

Dr. Shockley's Health Tips

ACHILLES TENDONITIS

Definition:

Starts as inflammation of the Achilles tendon. The Achilles is the large tendon that anchors the major calf muscles, gastrocnemius & soleus, to the back of the heel bone. Under too much stress, the tendon has to work too hard causing it to become inflamed. If this continues for a long period of time, the body can produce a covering of scar tissue, which is not as flexible as the tendon. If the inflamed Achilles continues to be stressed, it can tear or rupture.

Symptoms:

Dull or sharp pain along the tendon but typically close to the heel. Limited ankle flexibility. Redness, heat & possible swelling over the painful area. May have a nodule (scar tissue) that can be felt on the tendon. May produce a cracking sound (scar tissue rubbing against the tendon) with ankle movement. No bruising.

Causes:

Tight or fatigued calf muscles cause more stress to be placed on the tendon during activity. This can be due to poor warm up, increasing distance too rapidly, or over-training excessive hill running or speed work, both of which stress the Achilles more than other types of running (more on your toes). Runners who overpronate (feet roll in too far on impact) are most susceptible to tendonitis.

Self-Treatment:

Rest – stop running or at least slow to a walking pace for a while. Ice the Achilles for up to 20 minutes or once skin is numb (will feel cold, burning, relief & then numbness). Wait at least 60 minutes before icing again (allows skin to re-warm itself). Self-massage with arnica, biofreeze or some other anti-inflammatory gel in semi-circles away from nodule up to 3 times per day until nodule is gone. Do gentle stretches of the calf muscle. Avoid running until you can do heel raises & jumping exercises without pain. Return to running gradually. Typical recovery time is 6-8 weeks.

Medical Treatment:

If injury doesn't respond to self-treatment in 2 weeks, see a sports certified chiropractor (CCSP or DACBSP), MAT (Muscle Activation Techniques) therapist or other alternative health care provider first. Then upon his/her recommendation, see a physiotherapist or orthopedic surgeon. These doctors have access to several modalities to aid the healing process & further evaluate the severity of the condition.

Alternative Exercises:

Swimming, pool running, cycling (in low gear) “spinning”. Avoid of do very little weight-bearing exercises.

Preventative Measures:

Proper warm up, microprogress your way into your activity (i.e. If you’re going to be running, start first with walking, then jogging, then running). Light stretching after running of the gastrocs (keep knee straight) & of the soleus (keep the knee bent) will aid in keeping the muscles loose. Have your shoes fit (someone who will do a gait analysis, put you on a treadmill, etc). Women should avoid wearing high heels on a regular basis as this shortens the muscle, which increases the stress on the tendon when wearing regular shoes. Gradual progression of your training program & incorporate rest time into your training program as well. Avoid excessive hill training & speed work.

References:

Vizniak, N. & Carnes, M. Quick Reference Clinical Chiropractic Conditions Manual. Canada: DC Publishing International; 2004: 137-188.