



What is insertional Achilles tendinosis?

Insertional Achilles tendinosis is a progressive condition that occurs where the Achilles tendon attaches to the heel bone.

Some may call this tendonitis. Tendinosis develops when there is some degree of wear and tear. Recurrent stress on the tendon where it attaches (the insertion) leads to inflammation, microscopic tearing of the tendon, swelling and pain. This can be associated with inflammation of the retrocalcaneal bursa, the space between the tendon and the calcaneus.

Early on, there may be a non-painful lump. Pain at the start of activity or after may be present however, later, pain may occur even at rest. The pain may lessen by wearing a shoe with a higher heel or an open back.

Nonsurgical Treatment Options

Treatment depends on the length and severity of symptoms. Many patients improve without surgery. Rest and oral medications may help reduce the swelling and pain. Heel cups can improve pain by taking some of the stress off the Achilles tendon when walking. A walking boot or other brace may be recommended.

Physiotherapy is recommended to work on stretching and improve mobility within the calf muscle. Other treatments may include an ultrasound, massage, shockwave therapy or topical nitroglycerin patches. In some cases, surgery may be required. The specifics of the surgery depend upon the location and extent of the tendinosis.

Surgical Treatment

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The goal of surgery is to reduce pain and maintain function. A secondary goal may be to allow better fitting of shoes. The surgical procedures performed vary and are determined by the underlying problem. The main goal of the surgery is to remove the damaged portion of the

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Achilles tendon and maintain tendon attachment to the heel bone. Sometimes a small amount of tendon can be removed, leaving the remaining Achilles tendon attached to the heel bone. In cases where there is more damage, the entire Achilles tendon may need to be removed

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from the heel bone and the remaining stable tendon reattached. In advanced cases, where a large amount of Achilles tendon must be removed another tendon may need to be used to bridge the gap between the stable Achilles tendon and the heel bone.



What happens after the procedure?

After surgery, you will be placed in an air boot, which will stabilize the ankle joint during the rehabilitation period. You will be required to wear the boot for **12 weeks** post operatively. You are to remain non weight bearing for the first **2 weeks** post operatively. Progression of partial, touch and full weight bearing will be monitored at each review appointment.

You can expect some pain and swelling following surgery. The leg may need to be kept elevated and you may need to take oral pain medication. You will likely be examined at 2 weeks, 4 weeks, 6 weeks, and 12 weeks post operatively. Physiotherapy is generally commenced 4 weeks post operatively (see rehabilitation protocol).

Potential Complications

There are complications related to all surgical procedures. These include the risks associated with anaesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots. Complications with this surgery may include residual pain, weakness, or tightness.

Frequently Asked Questions

Can I return to all the activities I want to do?

Yes. After the appropriate repair, physiotherapy, and healing time (non weightbear 2 weeks post operatively), the goal is for you to be able to return to activities you want to do. Residual pain may limit but not prevent you from doing some activities.



Rehabilitation framework

Please present this to your physiotherapist at your first appointment

WEEKS 1-4 (Recovery/recuperation Phase)

- Progress from NWB to PWB with crutches or a cane
- Boot to be always worn
- Ambulation in Aquatrex (if available)
- Limit dorsiflexion to 90° with knee flexed at 90°
- No passive heel cord stretching
- Inversion/eversion ROM
- Stationary biking
- Proximal musculature PRE's

WEEKS 12-20 (Limited Return To Sports Phase)

- Inversion/eversion isotonic
- Aggressive plantar and dorsiflexion PRE's emphasize plantar flexor eccentrics
- Isokinetic for plantar flexion and dorsiflexion
- Begin proprioception program
- Continue with proximal lower extremity PRE's
- AROM in all directions
- Restore normal ROM
- Begin Retro program
- Stair climber, Versa climber

WEEKS 4-12

- Restore normal gait
- At 6 weeks plantar flexion/dorsiflexion PRE's with knee flexed and extended with light weight
- Inversion and eversion isometrics
- Continue with biking ergometer
- Discontinue brace at 8 weeks
- Modalities PRN

AFTER WEEK 12 (Return To Sport Phase)

- Begin sport specific functional activities
- Continue with lower extremity PRE's
- Begin advanced proprioception activities: Fitter, Euro glide, Sport cord
- Progress endurance activities
- Begin agility activities