Achilles Tendinopathy

Understanding symptoms, treatment and recovery

Achilles Tendinopathy

A guide to symptoms, treatment and recovery



What is Achilles tendinopathy?

Irritation or degeneration of the Achilles tendon, the strong tendon connecting your calf muscles to the heel bone. It often follows overuse, a sudden increase in activity or tight or weak calf muscles.

Supporting your recovery

Load management, supportive footwear and progressive strengthening can help. Most people improve within 8-12 weeks with consistent rehabilitation; longstanding symptoms may take 3-6 months.

Symptoms and contributing factors

Understanding your condition and when to seek help

Common symptoms

- Pain or stiffness at the back of the heel
- Pain worse first thing in the morning
- Pain during or after walking, running or climbing stairs
- Tenderness when pressing the tendon
- Swelling or thickening of the tendon
- Stiffness after rest

Causes and risk factors

- Sudden increases in walking, running, gym activity or sport
- Poor footwear or worn-out shoes
- Tight calf muscles
- Reduced ankle mobility
- Training on hard or uneven surfaces
- Being overweight
- Reduced tendon strength with age

When to seek further help

- Pain worsens despite 6-12 weeks of rehabilitation
- Sudden sharp pain or a “pop”, which could indicate rupture
- You cannot walk normally
- Significant swelling or heat

Recovery outlook

Most people improve within 8-12 weeks with consistent rehabilitation. Longer-standing symptoms may take 3-6 months. Consistency is key.

Return to activity

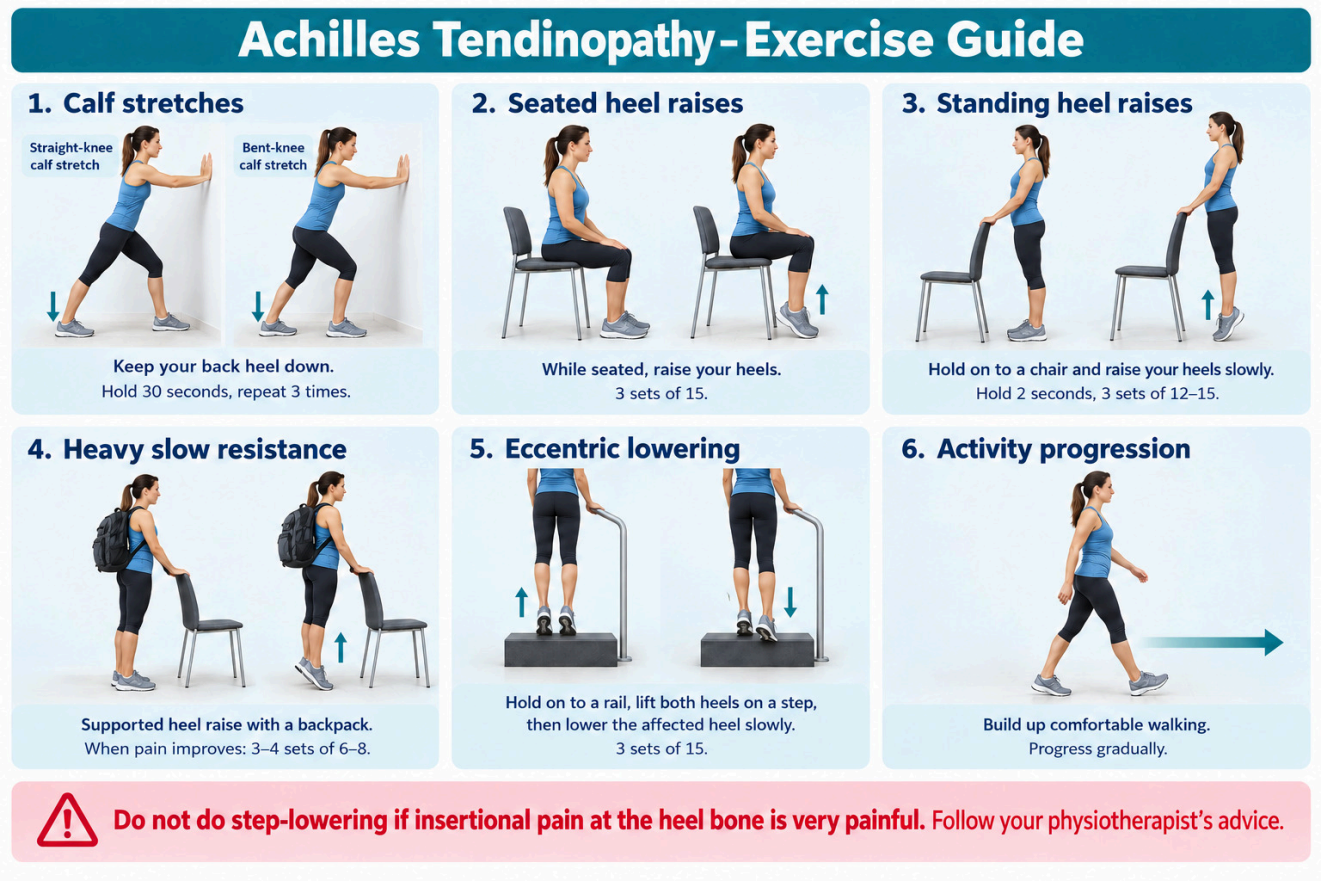
Build activity gradually. Return to sport when pain is mild and improving, strength is similar on both sides, and you can hop or jog without sharp pain.

Exercises and rehabilitation

Progressive strengthening under professional guidance

Exercise examples

Follow the programme recommended by your physiotherapist. Exercise daily unless pain is severe; mild discomfort may occur.



Loading and progression

Calf stretches: knee straight, then bent; hold 30 seconds, repeat 3 times.
Heel raises: seated 3 sets of 15; standing slowly, hold 2 seconds, 3 sets of 12-15. Start on both feet; progress to one leg when comfortable.
Heavy slow resistance: when pain improves, add weight; 3-4 sets of 6-8.

Eccentric exercise precaution

For persistent symptoms: lift on both feet on a step, then lower slowly on the affected leg; 3 sets of 15. Do not do this if insertional pain at the heel bone is very painful.

Management and next steps

Practical support and a gradual return to activity

Initial management

Load: temporarily reduce painful running and jumping; stay active with low-impact cycling or swimming.
Ice: 10-15 minutes after activity if painful.
Footwear: supportive trainers with heel cushioning; avoid flat shoes, flip-flops and barefoot walking.
Pain relief: paracetamol or ibuprofen if appropriate; topical anti-inflammatory gels may help.

Activity and return to sport

Increase activity gradually, by around 10-15% a week, avoiding sudden increases in walking or running. Return when pain is mild and improving, strength is similar on both sides, and hopping or jogging does not cause sharp pain.

Additional treatments

Physiotherapy-led strengthening, shockwave therapy or orthotics may be considered. Ultrasound assessment may help if the diagnosis is uncertain.



Questions or concerns?

Contact your GP or physiotherapist for worsening pain despite rehabilitation, significant swelling or heat, inability to walk normally, or sudden sharp pain or a “pop” that may indicate rupture.

B-Well Physiotherapy Services
0300 303 4811
bwell.mskberkshire@nhs.net
www.bwellberkshire.co.uk