

Achilles Tendonitis and Achilles Para-tendonitis and Severs Disease

Achilles Tendonitis

Inflammation to the Achilles tendon due to overuse, inappropriate footwear, sudden changes ion training routine, running uphill and insufficient warming up and stretching.

Pain will be experienced in almost any activity involving the Achilles tendon. In severe cases swelling can compromise blood supply and therefore healing, possibly allowing the condition to worsen. RICE (rest, ice, compress, elevate) is initially indicated.

Achilles Para-tendonitis

Inflammation of the para-tendon – the tissue surrounding the Achilles tendon. Initially acute tissue inflammation occurs which in turn leads to scar tissue developing and the tissue sticking to the surrounding structures.

Pain is experienced during loading and even after rest. Treatment is the same as for Achilles tendonitis.

Note – to differentiate between tendonitis and para-tendonitis, if there is a swelling present, pinch it and ask for the ankle to be flexed and extended. If the swelling does not move it is para-tendonitis, if it does then it is tendonitis.

Severs Disease

Similar to Osgood Schlatters disease, but affecting the posterior calcaneal prominence (back of the heel bone). Typified by pain on the back of the heel bone, this condition is usually seen between the ages of 11-16 years old, in physically very active children especially boys. It is a repeat stress injury caused by repetitive traction on attachment of the Achilles tendon on the calcaneum.

Pain may also refer back up calf. The pain will be worse if it is tapped or pinched. It is worsened at this age by the tibia growing faster than the muscles of the calf, the gastrocnemius, soleus and plantaris. After following RICE – rest, ice, compress, elevate – treatment should concentrate on gently stretching the quadriceps supplemented with a general gentle stretching program.

If the condition is left untreated and unrested problems can develop later as an adult due to the build-up of scar tissue.

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