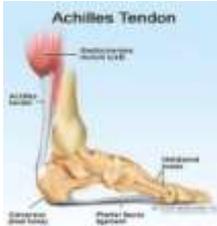


RED FLAG/GP ADVICE: CONSIDER ACHILLES TENDON RUPTURE IF THERE IS HISTORY OF SUDDEN SNAP OR SHARP PAIN IN THE ACHILLES REGION, INABILITY TO STAND ON TIP TOES OR A GAP ABOVE THE HEEL IF SWELLING DOES NOT DISGUISE THE GAP

ACTION: URGENT REFERRAL TO FOOT & ANKLE ORTHOPAEDICS

¹**ACHILLES TENDINOPATHY** **PATIENT INFORMATION LEAFLET**



What is the Achilles Tendon? The Achilles tendon is found just behind and above your heel. It joins the heel bone (calcaneum) to your calf muscles. The Achilles tendon helps in bending your foot downwards at the ankle – a movement called 'plantarflexion'.

What is Achilles tendinopathy?

Achilles tendinopathy is a condition that causes pain, swelling, stiffness and weakness of the Achilles tendon. It is thought to be caused by repeated tiny injuries (known as microtrauma) to the Achilles tendon. After each injury, the tendon does not heal completely, as should normally happen. This means over time, damage to the Achilles tendon builds up and Achilles tendinopathy can develop.

What causes Achilles tendinopathy?

A number of things can lead to repeated tiny injuries to the Achilles tendon, for example:

- Overuse of the Achilles tendon. This can be a problem for people who run regularly, dancers and for people who play a lot of tennis or other sports that involve jumping.
- Training or exercising wearing inappropriate footwear
- Poor training or exercising techniques – e.g. a poor running technique
- Making a sudden change to your training programme e.g. increasing the intensity of your training and how often you train
- Training or exercising on hard or sloped surfaces
- Having a high arched foot
- Having poor flexibility e.g. tight calf muscles and/or hamstrings.

What are the symptoms of Achilles tendinopathy?

The main symptoms are pain and stiffness around the mid portion of the Achilles tendon. Pain and stiffness tend to develop gradually and are usually worse when you first wake up in the morning. Some people have pain during exercise but in general pain is worse after exercise.

INITIAL TREATMENTS FOR ACHILLES TENDINOPATHY

REST

'PRICE' regime: Protection, Rest, Ice, Compression, Elevation



Protect from further injury by Resting e.g. reduce or stop exercise / non-essential high impact activity e.g. running, jogging, aerobics, Zumba, long periods of unnecessary standing/walking.

Ice – Apply this as soon as possible after the injury, it is recommended to reduce pain. Crushed ice in a plastic bag is the most effective way of applying to the affected area with a thin damp cloth directly on the skin to prevent tissue damage. An ice pack should be applied to the affected area for 10 minutes

¹ Patient information leaflet: Achilles Tendinopathy October 2014

(ON), then remove the ice pack for 10 minutes (OFF) and replace the ice pack for a further 10 minutes (ON). This can be repeated 3 to 4 times a day if this helps to relieve the tendon pain. (Do not put ice directly next to skin, as it may cause ice burn). Gently press the ice pack on to the injured part. Do not leave ice on while asleep.

Do not use ice if you have poor circulation or loss of sensation e.g. diabetic neuropathy.

Compression – **gentle** pressure on the calf and tendon with a wrap helps to reduce pain and swelling. If painful reduce compression. Applying continual gentle pressure using a neoprene ankle sleeve can help if this feels comfortable when worn.

Elevate – elevate feet as much as possible.

PRICER – Protection, Rest, Ice, Compression, Elevation, **Referral** –

If the injury is severe and you suspect you have completely or partially ruptured your Achilles tendon seek immediate medical attention. With a complete rupture you might feel a snap or a sudden sharp pain in your tendon.

PAINKILLERS

Painkillers such as paracetamol or ibuprofen may help to relieve pain. Ibuprofen is from a group of medicines called non-steroidal anti-inflammatory drugs (NSAIDs). However, you should not use ibuprofen or other NSAIDs for more than 7-14 days as this may possibly reduce the ability of the tendon to heal in the long term.

Note: side-effects sometimes occur with anti-inflammatory painkillers. So, check with your doctor or pharmacist before taking them to make sure they are suitable for you.

FOOTWEAR & FOOT ORTHOSES



Avoid being barefoot as much as possible. Avoid very flat shoes e.g. ballet pumps / flip flops.

Insoles that provides 'postural support' known as orthotics can be helpful to take some of the strain off the tendon e.g. orthoheel

ACHILLES TENDON EXERCISES

Exercises to help to stretch your Achilles tendon can be helpful. These are suitable **after the first 5 days following injury**. Such exercises may help with pain control and stiffness.



Calf stretching exercises: Gastrocnemius Muscle Calf stretch. Stand in a walking position with the leg to be stretched straight behind you and the other leg bent in front of you. Hold the stretch for a count of 30 seconds. Repeat for each leg. Repeat 5 times. 5 days a week for 6 weeks.



Calf stretching exercises – Soleus muscle calf stretch.

Stand in a walking position with the leg to be stretched behind you. Hold on to a support. Bend the leg to be stretched and let the weight of your body stretch your calf without lifting the heel off the floor.

Hold for 30 seconds – relax. Repeat 5 times, 5 days a week for 6 weeks.

OTHER TREATMENTS FOR ACHILLES TENDINOPATHY.

If after six weeks of following initial advice for Achilles tendinopathy your symptoms do not improve visit your GP and discuss the next steps, which may include a referral.

Further treatments may include:

1. Guided Achilles strengthening exercises and other rehabilitation treatments.

These are specific strengthening exercises that have the most evidence and best outcomes for the treatments of midportion Achilles tendinopathy. They are prescribed and monitored by a skilled clinician e.g. musculoskeletal podiatrist/physiotherapist.

2. Extracorporeal Shockwave therapy

Further information on this is available at <http://www.nice.org.uk/guidance/IPG311>

3. Tendon sheath injections

Using corticosteroids under ultrasound control (to minimize tendon rupture)

4. Diagnostic tests

To confirm diagnosis and to diagnose any potential co-existing conditions which, may also require attention

5. Surgery

This may be open or keyhole surgery e.g. removing nodules or adhesions (parts of the fibres of the tendon that have stuck together) that have developed within the damaged tendon.

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