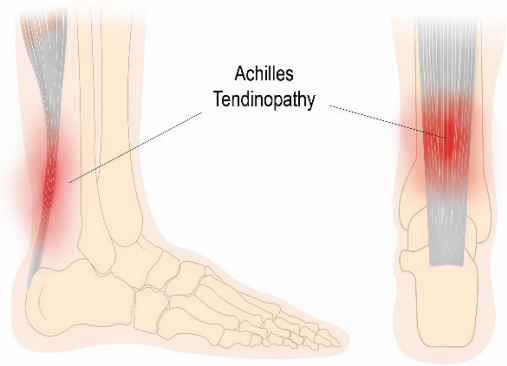


What is Achilles Tendinopathy?

The Achilles tendon is the biggest and strongest tendon in the human body. It connects the calf muscles to the heel bone (calcaneus).

Achilles tendinopathy (previously referred to as Achilles tendinitis) can present in any age but mostly commonly between the ages of 30-50 years. You can have pain in the middle or end of the tendon. 30% of patients can have symptoms on both sides.

If you have had sudden trauma and are unable to point your foot down, you may have a ruptured your Achilles tendon. Please seek urgent medical attention by calling **111**.



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How is it diagnosed?

An appropriate healthcare professional will assess your foot and ankle for pain, swelling and function. Scans are not usually needed.

What are the symptoms?

- Pain at your Achilles tendon when active
- Thickened or swollen tendon
- Lumps/nodules in your tendon
- Stiffness and/or pain first thing in the morning
- Stiffness and/or pain after spells of rest
- Reduced exercise or activity due to pain.

What are the causes/risk factors?

- A change in how much or how hard you exercise
- Reduced calf muscle strength
- Altered foot mechanics
- Change in footwear
- Some medical conditions or medications can be a risk factor such as high cholesterol, diabetes, or high BMI (Body Mass Index)

Do I need surgery?

If your tendon has ruptured, you may be offered surgery.

The best treatment for your Achilles tendinopathy is conservative/non-surgical management. It can take 6-12 months to see an improvement in symptoms.

How can you manage Achilles tendinopathy?

Lifestyle and health changes

The following adjustments to your lifestyle can help to manage Achilles tendinopathy:

- Maintaining a healthy diet and weight
- Quitting smoking

Self-management

- Complete rest is not advised as it can increase your length of recovery
- It may help to change your activity, i.e. changing the surface you walk on or changing how often and how hard you exercise
- Calf stretches can make your symptoms worse and are not advised as part of treatment
- Try wearing more supportive footwear.

Physiotherapy/podiatry

- Can provide you with education around the condition
- Issue you an individualised exercise plan, which will include a holistic approach and may include exercises for the rest of the leg
- Advise on footwear and/or insoles/heel raises
- Modifications and alternatives to maintaining fitness and exercise
- Treatments such as shock wave therapy may be used in combination with rehabilitation.

This leaflet has been created in conjunction with Orthopaedics, Radiology, GP's, Podiatrists and Physiotherapists within NHS Lothian