



A True Achilles Heel

Achilles Tendinitis

by Susan Findlay

Susan Findlay of the North London School of Sports Massage and the Institute of Sport & Remedial Massage examines the common conditions that a sports and remedial massage practitioner will come across on a regular basis. This issue she looks at Achilles tendinitis, the cause, effect and treatment.

Tendons are made up of a tough, resilient connective tissue. They act as the bridge between muscle and bone and have a small amount of elasticity.

The Achilles Tendon found at the base of the heel is comprised of the gastrocnemius, soleus and plantaris muscles. It is vulnerable to injury due to its location and the role it plays between ourselves and the ground we walk on. In addition, it has a low metabolic rate and a poor blood supply that means the structure has a slow rate of healing.

In Tendinitis it is the disruption in the ground substance of the tendon causing the tissue fibres to separate leading to micro trauma.

Usually Achilles Tendinitis has a slow onset, hence, it is a chronic condition that is typically ignored until it renders it intolerable, or the athletes' performance is restricted. It is not unusual to have a client come in with a very thick, shortened and inflamed tendon that is very tender to touch.

As with all injuries an accurate assessment and diagnosis is important to plan an effective rehabilitation program. Determining what the causes are is just as important as the actual treatment.

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Causes

Poor technique: not using a correct landing technique in a jump or not putting the heels down while running.

Biomechanical dysfunction: feet can have excessive pronation, (collapse of the arch) which leads to an angular stress on the tendon.

Overuse: can be because of over training or lack of rest days. Some fail to recognize the importance of rest days and do not understand their effectiveness.

Poor training regime: for example, an athlete's training regime often lacks focused stretching time. I am not talking about the 10 -minute stretches before and after training, but rather an hour spent every week concentrating on stretching the whole body.

Equipment: Shoes that are past their sell by date and have lost their support structure.

Poor self-awareness: what starts off as a niggle, can work its way into an unmanageable injury. Small amounts of micro trauma go unnoticed, or are dismissed as a pain that can be worked through, until it reaches an annoying state of discomfort.



Signs & Symptoms

- Morning stiffness
- Pain during or after exercise
- Inflammation
- Thickening of the tissue
- Local oedema

Treatment

With Sport & Remedial Massage there are many choices of how to approach the treatment of this condition.

MET - (Muscle Energy Technique) is useful in this situation for reducing muscle tension, increasing ROM, breaking apart adhesions, improving proprioception. A couple of approaches are shown in demonstrations, one movement isolates the soleus and the other the gastrocnemius.

STR - (Soft Tissue Release) is an effective tool for both breaking down adhesions and stretching the tissue. It can be applied actively or passively. In the demonstration, it is the client actively moving the foot, thereby controlling the amount of stretch and conversely the amount of discomfort.

Friction - for this condition it is best used to break up adhesions and areas of tissue tension. Friction can be a very strong technique and can cause a great deal of pain. With Achilles Tendinitis it can be too inflamed to tolerate this technique, so it is best to use the 10 -second test. If pressure into the area does not increase the pain, it is usually ok to continue. Be sensitive to your clients' pain tolerance, and if it is too uncomfortable, there are plenty of other techniques that can be used with similar effect.

Stretches - homework and education is an important part of the rehabilitation process, by giving stretches enables clients to actively play a part in their recovery, and further helps prevent the condition

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Equipment - it might sound expensive, but if someone is a serious runner, I recommend they rotate two or three pairs of trainers that are at different stages of wear. This helps to prevent strain when clients change from a well-worn pair to brand new ones; it decreases the stresses of adjustment. On the other hand they might have two pairs of the same type, and alternate them from week to week. This allows the shoes to recover and regain their integrity, as well as increasing the life of the shoe by 50%.

Training - adjustments will need to be made with their current regime. In the acute stage, alternatives to training will need to be offered, i.e. cycling instead of running for cardiovascular in order to take out the impact work on the tendon. Also, how they train, this needs to be addressed and determine if this is at fault.

returning through self-awareness. Using a strap increases the intensity of the stretch and allows the application of MET.

Strapping and taping - can control the movement as well as encourage weak muscles to work harder, and so, reciprocally give others a period of ease.

Orthotics - are inserts worn in shoes to help control or alter the biomechanics of the foot? If the problem is a biomechanical one this might be an option. Someone who is qualified, such as a podiatrist, must fit these.

Summary

In hindsight it is always best to advise prevention. In an ideal world, this is a lovely thought, but the first encounter with clients is because they are injured and this philosophy is not part of their thinking process. For most sports, it is about pushing the limits, this is what makes great athletes. Part of our job as Sport & Remedial Massage therapists is to educate, pushing themselves is fine, but requires they taper it with wisdom.




Susan Findlay is the Director of North London School of Sports Massage & the Institute of Sport & Remedial Massage.

Originally from Canada, she has a BSc in Nursing and has headed numerous health & fitness programmes in conjunction with GPs.

Susan lectures on a range of courses at the NLSSM & LSSM. She also has a busy clinic in North London.

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