

# INSERTIONAL ACHILLES TENDINOPATHY



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## WHAT IS INSERTIONAL ACHILLES TENDINOPATHY?

The achilles tendon is the large tendon at the back of the heel. It is an important tendon for walking. Insertional achilles tendinopathy occurs as we get older with 'wear and tear' and overuse. Over time, the tendon becomes drier and scarred, This then leads to tears and inflammation. A bone spur can develop over time and cause rubbing and more pain. Rupture (complete tear) of the tendon can occur in severe cases.



MRI scan showing insertional achilles tendinopathy with an inflamed bursa

## SYMPTOMS OF INSERTIONAL ACHILLES TENDINOPATHY

Insertional achilles tendinopathy typically present with the following symptoms:

- Pain, a burning feeling and/or swelling at the back of the heel
- Tenderness to touch at the back of the heel
- Difficulty with rubbing of shoes
- Symptoms tend to be worse at the beginning or end of the day
- Weakness of push off at the ankle

## RISK FACTORS FOR INSERTIONAL ACHILLES TENDINOPATHY

Certain factors may increase the risk of insertional achilles tendinopathy such as:

- Age over 35 years old
- Over use, repetitive use or increased use
- High body weight
- Ankle tendon stiffness

## DIAGNOSIS OF INSERTIONAL ACHILLES TENDINOPATHY

Diagnosis typically involves reviewing the patient's history and clinical examination of the ankle. Imaging is required such as:

- X-Rays: To evaluate the bone structure and determine the severity.
- Ultrasound scans: Can evaluate the extent and location of disease
- MRI: Is the gold standard and often ordered by the specialist

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## MANAGEMENT AND TREATMENT OF INSERTIONAL ACHILLES TENDINOPATHY

Most patients will improve with non operative management.

Options include:

- **Anti-inflammatory medication:** Ibuprofen in should be taken in short courses and with meals, as they can irritate the belly
- **Modified Footwear:** Choosing shoes that do not put pressure on the spur and tendon insertion
- **Podiatry and/or physiotherapy:** Heel cord stretching and eccentric training, as well as modalities such as shock wave, laser or ultrasound therapy
- **Surgery:** For severe cases not responding to non operative management, surgical intervention may be necessary to debride the tendon, bursa and the bone spur, and repair the achilles tendon back to healthy tendon and bone. This can include a tendon transfer to improve vascularity and push off strength in the long term (see Surgery Information: Insertional Achilles tendinopathy)

## USEFUL WEBSITES

**Website Title:**

Url: [www.healthdirect.gov.au/achilles-tendon](http://www.healthdirect.gov.au/achilles-tendon)