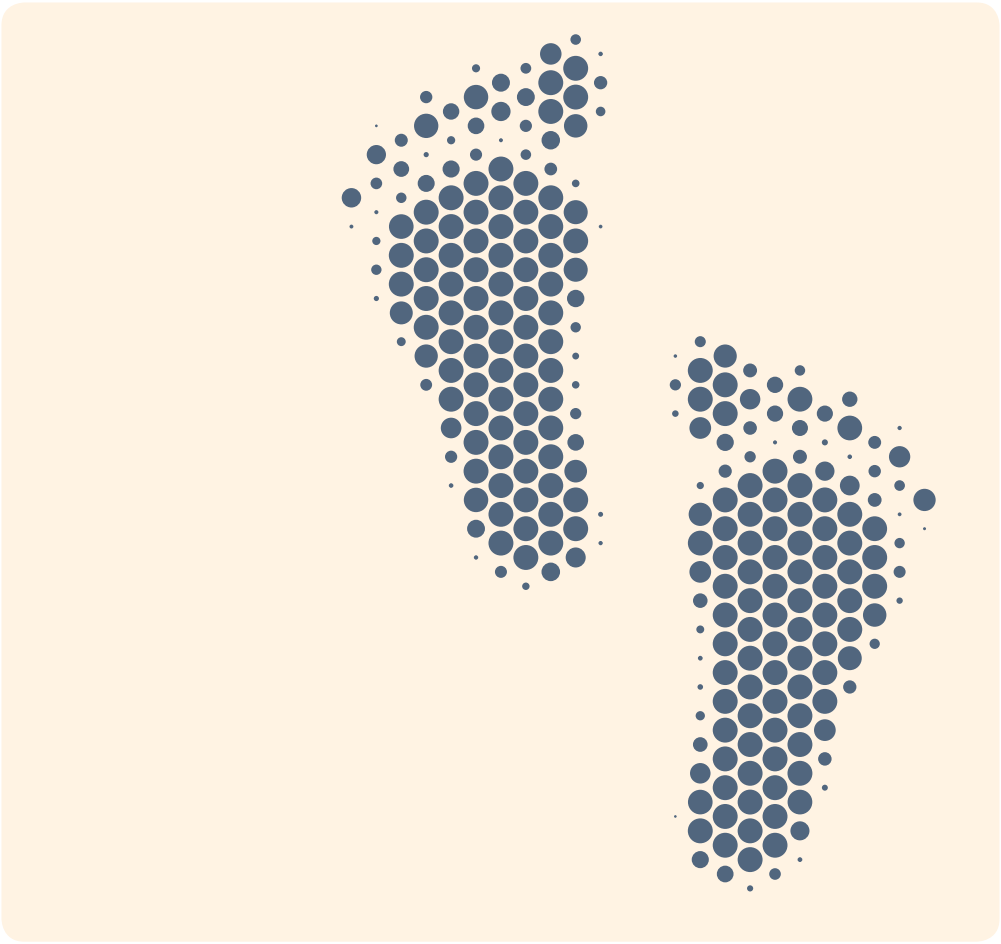

Posterior Heel Pain (Achilles Tendinopathy)

How you should be involved in decisions about your healthcare and treatment.

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MVC TBC Podiatry Service - Posterior Heel Pain Leaflet (Version 01) [Artwork MVC TBC]

Who is this leaflet for?

This leaflet is for patients requiring information on how to manage their posterior heel pain, which is typically pain on the back of the heel, into the Achilles and calf area.

What is this leaflet about?

This leaflet will provide you with the required information to help you decide whether you can self manage your posterior heel pain or whether to seek support or further treatment from an Allied Health Professional (AHPs), e.g. podiatrist, physiotherapist or orthotist.

What is posterior heel pain?

Posterior heel pain is an overall term used to describe pain within the soft tissue structures of the foot, particularly at the back of the heel and ankle. These soft tissue structures include the Achilles tendon, bursa or the underlying fat pad of the heel. These structures may become over-loaded and symptomatic, often in response to a change of load, pressure, or a change of environment, e.g. changes in your activities, weight, footwear or training.

