

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.

**ROBERT PETTIT, MD**
ORTHOPAEDIC SURGERY
SPORTS MEDICINE

ACHILLES TENDONITIS

HOME EXERCISE & TREATMENT PROGRAM

Achilles tendonitis is irritation or degeneration of the Achilles tendon, the thick band that connects your calf muscles to your heel bone.

**COMMON SYMPTOMS**

- Pain, stiffness, or swelling along the back of the heel
- Pain with activity, especially in the morning or after rest
- Tenderness with pressure on the tendon

**GENERAL GUIDELINES**

- Perform exercises 3–5 days per week.
- Mild pain (0–3/10) during exercise is acceptable.
- Stop if pain increases significantly (> 5/10).
- Consistency is key. Improvement may take 6–12 weeks.
- Combine with ice after activity and proper footwear.



1 CALF STRETCH – GASTROCNEMIUS



- Step back with the affected leg. Keep the back knee straight and heel on the ground.
- Lean forward until a stretch is felt in the calf.
- Hold 30 seconds. Repeat 3 times.

2 CALF STRETCH – SOLEUS



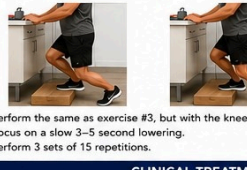
- Step back with the affected leg. Bend the back knee keeping the heel on the ground.
- Lean forward until a stretch is felt lower in the calf/Achilles.
- Hold 30 seconds. Repeat 3 times.

3 ECCENTRIC HEEL DROP (STRAIGHT KNEE)



- Rise up on both feet. Shift weight to affected leg and slowly lower heel down below the step over 3–5 seconds.
- Use both feet to come back up. Repeat.
- Perform 3 sets of 15 repetitions.

4 ECCENTRIC HEEL DROP (BENT KNEE)



- Perform the same as exercise #3, but with the knee bent.
- Focus on a slow 3–5 second lowering.
- Perform 3 sets of 15 repetitions.

5 SEATED CALF RAISE



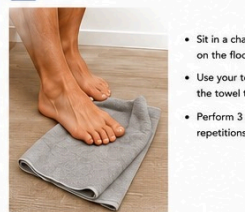
- Sit with weight on your thigh.
- Raise up on your toes.
- Slowly lower down for 3–5 seconds.
- Perform 3 sets of 15 repetitions.

6 SINGLE LEG BALANCE



- Stand on the affected leg.
- Maintain balance for 30–60 seconds.
- Progress by closing eyes or using a soft surface.
- Repeat 3 times.

7 TOWEL CURLS



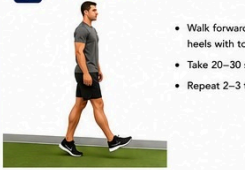
- Sit in a chair with towel on the floor.
- Use your toes to scrunch the towel toward you.
- Perform 3 sets of 20 repetitions.

8 RESISTED PLANTARFLEXION



- Sit with legs extended and band around the forefoot.
- Point your toes down and push through the band.
- Slowly return.
- Perform 3 sets of 15 repetitions.

9 HEEL WALKING



- Walk forward on your heels with toes up.
- Take 20–30 steps.
- Repeat 2–3 times.

**ACTIVITY MODIFICATION**

Reduce or avoid activities that cause pain (such as running, jumping, or hills). Cross-training with cycling, swimming, or using an elliptical is often better tolerated.

**ANTI-INFLAMMATORY MEDICATIONS**

Over-the-counter NSAIDs (ibuprofen, naproxen) can help reduce pain and inflammation. Use as directed unless contraindicated by your physician.

**ICE THERAPY**

Apply ice to the back of your heel for 10–15 minutes after activity to help reduce pain and swelling.

**FOOTWEAR & HEEL LIFTS**

Wear supportive shoes with good cushioning and a heel lift (½–1 inch) to reduce strain on the tendon.

**BOOT OR WALKING CAST**

A walking boot may be necessary for more severe pain or during flares to allow the tendon to rest and heal. Your provider will advise on the duration.

**ADDITIONAL OPTIONS (IF NEEDED)**

- Physical therapy & manual therapy
- Shockwave therapy
- Platelet-rich plasma (PRP)
- Cortisone injections (limited use)

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**WHEN TO SEEK MEDICAL CARE:**

If pain persists beyond 6–12 weeks, worsens despite treatment, or you have significant swelling or difficulty walking, consult your physician or physical therapist.

**SCAN TO LEARN MORE**

Visit my website for more patient resources and videos on Achilles tendonitis.

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SCAN FOR THE LATEST VERSION ONLINE
robertpettitmd.com/handouts/achilles-tendonitis.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.

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