



Achilles Tendinopathy

Achilles tendinopathy is an injury that presents frequently to sports medicine centres. It occurs as a result from degeneration of the tendon attaching the calf muscles to the calcaneus (heel bone). The degenerative process can be present for months before symptoms develop. As a result of the degeneration, the tendon becomes thin, weak and frayed. The fragile tendon fibres become separated from each other lengthwise and disrupted in cross-section, therefore leading to a decrease in tendon strength, which makes it susceptible to aggravation by normal everyday activities such as running, up/down stairs, playing sports etc.

Treatment needs to be focused on strengthening the remaining areas of tendon, thereby increasing the load it can withstand, reducing symptoms and allowing a return to normal activity. Research shows that a specific type of strengthening, using Eccentric (or lengthening) contractions are best suited to stimulate collagen fibre deposition and restore tendon strength. A structured eccentric strengthening programme, with progressive and controlled increases in load gives the best outcome. However it can take between 6 –12 weeks to see the benefit.

Achilles Tendon Rupture

An achilles tendon rupture is usually a complete tear (partial tears are rare). A common description of the injury is that the injured person feels like they were hit or kicked in the back of the leg.

Explosive sports such as squash and netball are very common sports to play to have a complete achilles rupture.

There are 2 options available which are surgery treatment and conservative treatment (non-surgery).

If you decide to have surgery, the ideal time is 5-7 days after the injury so that the tendon doesn't retract too much and makes it a lot easier to repair. An orthopaedic referral is necessary for this option.

If conservative treatment is a better option, then you are in a non-weightbearing fibreglass plaster in a plantarflexed position (toes pointed), to allow the torn ends to re-attach for approximately 4-6 weeks.

	Surgery	Non-Surgery
Repair Strength	Strong	Weak
Re rupture rate	2%	18%
Complication rate	High	Low
Return to Sport	Yes	Very doubtful
Recovery time	6-8 months	18-24 months