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Restoring Function. Maximizing Performance.
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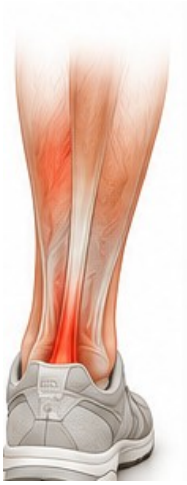
ANKLE CONDITION

Achilles Tendinitis

Achilles Tendinopathy — Patient Condition Guide



Irritation and degeneration of the Achilles tendon — for education; your anatomy may differ

OVERVIEW

Achilles tendinitis is irritation or degeneration of the Achilles tendon — the thick band that connects your calf muscles to your heel bone. Despite the name, most cases are a wear-and-repair problem of the tendon (tendinopathy) rather than pure inflammation. It usually comes from a rise in activity — more running, hills, jumping, or new footwear — and it affects both athletes and active adults.

ANATOMY

The Achilles is the largest and strongest tendon in the body, transmitting the power of the calf muscles to the heel with every step and push-off. Problems occur either in the mid-portion of the tendon a few centimeters above the heel, or at its insertion onto the heel bone — the two patterns respond best to slightly different exercise programs.

SYMPTOMS

- Pain, stiffness, or swelling along the back of the heel
- Pain with activity, especially first thing in the morning or after rest
- Tenderness with pressure on the tendon
- A thickened or bumpy area of the tendon in longer-standing cases

DIAGNOSIS

Dr. Pettit diagnoses Achilles tendinitis with a focused exam — where the tendon is tender, how it responds to loading, and calf flexibility. Imaging is not usually needed at first; ultrasound or MRI may be used for cases that

don't improve, or to evaluate the degree of tendon degeneration.

TREATMENT OPTIONS

Most cases improve without surgery. The core of treatment is a structured eccentric loading program — slow heel-drop exercises done consistently 3–5 days per week — along with calf stretching, activity modification, supportive footwear with a small heel lift, ice after activity, and anti-inflammatory medication as needed. A walking boot may be used to calm severe flares. For stubborn cases, options include formal physical therapy, shockwave therapy, and PRP injection; cortisone is used sparingly because it can weaken the tendon. Surgery to remove degenerated tissue is reserved for the small minority that fail 6+ months of full conservative care.

RECOVERY OUTLOOK

Mild pain (up to 3 out of 10) during the exercise program is acceptable and expected — tendons rebuild under load. Consistency matters more than intensity: most patients improve meaningfully over 6–12 weeks. If pain persists beyond 6–12 weeks, worsens despite treatment, or you have significant swelling or difficulty walking, see Dr. Pettit — and any sudden pop or push-off weakness needs prompt evaluation to rule out a rupture.

Achilles tendonitis — home exercise & treatment program · for education; your anatomy may differ

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/achilles-tendinitis.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.