



THE REHAB ROOM

Achilles Tendinopathy.

Achilles tendinopathy (previously termed tendinitis) is a common and frustrating condition seen in endurance running athletes.

Clinically patients tend to complain of pain in the lower aspect of the leg around the Achilles tendon aggravated by loading activities such as running or jumping. This may be mid substance (in the middle of the tendon) or insertional (at the Achilles insertion into the heel). Usually a mid substance tendon (which are the majority of cases) will respond better to treatment. Generally an injured tendon will go from a reactive (aggravated) stage initially, to a dysrepair stage (where there is some intrasubstance tendon disruption), to finally a degenerative stage (significant intrasubstance disruption which is thought to be somewhat irreversible).

As with all overuse injuries, load is generally the main causative factor. A sudden increase in running volume or intensity is usually correlated to the onset of symptoms. In many cases, there have been low grade symptoms for sometime beforehand which the athlete has been managing with until the load has changed. Hill work or speed work may also cause the start of symptoms as can change in footwear, training terrain or a lack of recovery between sessions.

A shift to minimalist running too quickly or if there is a lack of calf strength may also cause this problem as is something we have seen more of recently. As mentioned previously it needs to be a gradual process guided by a good running coach and may take 3-6 months to successfully achieve.

The same biomechanical faults and incorrect footwear as mentioned in last month's article on plantar fasciitis can all contribute to this problem essentially by overloading the tendon.

Treatment includes:

- Load modification – not stopping everything but a reduction in running may be needed for successful management. Swimming and bike are generally not provocative. The 24-48 hour response to exercise is a good way of gauging suitable loads and whether they are increased or reduced.

- Specific eccentric strengthening of the Achilles is a well proven intervention for mid substance Achilles problems but not so much for insertional problems. This is a 12 week programme that can be guided by your treating sports physiotherapist and is successful in about 80% of cases.
- Ice can be used to settle the acute pain and is a good modality to use post exercise.
- Foam rolling and trigger pointing tight bands in the calf muscles can help unload the Achilles. Stretching the calf and rubbing the tendon itself is generally not helpful.
- General strengthening of the calf muscles can be useful if they are weak and should look at both the gastrocnemius and soleus which work when the knee is straight and bent respectively.
- Gluteal strengthening and stabilising exercises may be needed for hip and knee control higher up the chain as indicated.
- Footwear review may well be indicated to assess how suitable shoes are for the runner's foot type and regular changing once they have reached their use by is indicated.

Achilles tendinopathy can be a difficult condition to treat, but will usually resolve conservatively especially if it is addressed early. A reactive tendon will usually settle in about 4 weeks. A tendon in disrepair will usually take 3-4 months. A degenerative tendon may well be an episodic problem and potentially require more a management plan than cure.

A rough guide of being able to return to the early stages running is the ability to hop 40-50 times with no tendon pain but this must be guided by your physiotherapist or sports medicine professional. There may be some tenderness to touch the Achilles and this could last for some time but is not necessarily an indication to be too worried if there is no pain with function at the time or in the day or two following. It may take a few months to rebuild running volumes.

In stubborn cases more modern treatments of PRP blood injections, sclerosing injections and shockwave treatment may potentially help. Surgery is rarely necessary, and only advised if symptoms persist or are unsuccessful with correct conservative treatment of at least 6-12 months.

Happy racing!

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