

PATIENT INFORMATION

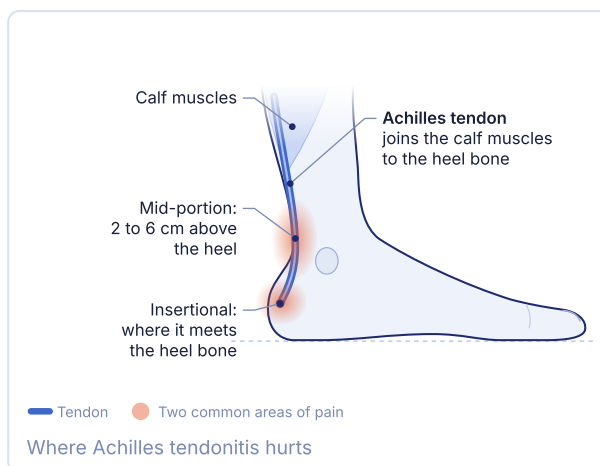
Achilles Tendonitis & Tendinopathy

Causes, symptoms, diagnosis and treatment

Written by **William Joyce**, Consultant Podiatrist, HCPC registered · The Functional Podiatrist, Richmond & Kensington · Updated October 2026

IN SHORT

Achilles tendonitis, more accurately called tendinopathy, is pain and thickening in the tendon that joins the calf to the heel. It usually follows a rise in running or a change of footwear. The pain sits either 2 to 6 cm above the heel (mid-portion) or where the tendon meets the heel bone (insertional), and the treatment differs for each.



Tendonitis or tendinopathy?

Tendonitis means short-term inflammation; tendinopathy is the more accurate term for longer-term pain and thickening from overload. They feel similar, but the difference matters for treatment. Most people who have had Achilles pain for more than a few weeks have a tendinopathy.

Where does it hurt?

In one of two places, and the difference changes the treatment.

- Mid-portion: 2 to 6 cm above the heel bone. The most common type
- Insertional: where the tendon meets the heel bone. Some exercises used for mid-portion can aggravate it

What does it feel like?

Pain and stiffness in the tendon that builds gradually over weeks.

- Stiffness with the first steps in the morning
- Pain that eases as you warm up, then returns
- Thickening or tenderness along the tendon
- Pain running, jumping or walking uphill

What causes it?

Most often a sudden increase in running volume, speed or hills.

- Weakness in the calf and soleus muscles
- Switching to lower-drop or minimal shoes
- Foot mechanics adding load over thousands of steps

Can a podiatrist help with Achilles tendonitis?

Yes. We assess calf strength, how well the tendon tolerates load and your foot mechanics, work out whether it is mid-portion or insertional, and build a rehabilitation plan around that. Most cases are diagnosed without a scan.

How is it treated?

With progressive loading: tendons respond to controlled stress, not rest.

- A loading programme specific to your type of tendinopathy
- Load management so you can keep training safely
- Heel lifts and orthotics where needed
- Shockwave therapy for persistent cases
- Taping and manual therapy during flare-ups

Are cortisone injections recommended?

Generally not near the Achilles, because of the risk of rupture. Progressive loading, shockwave therapy and load management are safer and have a strong track record.

How long does it take to recover?

Recent cases often improve within 6 to 8 weeks, and most moderate cases within 8 to 12 weeks. Long-standing and insertional cases can take 3 to 6 months, and shockwave therapy significantly improves the outcome in persistent cases.

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FROM THE CLINIC

"The first thing I want to know with Achilles pain is whether it is mid-portion or insertional, because the wrong rehabilitation programme can make it worse. Most people do not need to stop completely. They need the right load, built up steadily."

William Joyce, Consultant Podiatrist, The Functional Podiatrist

Three things you can do today

- 1 Hold off on extra mileage, speed work and hills for now.
- 2 Avoid switching suddenly to minimal or low-drop shoes.
- 3 Keep moving within comfort: complete rest rarely helps a tendon.

When to see a podiatrist

- Achilles pain lasting more than 2 to 3 weeks
- Pain that limits activity or returns after rest
- Pain that keeps getting worse despite cutting back
- A sudden snap or pop at the back of the heel: seek urgent care

Get it properly assessed

Your treatment plan depends on what is driving the problem. We assess, explain what we find and build a plan around your activity and goals.

HCPC-registered podiatrists in Richmond (Pools in the Park, TW9 2SF) and Kensington (Sprint Physiotherapy, W8 4LY). No referral needed.

More on this condition: thefunctionalpodiatrist.uk/achilles.html

Book an assessment

Call 020 3576 0630

General information only. This guide is not a diagnosis and does not replace an assessment. © The Functional Podiatrist.