

ExitCare, LLC
8519 Eagle Point Blvd.,
Suite 105
Lake Elmo, MN 55042



Main Hospital
(800) 694-6669
Emergency Department
(800) 694-6669

EXITCARE® PATIENT INFORMATION

Patient Name:

Attending Caregiver:

Achilles Tendinitis with Rehab

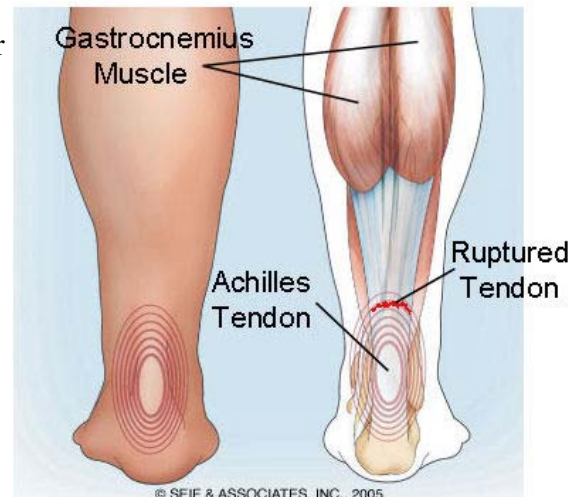
Achilles tendonitis is disorder of the Achilles tendon. The Achilles tendon connects the large calf muscles (*Gastrocnemius* and *Soleus*) to the heel bone (*calcaneus*). This tendon is sometimes called the heel cord. It is important for pushing-off and standing on your toes and is important for walking, running, or jumping. Tendonitis often caused by overuse and repetitive microtrauma.

SYMPTOMS

- Pain, tenderness, swelling, warmth, and redness may occur over the Achilles tendon even at rest.
- Pain with pushing off, or flexing or extending the ankle.
- Pain that is worsened after or during activity.

CAUSES

- Over use sometimes seen with rapid increase in exercise programs or in sports requiring running and jumping.
- Poor physical conditioning (strength and flexibility/endurance).
- Running sports, especially training running down hills.
- Inadequate warm-up before practice or play or failure to stretch before participation.
- Injury to the tendon.



PREVENTION

- Warm up and stretch before practice or competition.
- Allow time for adequate rest and recovery between practices and competition.
- Keep up conditioning.
 - Keep up ankle and leg flexibility.
 - Improve or keep muscle strength and endurance.
 - Improve cardiovascular fitness.
- Use proper technique.
- Use of proper equipment (shoes, skates, etc)
- To help prevent recurrence, taping, protective strapping, or an adhesive bandage may be recommended for several weeks after healing is complete.

PROGNOSIS

- Recovery may take weeks to several months to heal.
- Longer recovery is expected if symptoms have been prolonged
- Recovery is usually quicker if the inflammation is due to a direct blow as compared with overuse or sudden strain.

COMPLICATIONS

- Healing time will be prolonged if the condition is not correctly treated. The injury must be given plenty of time to heal.
- Symptoms can reoccur if activity is resumed too soon.
- Untreated, tendinitis may increase the risk of tendon rupture requiring additional time for recovery and possibly surgery.

TREATMENT

- The first treatment consists of, rest, anti-inflammatory medication and ice to relieve the pain.
- Stretching and strengthening exercises after resolution of pain, will likely help reduce the risk of recurrence. Referral to a physical therapist or athletic trainer for further evaluation and treatment may be helpful.
- A walking boot or cast may be recommended to rest the Achilles tendon. This can help break the cycle of inflammation and microtrauma.
- Arch supports (*orthotics*) may be prescribed or recommended by your caregiver as an adjunct to therapy and rest.
- Surgery to remove the inflamed tendon lining or degenerated tendon tissue is rarely necessary and has shown less than predictable results.

MEDICATION

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen, may be used for pain and inflammation relief. Do not take within 7 days before surgery. Take these as directed by your caregiver. Contact your caregiver immediately if any bleeding, stomach upset, or signs of allergic reaction occur. Other minor pain relievers, such as acetaminophen, may also be used.
- Pain relievers may be prescribed as necessary by your caregiver. Do not take prescription pain medication for longer than 4 to 7 days. Use only as directed and only as much as you need.
- Cortisone injections are rarely if ever indicated. Cortisone injections may weaken tendons and predispose to rupture. It is better to give the condition more time to heal than to use them.

HEAT AND COLD:

- **Cold** is used to relieve pain and reduce inflammation for acute and chronic Achilles tendinitis. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage.
- **Heat** may be used before performing stretching and strengthening activities prescribed by your caregiver. Use a heat pack or a warm soak.

SEEK MEDICAL CARE IF:

- Symptoms get worse or do not improve in 2 weeks despite treatment.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

EXERCISES

RANGE OF MOTION AND STRETCHING EXERCISES - Achilles Tendinitis

These exercises may help you when beginning to rehabilitate your injury. Your symptoms may resolve with or without further involvement from your physician, physical therapist or athletic trainer. While completing these exercises, remember:

- Restoring tissue flexibility helps normal motion to return to the joints. This allows healthier, less painful movement and activity.
- An effective stretch should be held for at least 30 seconds.