This condition is relatively common across the general population and runners. Whilst these tissues are designed to withstand high amounts of activity and load, at times the tissues may become over-loaded and therefore symptomatic. An acute Achilles tendon injury may result in a ruptured tendon. Achilles tendinopathy can also be associated with underlying inflammatory conditions, e.g. psoriatic arthritis and medications such as Fluoroquinolne and Steroids.

Symptoms may be present for a period of 2 weeks up to 2 years. Across this time period there may be times of improvement with little symptoms, or periods of irritation with increased symptoms.

What are the symptoms?

Posterior heel pain symptoms are often located around the back of the heel and ankle which may feel tender to touch and may spread along the tendon and into the calf muscle. Symptoms are typically worse when standing or walking first thing in the morning or after a period rest and the back of the heel area may feel stiff.

Symptoms can vary when doing weight-bearing activities. In the early stages, you may feel the pain eases with walking, however in more persistent cases the pain may increase with prolonged periods of standing, walking or running. You may also notice redness, swelling or a thickening appear around the back of the heel or along the tendon.

Symptoms can be described as insertional tendinopathy or non-insertional tendinopathy depending on the location of the symptoms.

Do I need imaging?

Clinical assessment is sufficient to assess, diagnose and conservatively manage this condition, therefore imaging is not typically required. Soft tissue imaging including ultrasound or MRI may be indicated if there is uncertainty about the quality of the soft tissue structures. X-ray may be indicated if there is suspected joint or bone involvement in more persistence cases. It is important you understand that imaging is used to guide clinicians with an appropriate management plan and if the results of the image would not change the treatment plan then imaging is not required.

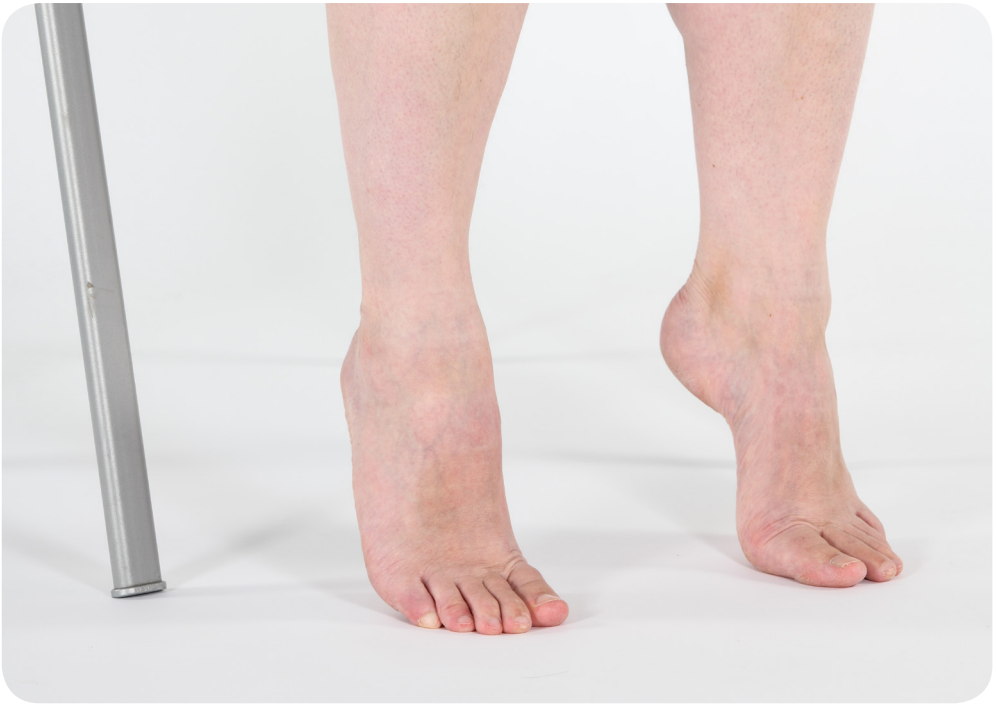
How can it be treated?

