**Achilles Tendinopathy:**

An overuse injury caused by repetitive movement and excessive compression.

Sudden onset can cause a rupture of the achilles tendon. A lack of flexibility in the tendon.

Anatomy:

The achilles tendon combines the gastrocnemius and soleus muscles to the posterior surface of calcaneus and the posterior-superior calcaneal tuberosity.

Can be insertional and tear directly at the calcaneus where the tendon inserts. This can rip part of the bone away and therefore require surgery to remove the bone segment.

Can be mid-portional and tear higher up in the tendon or where the tendon connects to the muscles.

Aetiology:

Decreased arterial blood flow, local hypoxia, decreased metabolic activity,nutrition and persistent inflammatory response are all factors that can lead to chronic tendon overuse.

Signs and symptoms:

Pain(back of leg or heel), Stiffness (in tendon), swelling (back of the ankle), PoP, crepitus (during movement of ankle).

Risk Factors:

Obesity, high blood pressure, rapid change to load, type 2 diabetes, prolonged steroid use, family history of tendinopathy, inappropriate footwear and elderly population.

Clinical presentation:

Morning pain, swelling and pain are less common, sensitive zones, combined with intratendinous swelling moving along the tendon.

Differential Diagnosis:

Plantar fasciitis

Calcaneal stress fracture

Heel pad syndrome

Posterior ankle impingement

Retrocalcaneal bursitis

Lumbar radiculopathy

DVT

Treatment:

Rest, ice, NSAIDS

Soft tissue techniques

Electrotherapy

Stretching

Joint mobilisations

Gait analysis and orthotics

Taping

Hydrotherapy

Eccentric loading exercise programme- calf raises on the stairs use a good leg to help raise up on to tip toes transfer your weight across to you bad leg slowly and slowly lower yourself down. Repeat.

Exercises- calf raises

Acupuncture

Calf stretch against the wall straight leg, bend at the knee.

Toe on the wall dorsiflexion