

PATIENT
INFORMATION
LEAFLET

Insertional Achilles Tendinopathy

Airedale NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Bradford District and Craven Clinical Commissioning Group

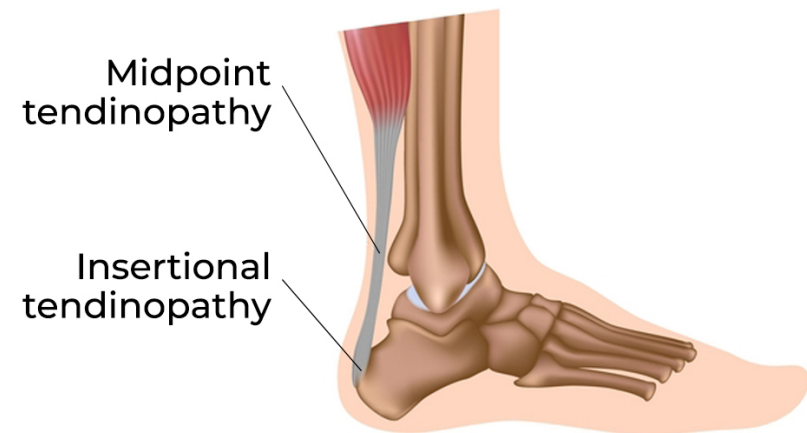
Introduction

Your Achilles tendon is the strongest tendon in the body found just behind and above your heel. It joins your heel bone (calcaneum) to your calf muscles. The Achilles tendon is very important in absorbing shock (especially when running) and enabling you to push up onto your toes e.g. climbing hills/stairs.

What is Achilles Tendinopathy?

Achilles tendinopathy is essentially wear and tear of the Achilles tendon. It can cause pain, swelling and stiffness of the Achilles tendon.

Achilles tendinopathy can be divided according to what part of the tendon is affected. The two types are insertional tendinopathy and midpoint tendinopathy.



Causes of Insertional Achilles Tendinopathy

Risk factors for developing Achilles tendinopathy include;

- Overweight
- Poor fitting footwear
- Diabetes
- High cholesterol
- Overuse of the Achilles tendon for example runners, playing tennis and activities involving a lot of jumping.
- Sudden changes to your training program or activities; such as frequency, duration or training surface without a sufficient adaptation period
- Weakness of your calf muscle

Symptoms of Insertional Achilles Tendinopathy

The main symptoms include pain and stiffness where the tendon inserts onto your calcaneum (heel bone). This area may feel swollen. The pain and stiffness often develops gradually over time. Stiffness is usually worse when you first wake up in the morning. Pain is generally worse during and after exercise and may affect your daily activities.

Self management of Insertional Achilles Tendinopathy

Weight loss

If you are overweight you are putting extra load through your knee. This will be contributing to your arthritis. Therefore, losing weight will improve your symptoms. Here are some useful websites;

- <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>
- <https://www.nhs.uk/live-well/healthy-weight/start-the-nhs-weight-loss-plan/>

Stopping Smoking

Smoking is a well recognised risk factor in the development of achilles tendinopathy, it is therefore important to try and stop.

- <https://www.nhs.uk/live-well/quit-smoking/>

Footwear

Tight fitting footwear, especially around the heel, is a common cause of insertional achilles tendinopathy. If you feel this is the case you may want to try different footwear.

Activity management

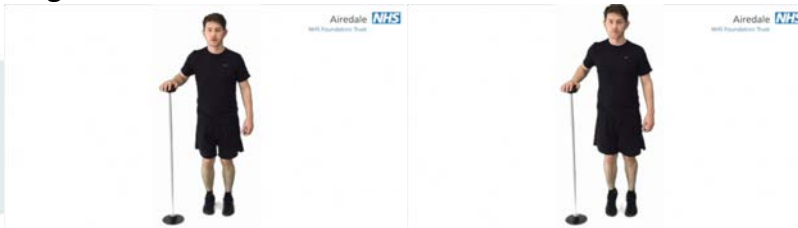
Reduce your levels of activity to a point where you feel no pain. Maintain this level of activity and the tendon may settle in as little as 5-10 days. However, it may take several weeks to fully settle. For mild cases you may be able to continue some normal activities as long as you're able to keep it relatively pain free.

Diabetes/Raised cholesterol

If you suffer with these conditions it is important to ensure they are well controlled. Speak to your healthcare professional for advice on improving your control.

Exercises for Insertional Achilles Tendinopathy

Standing Heel Raises



- While standing on one leg, raise up on your toes as you lift your heel off the ground.
- Goal: 4 sets of slow exercises, 6–8 repetitions of 4 second up and 4 second down.
- Rest 30 seconds between sets. Complete it once a day, on alternate days.

Single Leg Heel Raises



- Put your hand on a wall or other stable surface for balance.
- While standing on one leg, raise up on your toes as you lift your heel off the ground.
- Keep your knee straight.

Single Leg Heel Raise (Knee Bent)



- In standing - Stand in a supported position
- With your knee slightly bent - raise up onto your toes (heel raise)
- Lower heel down slowly. Repeat

What next?

If you are still experiencing symptoms despite following the above advice, it is important you seek advice from your GP. Given insertional achilles tendinopathy is commonly caused by poor fitting footwear, your GP may refer you to see a podiatrist.

The podiatrist will also try to identify any biomechanical problems with the foot that can be addressed with insoles or orthotics.