



Everett Foot Clinic

Achilles Tendonitis

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Achilles tendonitis— A painful inflammatory reaction, with or without swelling, may occur around the Achilles (calcaneal) tendon. The tendon does not have a true synovial sheath but is surrounded by a paratenon. An acute case of tendonitis involves the paratenon, not the tendon itself, but in severe chronic Achilles tendonitis, a nodule composed of micro-tears of the tendon with mucoid degeneration, longitudinal fissures, and scar tissue forms in the body of the tendon.

The increased impact of downhill walking puts additional stress on the Achilles tendon as does toeing-off during uphill walking or against the resistance of an inflexible outer sole. An inad-

equately padded heel wedge or a soft heel counter that does not stabilize the heel may also contribute to injury. Biomechanical problems such as genu varum, functional talipes equinus, tight hamstring and calf muscles, and cavus foot are also associated with Achilles tendonitis. Varus deformities of the heel or fore foot cause the foot to land on an excessively supinated position and then hyperpronate in midstance to compensate, which puts torque on the tendon.

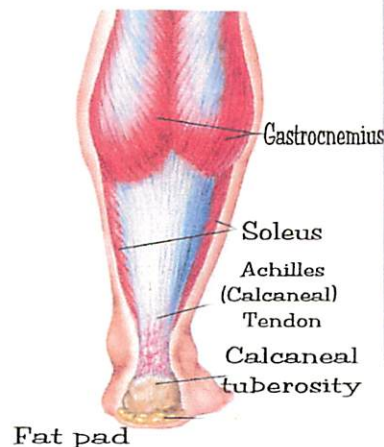
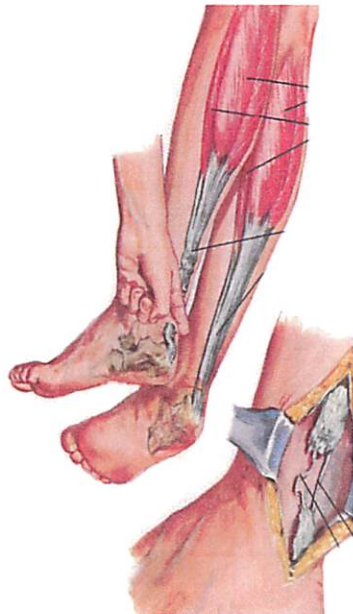
The patient often experiences a burning pain early while walking, which becomes less severe during the walk and then worsens after activity. The pain may also appear when the patient gets out of bed in the morning but gradually subsides during the day. Physical examination reveals tenderness about 4 to 5cm proximal to the insertion of the Achilles tendon into the calcaneus or along the tendon. In severe cases swelling, and a tender nodule develop. One or more biomechanical problems discussed earlier may be noted, and measurement of subtalar motion often shows absence of eversion.

Conservative therapy is appropriate for acute injuries. Activity must stop. Ice massage three to four times daily for 3 to 5 days is essential. Injections of corticosteroids

are contraindicated because of the risk of tendon rupture. When symptoms subside, the patient may begin a program of gentle exercises to stretch the Achilles tendon. Along with stretching exercises, do ankle lifts to strengthen the muscles of the anterior compartment. Ultrasound therapy may help recalcitrant conditions. A heel lift inserted into everyday shoes helps relax the Achilles tendon. If pronation is excessive, an orthotic device should be used to correct the underlying malalignment. The cavus foot is more difficult problem, but a Schuster heel wedge permanently inserted between the mid sole and inner sole helps absorb the impact at heel strike. Chronic tendonitis may require surgical intervention, or excising the nodule.

Treating Tendonitis

- **Rest**— allows the tissues in your foot to heal.
- **Ice**— helps prevent swelling and reduces pain. Place ice on the painful area for 30 minutes. Repeat the icing several times a day.
- **Compression**
- **Anti-inflammatory medications**—may help reduce pain and swelling.
- **Splint**
- **Cast**
- **Crutches**
- **Activity modifications**— stay off your feet for a few days, then slowly work back into activity.
- **Shoe changes**
- **Exercise to strengthen and prevent re-occurrence**



The Back of Your Foot

The Achilles tendon connects the calf muscle to the heel bone. If tendonitis occurs here, you may feel pain when your foot touches down or when your heel lifts off the ground.



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