Podiatry Services

Patient Information Leaflet

Achilles Tendinopathy

(V2 November 2026)



The Achilles tendon is the strongest and longest tendon in the human body (tendons attach muscles to bones). It attaches your calf muscles to your heel bone and allows you to raise yourself up on tiptoes and point your toes. It is a very important tendon when we walk.

What is Achilles Tendinopathy?

Sometimes the workload being placed on a tendon is greater than it can tolerate, and this can result in tendinopathy (a gradual change to the fibres that make up the tendon). Sometimes this can become painful.

There are certain risk factors that can increase the likelihood of developing Achilles tendinopathy:

- Age (more common aged 40+)
- Weight (risk increases with higher body weight)
- Diabetes (can cause changes in the fibres that make up tendons)
- Tight, stiff, or weak calf muscles
- Sudden changes or increases in activity levels (sometimes the change may not have been noticeable)

Signs and Symptoms

- Stiffness/pain in tendon when getting up in the morning (this may ease after a few minutes or persist a little longer).
- Tender to touch/squeeze the tendon (you may feel a lump in the tendon).
- You may find the pain eases with exercise, then returns later. As it progresses, this pain may be present throughout the activity, or even stop you from doing it.

How Is It Diagnosed?

A diagnosis is made based on the signs and symptoms that you describe, and what we see and feel on examination. Occasionally we may request an ultrasound scan to confirm the diagnosis, but this is rarely required.

Treatment

It can take a while for Achilles tendinopathy to resolve, but this does not mean that all activity needs to be stopped. In fact, continuing to be active in your normal exercise routine will help to keep your tendons and muscles strong which will help with your recovery **(but make sure**

to reduce the intensity, speed, frequency, and or duration depending on how much pain you feel). If this is too difficult or painful, then try lower impact activities than normal which will help to keep the tendon moving.

These are some of the specific exercises which may be advised by your health care professional:

- **Isometric exercises** (holding yourself on tip toes/balls of your feet for as long as tolerable)
- **Isotonic exercises** (slowly raising up on to your toes and slowly lowering down repetitively)
- **Eccentric exercises** (slowly lowering the heel from standing on tip toes)

Some people respond well to one or more of the above programmes depending on several different factors.





1. Start with your feet flat on the floor then push up onto tip toes of both feet, hold this position for a count of 5-10 seconds. Repeat this as necessary until your symptoms ease, both morning and evening.

   Note: Experiencing some pain during these exercises is normal but stop and rest for a couple of days if the pain is intolerable.

2. If number 1 is too easy, then try performing the exercise on one leg at a time
3. If this is still too easy, then progress the exercise by slowly raising onto your tiptoes, then immediately slowly lowering back to the ground. Repeat as many times as you can tolerate, every other day (start by doing this on both legs, then progress to one leg when you can). Rest for a few minutes, and then repeat the exercise with your knees bent - ensuring that only your ankles move (keeping your knees and hips still).
4. Progress the exercise further by performing them on the edge of a step, allowing your heel to drop over the free edge of the step when lowering your heel. Please ensure you are holding on to a rail to avoid falls.
5. Further progression can be made by placing weighted objects into a backpack on your back while performing the exercise. If it is too painful, then try again at the previous easier stage.

Caution:
You may develop muscle soreness during the first few days/weeks of doing this exercise. This is normal and will subside once your body becomes accustomed to the exercise. Please see the below link for videos showing how to perform these exercises:

https://bit.ly/3fCLlbO Choose No 6 and No 13

Other Treatment Options

- **Ice** - wrap a bag of frozen peas in a damp tea towel, and hold this against the tendon for 10 minutes, up to 4 times a day, or after exercise– this can help with pain relief
- **Painkillers** such as paracetamol can help some people. Medication such as Non-Steroid Anti-Inflammatories (NSAIDS), e.g. ibuprofen, may help with pain. However, because Achilles tendinopathy has been shown to not be an inflammatory condition, these medications are best avoided. Seek a consultation with your GP if stronger painkillers are required
- **Calf stretches** (to stretch the muscles in your lower leg that are attached to the heel via the Achilles tendon). These should be carried out after seeking the advice of a podiatrist or physiotherapist, to avoid any damage being done

Please see the below video link on how to carry out both specific calf stretches:

https://bit.ly/3fCLlbO Choose No 5 and No 12

What If This Advice Does Not Help?

If the above advice does not help ease your problem after trying for at least 3 months, then Podiatry may be able to offer one or more of the following:

- **Foot orthoses (insoles) may be helpful in the short term in some cases**
- **Extracorporeal Shockwave Therapy (ESWT)** may be advised in cases where the Achilles tendon fails to respond to the above treatments
- **Steroid Injections** are best avoided for Achilles tendinopathy due to the risk of weakening the tendon and resulting in rupture. In some cases a carefully guided injection into the tendon sheath surrounding the tendon may be helpful for pain relief

If you have any questions about the information in this leaflet, please contact Podiatry Services. Further information about the service and how to manage a range of foot health problems yourself, can also be found on our website:
www.livewellsouthwest.co.uk/project/podiatry

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