There are a number of options available to help you manage this condition and your symptoms. These are typically non-surgical and can be split into two categories to;

- **Improve tissue tolerance**
- **Pain management**

Improving tissue tolerance:

- **Suitable Footwear:** Wear a supportive shoe with a cushioned sole. Avoid flat or slip on shoe styles and avoid walking in your bare feet. A shoe with a heel raise or a shoe with a softer heel counter may provide you with comfort if you are unable to tolerate your normal shoes.
- **Strengthening Exercises:** Consistent and progressive strengthening exercises for the foot and leg muscles have been proven to help symptoms. These exercises may include calf strengthening, tip toe exercises and foot muscle exercises.



- **Stretching exercises:** Regular stretching techniques can help to improve flexibility and reduce sensitivity. These may include calf stretches and massage.

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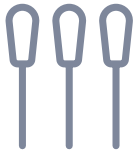
- **Taping / strapping:** Taping may be used in acute stages to offload and support the painful soft tissue structures. This tends to be used in the short term only (28 days).
- **Insoles:** Insoles can be used to alter forces and offload specific structures. Simple cushioning insoles or gel heel cups can be self-bought. Prescriptive insoles may be provided by your podiatrist.
- **Weight management:** Lowering your body weight can be very effective at reducing the load going through your heel. Patients who are over-weight frequently don't get the relief from the other interventions listed here unless they lose weight.

Pain management

Not everyone will require treatment for pain management. If however the pain is persistent and it is impacting your ability to be engage in daily activities including sleep, work and sport, then further treatment options may be considered to help you.

- **Medication:** Pain relief, e.g. paracetamol, and anti-inflammatories, e.g. Ibuprofen, may be helpful (provided it is safe for you to take these).

- **Shockwave Therapy:** This is a specialist non-invasive treatment which can be delivered as a short course of treatment (6 sessions) and may be beneficial in chronic conditions.



- **Acupuncture / Dry Needling:** This is a specialist invasive treatment which can be delivered as a short course of treatment (6 sessions) and may be beneficial.

- **Injection therapy:** Steroid injections are not indicated for this condition. Other types of injections may be offered in specialist clinical settings.

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How can I prevent this condition from getting worse or reoccurring?

following the advice in this leaflet should help you to manage this condition and improve your symptoms. Once your symptoms settle it is important to continue following the advice on weight management, suitable footwear and strengthening exercises to reduce the risk of reoccurrence.

Surgical management

Surgical opinions are generally not required for the management of posterior heel pain. The majority of the patients with posterior heel pain improve with non-operative measures over an 18 month period. Surgery directly on the Achilles tendon has equivocal results and successful outcomes after surgery are variable.

Patient satisfaction after Achilles tendon surgery is typically lower than for other types of orthopaedic surgery. Surgery to lengthen or release the calf muscles can be considered however this procedure is rarely necessary as the calf muscle usually responds to diligent stretching. Surgical options depends on the type of tendon pathology.

Insertional tendinopathy affects where the tendon attaches on to the heel bone. It can present with bumps around the back of the heel bone. Surgery is reserved for patients who do not respond to non-invasive treatment. It is major surgery that involves taking the tendon off the bone, cutting of the bumps and then reattaching the tendon. Your tendon needs to be protected for approximately 2 months. It will take between 4 - 6 months to recover. Risks include of infection, wound breakdown, achilles tendon rupture, blood clots, nerve injuries, calf weakness and recurrence.

Non-insertional tendinopathy responds successfully to a good exercise program. The aim of the treatment is to stimulate inflammation. Surgery is another method of stimulating inflammation through an open wound. It is very important get back to your eccentric exercise program as soon as the wound heals. Risks include infection, wound breakdown, blood clots, nerve injuries, and recurrence.

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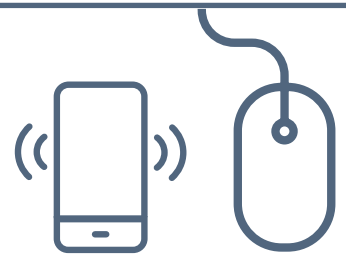
Further information:

Useful Information for patients:

- **NHS 24 - Phone: 111**
- **rcpod.org.uk**
- **www.nhsinform.scot**
- **www.nhs.uk**



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