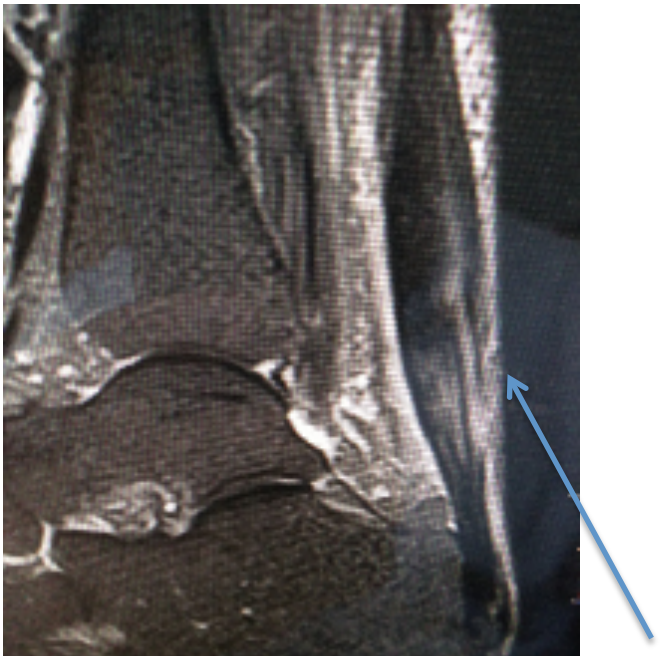
Achilles tendinopathy

This is a degenerative condition of the Achilles tendon and can occur at:
1. its mid substance (**non insertional** tendinopathy)
2. its attachment to the heel (**insertional** tendinopathy)

Non insertional tendinopathy

involves a **chronic degenerative** process to the **midsubstance** of the Achilles tendon.
Pain above the heel is the major complaint.
There may be an **obvious lump** at the mid portion of the Achilles tendon. It is more likely to occur closer to **middle age.**



This MRI figure shows a thickened Achilles tendon.

Non operative management is always tried first

- **Physiotherapy** involves eccentric stretching exercises
- **Resting in a boot** with (possibly with a heel raise)
- **Shock wave therapy** involves pulsed ultrasonic waves via a probe placed on the zone of injury to encourage the healing process. It can be painful.
- **PRP (platelet rich plasma) or blood injections**

Surgery
can range from minimal to more invasive procedures

- **ventral scraping** (scraping the sheath in front of the tendon)
- **debridement** cleaning out the inside of the tendon and rejoining the ends.
- In some cases there is not enough left over healthy tendon to repair and **reconstructive procedure** is required such as a **gastrocnemius turndown**.
- A **tendon transfer** of the muscle that controls big toe flexion may also be required if the original tendon cannot be relied upon to function well even after surgery.

Insertional Tendinopathy

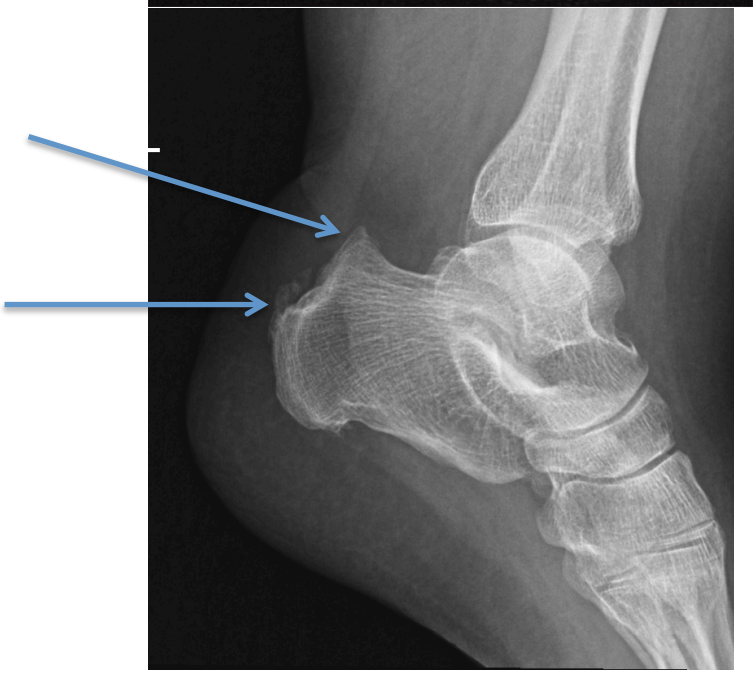
This condition is a associated with other terms such as **"retrocalcaneal bursitis", Haglund deformity, and Pump bump.**
The insertion of the tendon is under stress and this can be associated with running up hills.

Pain is experienced at the **back of the heel** and there may an associated **lump.**

The **retrocalcaneal bursa** is a fluid filled sac that normally provides protection for the Achilles tendon from the heel bone but it can be become inflamed and painful.

Xray may show an abnormal shape to the back of the heel known as a **haglund deformity** and this can place extra pressure on the tendon.

The tendon can undergo painful **calcification** (seen on xray) as a response to the extra stress placed on it.



The **non surgical management** of this condition has similarities to the non insertional variety.

Surgery may involve

1. **Removal of the bump** – this can be done via **keyhole** surgery or as an open procedure
2. **Debridement** of the tendon – This may require a larger operation where the tendon is removed from its attachment in order to completely remove the damaged tissue and reattaching it back to the heel.
3. **Tendon Transfer**

The more involved procedures require a prolonged recovery to protect the tendon while it heals back to the bone.

1 night in hospital
2 weeks strict elevation
Plaster with no weight bearing for up to 6 weeks.
Boot to walk in for 6 weeks.

Time off Work
Sitting duties can commence at about 3 weeks after surgery
Weight bearing duties in a boot at about 6-8 weeks
Weight bearing in regular foot wear – 8-12 weeks

Driving
This depends on a few different factors

- Regaining the confidence to brake in an emergency

A few of the possible complications of the surgery include:

Pain and swelling for up to 12 months
Surgical site **sensitivity and numbness**
Weakness of the Achilles tendon
Wound infection and breakdown