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Achilles Tendonitis

Achilles tendonitis is a common condition that affects the Achilles tendon, or heel cord. The Achilles is the largest tendon in the body, and connects the calf muscles to the heel bone. Tendonitis can be due to overuse, acute injury, or degeneration with aging. The tendon may be inflamed at its insertion into the heel bone (insertional tendonitis), or just above the heel bone. Bone spurs can form at the insertion point.



Symptoms:

Just as with any type of tendonitis, pain is usually the first symptom. Swelling may develop, and sometimes there is a bulge within the tendon, or prominence where the tendon inserts into the heel bone. There may be increased pain with walking, particularly going up hills or stairs. A limp may develop. A sudden pop in the back of the ankle may indicate a tendon tear or rupture.



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Cause:

Achilles tendonitis is a common overuse injury, caused by increasing one's activity level too much too soon, and not allowing the additional stress on the Achilles tendon to repair itself. Tight calf muscles can also lead to Achilles tendonitis. Achilles tendonitis may also occur as a result of aging—degeneration—which is more appropriately termed Achilles *tendinosis*.

Diagnosis:

A careful history and physical examination will diagnose Achilles tendonitis. Plain x-rays are usually obtained to evaluate the bony anatomy, and to examine for bone spurs and calcifications within the tendon. Ultrasound can be used to assess the integrity of the tendon, and can easily diagnose tears; diagnostic ultrasound can be obtained in-office. MRI is sometimes obtained to get a clearer view of the tendon itself.

Treatment:

Achilles tendonitis is most often treated initially with rehabilitation. Stretching alone can fix early symptoms. Activity may need to be modified to reduce the strain on the tendon. Local modalities such as ice and heat can be helpful. NSAIDS may help reduce pain and inflammation, as can heel cups. A supervised rehabilitation program is often the next step in treatment. A physical therapist will use not only stretching and strengthening, but additional techniques such as ultrasound, massage, and iontophoresis or phonophoresis to stimulate healing. Painful tendonitis that does not respond to rehabilitation may respond to a brief period of immobilization in a cast or brace, with or without use of crutches.

PRP injection may be the next step in treatment. PRP can be very effective to stimulate healing. Steroid injections are not typically recommended tendon problems, as they can promote tendon rupture. Steroids can be injected in areas *around* the tendon, such as the bursa behind the Achilles tendon. There are other *biological* for injection besides PRP that can also be helpful to stimulate a healing response, including AmnioFix.



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Surgery may be indicated for tendonitis that does not respond to non-surgical treatment. Surgery may also be recommended for acute or chronic ruptures, to re-establish the integrity of the tendon. Surgery is typically done in an outpatient surgical setting, and may require use of crutches and casting or bracing postoperatively until the tendon heals.