- A stretch should never be painful. You should only feel a gentle lengthening or release in the stretched tissue.

STRETCH – Gastroc, Standing

- Place hands on wall.
 - Extend left leg, keeping the front knee somewhat bent.
 - Slightly point your toes inward on your back foot.
 - Keeping your left heel on the floor and your knee straight, shift your weight toward the wall, not allowing your back to arch.
 - You should feel a gentle stretch in the left calf. Hold this position for 10 seconds.
- Repeat 10 times. Complete this stretch 3 times per day.



STRETCH – Soleus, Standing

- Place hands on wall.
 - Extend left leg, keeping the other knee somewhat bent.
 - Slightly point your toes inward on your back foot.
 - Keep your left heel on the floor, bend your back knee, and slightly shift your weight over the back leg so that you feel a gentle stretch deep in your back calf.
 - Hold this position for 10 seconds.
- Repeat 10 times. Complete this stretch 3 times per day.



STRETCH – Gastrosoleus, Standing

Note: This exercise can place a lot of stress on your foot and ankle. Please complete this exercise only if specifically instructed by your caregiver.

- Place the ball of your left foot on a step, keeping your other foot firmly on the same step.
 - Hold on to the wall or a rail for balance.
 - Slowly lift your other foot, allowing your body weight to press your heel down over the edge of the step.
 - You should feel a stretch in your left calf.
 - Hold this position for 10 seconds.
 - Repeat this exercise with a slight bend in your knee.
- Repeat 10 times. Complete this stretch 3 times per day.



STRENGTHENING EXERCISES - Achilles Tendinitis

These exercises may help you when beginning to rehabilitate your injury. They may resolve your symptoms with or without further involvement from your physician, physical therapist or athletic trainer. While completing these exercises, remember:

- Muscles can gain both the endurance and the strength needed for everyday activities through controlled exercises.
- Complete these exercises as instructed by your physician, physical therapist or athletic trainer. Progress the resistance and repetitions only as guided.
- You may experience muscle soreness or fatigue, but the pain or discomfort you are trying to eliminate should never worsen during these exercises. If this pain does worsen, stop and make certain you are following the directions exactly. If the pain is still present after adjustments, discontinue the exercise until you can discuss the trouble with your clinician.

STRENGTH - Plantar-flexors

- Sit with your left leg extended. Holding onto both ends of a rubber exercise band/tubing, loop it around the ball of your foot. Keep a slight tension in the band.
- Slowly push your toes away from you, pointing them downward.
- Hold this position for 10 seconds. Return slowly, controlling the tension in the band/tubing.



Repeat 10 times. Complete this exercise 3 times per day.

STRENGTH - Plantar-flexors

- Stand with your feet shoulder width apart. Steady yourself with a wall or table using as little support as needed.
- Keeping your weight evenly spread over the width of your feet, rise up on your toes.*
- Hold this position for 10 seconds.

Repeat 10 times. Complete this exercise 3 times per day.

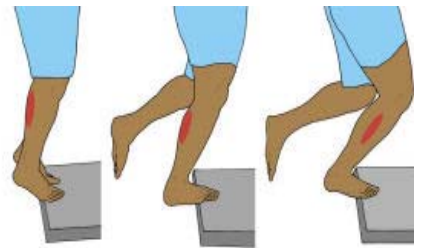


*If this is too easy, shift your weight toward your left leg until you feel challenged. Ultimately, you may be asked to do this exercise with your left foot only.

STRENGTH – Plantar-flexors, Eccentric

Note: This exercise can place a lot of stress on your foot and ankle. Please complete this exercise only if specifically instructed by your caregiver.

- Place the balls of your feet on a step. With your hands, use only enough support from a wall or rail to keep your balance.
- Keep your knees straight and rise up on your toes.
- Slowly shift your weight entirely to your left toes and pick up your opposite foot. Gently and with controlled movement, lower your weight through your left foot so that your heel drops below the level of the step. You will feel a slight stretch in the back of your calf at the end position.
- Use the healthy leg to help rise up onto the balls of both feet, then lower weight only on the left leg again. Build up to 15 repetitions. Then progress to 3 consecutive sets of 15 repetitions.*
- After completing the above exercise, complete the same exercise with a slight knee bend (about 30 degrees). Again, build up to 15 repetitions. Then progress to 3 consecutive sets of 15 repetitions.*



Perform this exercise 3 times per day.

*When you easily complete 3 sets of 15, your physician, physical therapist or athletic trainer may advise you to add resistance by wearing a backpack filled with additional weight.

STRENGTH - Plantar Flexors, Seated

- Sit on a chair that allows your feet to rest flat on the ground. If necessary, sit at the edge of the chair.
- Keeping your toes firmly on the ground, lift your left heel as far as you can without increasing any discomfort in your ankle.

Repeat 5 times. Complete this exercise 3 times a day.



*If instructed by your physician, physical therapist or athletic trainer, you may add 10 lbs/4.5 kgs of resistance by placing a weighted object on your left knee.

