

Achilles Tendinopathy

What is Achilles tendinopathy?

The Achilles tendon runs down the back of the lower leg and attaches the bottom of the calf muscle to the heel bone. Achilles Tendinopathy is a term used to describe the degenerative changes seen within the tendon and has now replaced the term “tendinitis” as research has shown there are no inflammatory changes. The tendon structure alters as a result of repetitive use and this can cause tiny tears through the tendon. In addition to this, the tendon has a poor blood supply in areas which means healing can be slow. Ongoing trauma and poor healing lead to pain and reduced function around the back of the ankle.

Who gets it?

Achilles tendinopathy is often found in athletes that carry out sports that involve jumping and running. Achilles tendinopathy occurs when the tendon is unable to adapt to the strain placed upon it. There are many factors that can make you predisposed to developing the problem including:

- ≡ Age- more common in middle age
- ≡ Weight- Higher than average body weight
- ≡ Muscle weakness- tight or weak calf muscle, poor calf endurance
- ≡ Reduced stability around the hip and knee
- ≡ Altered gait with running
- ≡ Training errors- a sudden increase in volume or intensity, hill running, poor footwear

Signs and symptoms:

The most common symptom is pain, which comes on gradually over time and is felt at the back of the ankle. There may also be swelling over the area and the tendon can become thickened. Stiffness in the Achilles tendon is a common symptom. Pain can also be aggravated by exercise or in some cases, just by walking/moving the ankle joint.

Achilles tendinopathy can be diagnosed by a clinical assessment with your doctor. An ultrasound examination may be used to confirm the diagnosis and evaluate features of tendinopathy such as tendon thickening, partial degenerate tears and new blood vessel formation.

Treatment:

The condition may take several weeks or months to settle. Relative rest from exercise that causes the pain is necessary until discomfort improves. Your doctor will advise regarding appropriate rehabilitation and this is usually prescribed by your physiotherapist. In addition, Simple pain killers like paracetamol can also be used. In some people a biomechanical assessment is indicated which can be carried out by an orthotist.

Evolving treatments for the disease include extracorporeal shockwave therapy (ESWT), glyceryl trinitrate (GTN) patches, high volume stripping injections (injection of 20-50mls of saline/anaesthetic, under ultrasound guidance, between the tendon and the underlying surface to destroy any new nerves which may be causing the pain and allowing the patient to continue their rehabilitation exercises and/or other therapies), autologous blood injections and platelet rich plasma (PRP) injections. There is emerging evidence to show that these treatments can improve symptoms by encouraging the healing process.

If symptoms continue despite non-operative management, a referral to an orthopaedic surgeon to discuss surgical intervention may be considered.