

If there is tenosynovitis but the tendon itself is reasonably healthy, decompressing the inflamed tendon lining often gives good results. If the problem is tendonosis keyhole surgery with “Topaz” or rarely major reconstruction, might be offered. Reconstructive surgery would involve removing the degenerate tendon and repairing the remaining tendon. However, this has potential risks which your surgeon would discuss with you.

For these reasons surgery for Achilles tendonosis is only advised when the tendon problem is disabling. The best treatment for a ruptured Achilles tendon is not known for certain. Most ruptures will heal if protected in a plaster or brace for 6-8 weeks. After such treatment there is a higher risk of another rupture (about 5% as against 2% after surgical repair) and the tendon is often weaker than after surgical repair. Nevertheless many people get a good result after plaster treatment and, obviously, avoid the risks of surgery. This may be the best treatment for less physically active people. The greater strength and quicker recovery after tendon repair may be more useful to those who expect to play a lot of sport again. Your surgeon will discuss the options with you to help you decide what is best for you.

#### WHAT ABOUT SPORT?

---

You may need to reduce your sport for a while to allow your tendon to heal. Some people who have surgery will not get enough tendon strength or flexibility to allow them to return to running or sport.



## ACHILLES TENDONITIS

Copyright 2000-2008

[www.JohnHardy.co.uk](http://www.JohnHardy.co.uk)

Phone 0044 (0)117 3171793

Fax 0044 (0)117 973 8678

# ACHILLES TENDONITIS

## INTRODUCTION

---

The Achilles tendon (or heel cord) is the thick strap that can be felt running down the back of the calf into the heel. The tendon is made up of many bundles or fibres of a strong material called collagen, which is the body's main tissue building block. It is attached to, and worked by, the large muscles that make up the calf (gastrocnemius and soleus). When the Achilles tendon pulls on the heel it makes us go up on tiptoe, or pushes us forwards when walking or running. If this tendon is not working it is difficult to walk and the ankle feels weak. Most Achilles tendon problems occur in athletes and are basically overuse injuries. In a few cases, other medical conditions contribute to the weakening of the tendon. A high-arched or low-arched foot may increase the stresses on the Achilles tendon. As we get older the tendon becomes less flexible and less able to absorb the repeated stresses of running. Eventually small "degenerative" tears develop in the fibres of the tendon. The body tries to repair these tears. Sometimes the repair process is successful. However, the blood supply of the lower part of the tendon is not very good and the combination of this and the continued stresses of running mean that the tendon may not completely heal. Instead, the tendon and its lining become painful and swollen, and the tendon may feel weak. The combination of degenerative and repair processes in the tendon is called tendonosis (or sometimes tendonitis). Because the lining of the tendon is called its tenosynovium, inflammation of the lining is called tenosynovitis. Sometimes the tendon becomes weakened by the degenerative process to the extent that it tears completely.

## HOW DO I KNOW I HAVE A TEAR?

---

If you had a complete tear, you would probably feel a sudden pain in your heel or calf. Some people say this feels as though some had kicked them on the calf, or hit them with a squash racket. Usually the heel becomes painful, swollen and bruised, and it becomes difficult to walk.

Tendonosis and tenosynovitis develop more gradually. The Achilles tendon and the heel become painful and a swelling may develop in or around the tendon. At first the problem is present mainly on running or playing sport, but later it may become increasingly difficult to walk because of the painful tendon.

## CAN I TREAT IT?

---

Achilles tendonosis or tenosynovitis can be treated like any other athletic injury or overuse problem in the first instance.

You may need to reduce your mileage or the frequency of your sports for a while. When you do run or play, warm up longer and do plenty of Achilles stretches. Maintain the stretch at night with a [Dorsiwedge Night Splint](#).

A change to a softer running surface and well padded running shoes may help. A 0.5cm raise on your shoe heel or an [Aircast Airheel](#) ankle brace will reduce the stresses on the tendon (remember to raise the other side too, to keep yourself balanced). When the pain and swelling is bad, it will usually be helped by applying a [Cryocuff](#) or a small bag of frozen peas. For the pain, try simple pain-killers such as paracetamol. Anti-inflammatory medicines may reduce the inflammation in the tendon, but check

with your doctor or pharmacist before taking these as they can have side-effects in some people.

Obviously, there is no self-help solution to a complete tear of the Achilles tendon for which you need to see one of our surgeons ASAP!



## WHAT CAN BE DONE ABOUT TENDONITIS?

---

The first thing is to check that you have tried all the simple measures outlined above. If so, a physiotherapy programme aimed at reducing the inflammation in and around the tendon would be tried. Once the inflammation is improving, the physiotherapist will start exercises to strengthen and stretch the Achilles tendon. Most people will improve a lot after physiotherapy. A few continue to have trouble and in this case an operation will be considered.

## WILL I NEED SURGERY?

---

Most people will improve with simple measures or physiotherapy. A small number continue to have major problems which interfere with their lifestyle. In this situation an operation may be considered. If an operation is being considered, your GP will arrange for you to see an Orthopaedic and Trauma Surgeon. The surgeon will assess you and examine your ankle. You may be advised to have further treatment before making a decision about an operation. The surgeon will probably want you to have an ultrasound or MRI scan before any surgery, to show whether there is a problem in the tendon which can be corrected by surgery.