injured tendons shorten and need to be stretched. Only gentle stretches for the calf muscles and Achilles tendon are used at first.

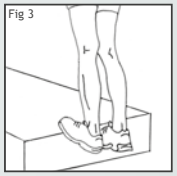
As your condition improves, exercises to strengthen the calf muscles begin. Strengthening starts gradually using isometrics which are exercises that work the muscles but protect the healing area. Eventually, specialized strengthening exercises, called eccentric exercises are used. Eccentrics work the calf muscle while it lengthens.

Eccentric exercise for the left Achilles

Stand on the edge of a step on tiptoe with weight equally on both feet, holding on to a side-rail or banister (Fig 1). Take the weight off the good foot so that all the weight is on the bad foot and slowly come down from the tiptoe position (Fig 2). Feel the Achilles stretch as the heel is lowered and hold for a count of 10 (Fig 3). Put the good foot back on the step and use it (and your arms) to lift you back to the starting position again. Repeat 5 times. Do this 3 times a day.







You should find that you can gradually get back to normal activities. Athletes can be guided in rehabilitation that is specific to their type of sport.

Injection therapy

There are a variety of injection techniques available including “high volume” injections and blood injections. Cortisone injections are rarely advised for this condition due to the increased risk of rupture of the tendon following injection.

Shock wave therapy

Extracorpeal shock wave therapy (ECSWT) is a relatively new technique for Achilles tendonopathy and results are generally good with approximately a 65-70% cure rate. This treatment involves three sessions of treatment 1-2 weeks apart and is performed without anaesthetic. You can drive to and from the appointments and do not need to take time off work after each treatment.

Will I need an operation?

Surgical treatment for Achilles tendonopathy is usually not necessary unless the above measure have failed.

What will the operation involve

The operation is done through an incision on the back of the ankle over the Achilles tendon. Any inflamed paratenon (the covering of the tendon) is removed. The tendon is then split, and the degenerative portion of the tendon is cut away along with any bony spurs that may have developed. The split tendon is then repaired and allowed to heal. In very severe cases the Achilles is replaced by another tendon but this is never as strong as the original Achilles tendon. In most cases you will be fitted with a cam walker (like a ski boot) and you will need to wear this whenever you walk for 2-4 weeks after the surgery. You maybe asked to use crutches initially after surgery to partially weight bear.

How successful is the operation?

Surgery for Achilles tendonopathy in general gives about 75-80% success rate. Recovery can be quite slow after this operation, taking several months before it is comfortable to walk any distance or return to sport.

Are there any risks associated with the operation?

As with all operations there are risks associated with the anaesthetic and surgery. Occasionally some patients may have complications such as infection or delayed wound healing, prolonged swelling, recurrence of the condition, or nerve damage. Following surgery it can take the tendon a good 6 months to fully settle down. Physiotherapy after surgery is always recommended.

What will happen after the operation?

The operation is usually day case but you may need to stay overnight in hospital. Mr Yates will discuss this with you. You will be given a cam walker to wear over your bandage and you must wear this whenever you want to walk. The cam walker must be worn for 2-4 weeks. You usually do not need to use crutches.

What happens when I leave hospital?

For the first 48 hours you will rest in bed with your legs elevated and should take the painkillers prescribed for you. You will be asked to do some foot exercises during this time. The foot will be bandaged for 2-4 weeks. You will be given an Outpatients appointment to return to have the bandages removed. You will be able to return to work from 2-6 weeks after the operation, depending on whether you need to stand or walk around a lot for your job. You will not be able to drive until you come out of the post-operative shoe.

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