



Injuries of a Marathon Proportion!

The days are longer, the temperature is rising and it's getting easier to get out of your bed in the mornings. Yes, summer has arrived. For many people it is the time to start their summer fitness regime so they can fit into their swim suit on the beach. Others are still on a high from completing the London marathon in April. And some have decided in a post marathon adrenalin rush to sign up for a second marathon. No matter what your motive is for running, if it is a relatively new activity for you (and even if it is not), the increase in your training schedule puts you at risk of a number of over-use injuries.

Achilles Tendinopathy

What is Achilles Tendinopathy?

Your achilles tendon is the structure that attaches your calf muscles to your heel bone (the calcaneum). It is the thickest and strongest tendon in the human body. Pain on or around the tendon can suggest Achilles tendinopathy. Often there is pain on running or walking and the tendon can feel especially stiff getting out of bed in the morning. The affected tendon will often appear thickened in comparison to the same tendon on the other side. It commonly affects middle-aged recreational athletes.

What causes Achilles Tendinopathy?

Achilles tendinopathy may occur when the tendon becomes acutely damaged by an excessive force or strain on the tendon. Alternatively the tendon can, overtime, become degenerative due to gradual overuse and/or altered mechanics of your foot movement. This degeneration means that the achilles tendon does not possess its normal tensile strength and may be liable to rupture with continued sporting activity.

Other terms you may have heard:

Achilles Tendonitis - traditionally it was believed that all Achilles tendon problems were inflammatory hence the term "tendonitis". There may be some inflammation for a few days after an acute strain however most achilles problems are degenerative in nature.

Achilles Tendinosis - refers to degeneration of the tendon.

How can physiotherapy help Achilles Tendinopathy?

Because Achilles Tendinopathy is rarely an inflammatory condition, the use of anti-inflammatory medication is generally not appropriate. In fact the action of anti-inflammatory drugs may be counter-productive since these drugs have been shown to inhibit the action of naturally occurring chemicals which trigger a normal healing response. This being the case, the body's ability to regenerate damaged tissue may be lessened. Pain relieving medications however, do play a role in reducing symptoms of pain.

Ice packs can relieve pain by numbing the area but recovery is based on trying to elicit healing without overloading the tendon. This may require a period of rest from impact activities for anywhere from a few weeks to 3 months. In this time the body produces collagen tissue to repair the damaged Achilles tendon, which can take up to 3 months to lay down and mature. Non impact activities will be suggested such as deep water running, swimming or perhaps cycling.

Acute (recent) injuries can be treated with ice, rest, soft tissue techniques such as massage to improve circulation and flexibility to the tendon, and exercises.

More degenerative, gradual onset problems have been shown to respond very positively to a specific exercise programme to build up strength and control of the tendon. This strengthening program uses eccentric muscle contractions, meaning the muscle is lengthening while contracting. These exercises may promote a mild inflammatory response locally to the tendon which may aggravate pain initially. Your therapist will monitor this, but this is a normal response that encourages an influx of important chemical cell mediators to the area allowing a healing response. An exercise program such as this will gradually increase loads on the muscle and tendon and will be progressed by increasing the number of sets and repetitions of contractions, usually over a 12 week period.

Physiotherapists at London City Physiotherapy can assess your tendon and foot mechanics to see what is causing the problem. Other underlying issues will be assessed to determine if there is a biomechanical cause of your problem. Potential issues may be flat or over-pronated feet, stiff ankle or other joints of the foot or big toe, tight muscles of the lower limb, or muscle weaknesses.

What to do next

If you are looking for an excuse to forfeit your position in the marathon team, you may have found it! But if you are not a quitter, take the time out to visit your physiotherapist for a detailed assessment. You may be back on the running track faster than expected. Even if your marathon dreams are shattered for this season, getting any problems sorted early will help prevent future issues...and there is always next year!



This is Heidi Wimmer, physiotherapist at London City Physiotherapy.

Heidi is available for treatments Monday, Wednesday and Friday at our city site which is conveniently located between and just a short walk from St Paul's, Bank and Mansion House tube stations.