

TENDON

Achilles tendinopathy

Midportion and insertional Achilles pain: progressive rehabilitation and options for persistent symptoms.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding the condition

Achilles tendinopathy causes pain, swelling or reduced function in the tendon joining the calf to the heel. Midportion disease and pain at the heel attachment require different exercise approaches. Examination assesses strength and other causes; scans are used selectively.

Treatment options

Progressive tendon loading, activity modification and suitable footwear are the main measures. Some patients benefit from a heel lift or other support. Shockwave treatment may be discussed when symptoms persist. Surgery is considered after appropriate non-surgical treatment. PRP has uncertain benefit and should not displace rehabilitation.

What a procedure may involve

An operation may remove diseased tissue or an impinging bony prominence and repair the tendon. More extensive tendon damage may need reconstruction or transfer. Injections are discussed individually; corticosteroid around the Achilles requires particular caution because of rupture risk.

Risks and benefits to discuss

Recovery may be slow and discomfort can flare if loading rises too quickly. Procedural risks include infection, nerve injury, wound problems, persistent pain and tendon rupture. Surgery may also leave weakness or require further treatment. No injection guarantees tendon regeneration.

RECOVERY AND YOUR CONSULTATION

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Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Use an exercise programme matched to your diagnosis and irritability. Insertional disease may worsen with deep heel drops over a step; do not copy a midportion programme without advice. Maintain fitness with suitable alternatives and progress loading according to your physiotherapist's guidance.

Expected outcomes and recovery

Improvement usually takes months and ongoing strength work reduces future overload. Return to running or sport is based on strength, function and symptom response, rather than a fixed date. A sudden pop with loss of push-off is a different problem and needs urgent assessment.

When to seek urgent help

A sudden snap or feeling of being kicked, followed by difficulty pushing off or standing on tiptoe, may mean a rupture: obtain urgent assessment and avoid stretching the tendon. After a procedure, worsening redness, fever, severe pain or a new calf swelling needs urgent review. Call 999 for chest pain or breathlessness.

Your consent discussion

Ask which treatment best addresses your symptoms, what alternatives are reasonable, what the main risks mean for you, and what recovery will involve at home and work. This guide supports that discussion; consent is completed with your treating team. Your individual written instructions take priority.

Sources and further reading

RNOH: Achilles tendinopathy

<https://www.rnoh.nhs.uk/patients-and-visitors/patient-information-guides/achilles-tendinopathy>

NICE: Autologous blood injection for tendinopathy

<https://www.nice.org.uk/guidance/htg299>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

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This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

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Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

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