

Achilles Tendonopathy Additional information supporting pathway

Differential Diagnoses:

- TA rupture
- Rheumatological
- Neurological
- Posterior Tibialis Tendonopathy
- Peroneal Tendonopathy

The group agreed that management of this condition and overall 'ownership' lies with physiotherapy. This service should be 1st point of contact for all patients with this condition. Other AHP involvement should occur alongside Physiotherapy.

Initial management:

- Eccentric Loading Programme as per ELHT protocol.
- Medication – Oral paracetamol / ibuprofen or NSAID gel to rub in locally
- Viscogel heel seat, advice on appropriate footwear.
- Acupuncture

If patients are non-responsive to 1st line physiotherapy management, underlying biomechanical issues should be considered. In the occasional circumstances, where a patient has obvious significant biomechanical issues, then earlier referral to community podiatry should be considered. Referrals should be countersigned by Band 7 physiotherapists to ensure junior staff have complied with standard protocol. The appointment in physio should be kept open.

The group agreed that podiatry should carry out biomechanical assessment and provision of orthotics if appropriate and when this aspect of care has been addressed a discharge /progress report should be sent back to the referring physiotherapist with a clear outcome. This should be countersigned by team leaders. Podiatrists should NOT become involved in the physiotherapy management and if patients have any queries regarding this they should be advised to speak with their named physiotherapist.

If the patient is non-responsive to the above then referral to MSK should be made.

References:

- Alfredson H, Cook J. A treatment algorithm for managing Achilles tendonopathy: new treatment options. *Br J Sports Med* 2007; 41:211-6
- Chan, O, O'Dowd, D, et al. (2008). High volume image guided injections in chronic Achilles tendinopathy. *Disabil Rehabil* 30(20-22): 1697-708
- de Vos RJ et al. Platelet-rich plasma injection for chronic Achilles tendinopathy: a randomized controlled trial. *JAMA* 2010; 303:144-149.
- Holmes, GB and Lin, J (2006). Etiologic factors associated with symptomatic achilles tendinopathy. *Foot Ankle Int* 27(11): 952-9.
- Johnson MD et al. Nonoperative management of retrocalcaneal pain with AFO and stretching regimen. *Foot Ankle Int* 2012; 33:571-581.
- Kane TP et al. Topical glyceryl trinitrate and noninsertional Achilles tendinopathy: a clinical and cellular investigation. *Am J Sports Med* 2008; 36:1160-1163.
- Mafi, N, Lorentzon, R, et al. (2001). Superior short-term results with eccentric calf muscle training compared to concentric training in a randomized prospective multicenter study on patients with chronic Achilles tendinosis. *Knee Surg Sports Traumatol Arthrosc* 9(1): 42-7.
- Magnussen RA et al. Nonoperative treatment of midportion Achilles tendonopathy: a systematic review. *Clin J Sport Med* 2009; 19:54-64
- Mathieu N et al. Effect of eccentric training on the plantar flexor muscle-tendon tissue properties. *Med Sci Sports Exerc.* 2008;40(1):117-23
- Metcalfe D et al. Glucocorticoid injections in lesions of the achilles tendon. *Foot Ankle Int* 2009; 30:661-665.
- Paavola, M, Kannus, P, et al. (2000). Long-term prognosis of patients with achilles tendinopathy. An observational 8-year follow-up study. *Am J Sports Med* 28(5): 634-42.
- Robinson, JM, Cook, JL, et al. (2001). The VISA-A questionnaire: a valid and reliable index of the clinical severity of Achilles tendinopathy. *Br J Sports Med* 35(5): 335-41.
- Rompe JD et al. Eccentric loading compared with shock wave treatment for chronic insertional achilles tendinopathy. A randomized, controlled trial. *J Bone Joint Surg Am* 2008; 90:52-61.
- Silbernagel KG et al. The majority of patients with Achilles tendinopathy recover fully when treated with exercise alone: a 5-year follow-up. *Am J Sports Med* 2011; 39:607-613.
- Willberg, L, Sunding, K, et al. (2008). Sclerosing injections to treat midportion Achilles tendinosis: a randomised controlled study evaluating two different concentrations of Polidocanol. *Knee Surg Sports Traumatol Arthrosc* 16(9): 859-64.
- Yelland MJ et al. Prolotherapy injections and eccentric loading exercises for painful Achilles tendinosis: a randomised trial. *Br J Sports Med* 2011; 45:421-428.

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