Achilles Tendinosis

*Tendinosis* is a term that describes incomplete healing, scar formation and altered blood vessel formation in a tendon. Some may see this referred to as tendon “itis” but “itis” refers to inflammation which is actually not present in this disease. Achilles tendinosis is a common issue that affects a wide variety of patients usually from the 5th decade on.

**Symptoms:**
- Pain may be gradual in onset or after a seemingly minor incident
- Swelling or bump noted at the site of pain
- Stiffness with first steps in the morning or after you have been sitting

**Causes:**
- Altered local vascularity, incomplete healing response and unfortunately aging
- Tight calf muscles, if your calf muscles are too tight they increase the stress through the achilles tendon.

**Treatments:**

- **Non-operative**
  - Non-insertional cases are treated much more successfully with non-operative methods
  - Rest, Ice, NSAIDs (Ibuprofen, Naproxen)
  - Shoe inserts (over-the-counter inserts such as Spenco, Dr Scholl’s, etc.)
  - Eccentric Strengthening [link]
  - Steroid injections are rarely used for achilles tendinosis, as there is a high risk for achilles tendon rupture
  - PRP injection: This has been quite effective for non-insertional cases that do not respond to eccentric strengthening

- **Operative**
  - If non-operative management fails to provide relief, surgical intervention may be appropriate. Discuss with Dr. Feinblatt what your best surgical option is based on your history, clinical exam, imaging studies, and level of physical demand.
  - Surgical procedures for achilles tendinosis are typically done outpatient. Patients return home the same day immobilized in a splint. Weight bearing is delayed at least until the first post-operative visit, and sometimes longer depending on the procedure performed.