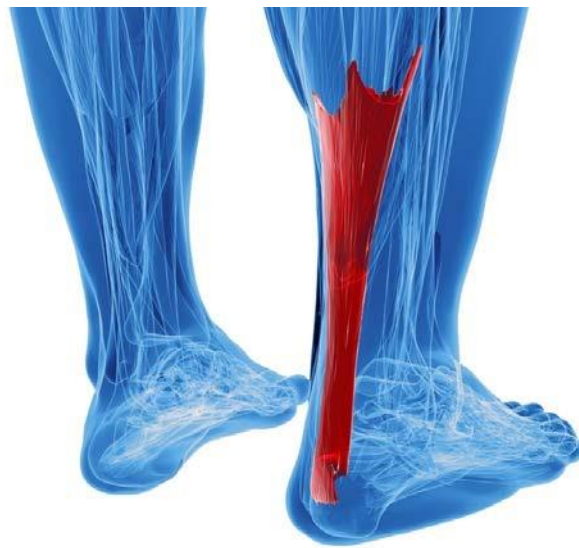


## Patient information

### Achilles Pain / Tendinopathy

#### Anatomy

The Achilles tendon is located at the back of the lower leg. It connects the big calf muscles to the heel bone and allows you to point your foot down / rise on to tip toes. (Plantar flexes the ankle)



#### What is an Achilles Tendinopathy?

Achilles tendinopathy is a clinical diagnosis that presents as a pain in the tendon at the lower portion of the back of your calf, or at the back of your heel. It often causes swelling, stiffness and a reduction in function, particularly first thing in the morning or after periods of rest. Achilles tendinopathies usually develop over a period of time (days and weeks) it is not usual to have a sudden onset of pain.

#### What causes them?

The exact cause remains unknown. However, there is a strong link with overuse or a change in load to the tendon, such as a sudden increase in exercise or activity.

There is also thought to be a link with muscle weakness and muscular deconditioning in the development of an Achilles Tendinopathy. Pain at the back of the heel (Insertional Tendinopathies) are often linked to local compression of the area such as when standing on a ladder or walking up hills.

You may be at an increased risk of developing Achilles tendon problems if you are overweight, have high cholesterol or have Diabetes. There is also thought to be a genetic link.

## Types of Tendinopathy

There are two main types of Achilles tendinopathy 'Insertional' and 'Mid Portion', these terms relate to the location of the symptoms.



## How common are they?

Achilles tendon problems are very common with approximately 9% of the sporting population and 6% of the non-sporting population developing an Achilles tendinopathy at some point in their lives.

## What are the Symptoms?

- Pain / point tenderness (pain on touch) in the tendon or back of the heel bone
- Pain on walking and exercise, particularly when first getting started, this may ease with continued activity
- Stiffness, particularly first thing in the morning or after long periods of rest
- Loss of strength when pushing up on to tip toe

## What is my Prognosis?

Most people do recover and return to sport /activity following conservative management. The recovery period varies from person to person and is typically three to six months, but it is not unusual to have symptoms lasting up to a year.

## How can I manage my Symptoms?

1. It is important to maintain a healthy body weight.
2. Exercise that gradually increases the load through the tendon over time has been shown to be the most effective treatment for Achilles tendinopathies. This should be done progressive way to avoid flaring symptoms.
3. Following the traffic light system below can help with this

Pain during exercise  
0 = no pain 10 = worse pain imaginable

0 - 3	4-5	5 - 10
Safe zone	Acceptable	Excessive

It is acceptable to feel some discomfort but not significant pain

## Suggestions for a Self-help Exercise Plan Stage 1

### Symptom management and load reduction (typically week 1-2)

- Avoid aggravating factors and excessive load such as running and walking up hills
- Use of a heel lift in your shoe may help to reduce pain initially
- 1. Range of movement exercise in sitting, bend the ankle up and down as far as possible in your safe working zone (pain 0-3/10) this will help to improve blood flow
- 2. Single leg heel raise in sitting aim 3x sets of 10
- 3. Two legged heel raise for the floor aim 3x sets of 10 in your safe zone • 4. Isometric hold aim 30 sec with 6 repetitions

**Only progress to Stage 2 when Stage 1 can be completed pain free.**



**Exercise 1 (This could be done in sitting)** Aim to pull your toes toward you as far as possible the point away from you to increase the range of movement



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## Exercise 2



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## Exercise 3



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## Exercise 4

Raise and lower the affected ankle aim for 3 x 10 repetitions

Push up from the floor on to tip toes using both feet aim 3 x 10 repetitions

Come onto tip toe on the affected side, then apply downward pressure with your hands hold for 30 sec maintaining the tip toe position, aim for 6 repetitions

## Stage 2

### Recovery phase (typically weeks 2-5)

- 1. Two legged heel raise from step aim 3x 15 reps in your safe zone
- 2. Single leg heel raise from a step aim 3x 15 reps in your safe zone
- 3. Eccentric load on a step aim 3 x 15 reps
- 4. Quick heel rises from the floor aim 1x 20

Only progress to Stage 3 once Stage 2 can be completed pain free



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**Exercise 1**



**Exercise 2**

Stading on a step, allow your heels to drop below the level of the step, then push up into tip toe  
aim 3 x 15 repetitions

This is a progression of exercise 1, this time perform the exercise with the affected leg only, aim  
3x 15 repetitions

**Exercise 3** **Exercise 4**

On a step, push up into tip toe through both feet, shift your weight to the affected side only, focus on slowly lowering through that side only, this should take 5-10 seconds to lower back down, aim 3 x 15 repetitions

Pushing up on to tip toes from the floor, the focus here is on speed, aim for 20 repetition as fast as possible

## Stage 3

### Re Build Phase

- Stage 3 is a progression from stage 2 with the addition of external weight such as the use of a heavy rucksack when performing the exercises
- In this stage you can consider returning to gentle running or jumping
- A referral to physiotherapy may be helpful when considering a return to sport or if symptoms fail to settle with the above steps

### Are there other Treatments?

- Strong evidence to support physio and exercise therapy
- There is some evidence to support Extracorporeal Shockwave Therapy, though this is not convincing and as yet is not available via the NHS
- Limited evidence to support the use of taping, it may however assist with offloading in the initial phase of rehabilitation.
- There is **NO** evidence to support the use of steroid injection
- In extreme cases that have failed to resolve conservatively a referral to see an orthopaedic surgeon may be appropriate

### Warning:

**If your pain is a result of a sudden trauma or injury, and you are unable to actively point your foot down or physically unable to tip toe, it is possible you have torn your Achilles. It is recommended you see your GP or Attended A&E if this is the case.**

### Use these headings as a guide to what font size/colour you should use for your questions/headings

Enter your answers/explanations in this size font/colour (12 point black)

**Note to author:** the headings below must be included within all patient information. Please update the sources of information and delete 'consent' where not necessary.

### Sources of information

E.g. specialist nurse, ward, consultant secretary, self-help group, national bodies or Web site addresses.

### Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

### Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

### Hand hygiene

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### Other formats

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4500 Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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### Reference

The following clinicians have been consulted and agreed this patient information:

Dr Danielle Vidler – Consultant and Clinical lead Emergency Department CQ

Mr Utham Shanker – Consultant and Clinical lead Emergency Department EDGH

The directorate group that has agreed this patient information leaflet:  
URGENT CARE

Next review date: December 2027

Responsible clinician/author: Emergency Department Consultants

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