ACHILLES TENDINITIS

An Information Pack

Great Dunmow Osteopathy & Health

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A Note from Joe Hellier, Clinic Director

In our experience, achilles tendinitis is one of the most under-treated problems in adult foot health. It is common, very treatable and yet often left to drag on for months or years before patients seek proper care. Many of the people we see have already tried stretching, over-the-counter remedies, off-the-shelf insoles and time off their feet - without lasting improvement.

We have written this pack for the patient who wants to understand what is really going on before picking up the phone. It explains what achilles tendinitis is, what may be contributing to it, and how our programme is structured to treat the underlying cause rather than manage the symptom.

There are no costs in these pages and no pressure to book - only the information we believe you need to make a considered decision.

If, after reading, you would like to talk to one of our practitioners, the details for doing so are at the end.

Joe Hellier

Clinic Director, Great Dunmow Osteopathy & Health

Our Approach to Foot Care

We treat foot conditions the way we treat every area of the clinic: with thorough assessment, evidence-informed care and a clear plan from the outset.

Three principles shape our work in this area:

Diagnosis before treatment

We do not begin a programme until we understand what is driving your symptoms. Achilles Tendinitis can look like other conditions, and identifying the right diagnosis (and any contributing biomechanical factors) is the first step. Where appropriate we refer onward - to your GP, an orthopaedic specialist or imaging - before, alongside, or instead of treatment with us.

An evidence-led approach

Our achilles tendinitis programme is built around the treatments shown to work best for the condition. We do not chase short-term symptom relief; we treat the underlying tissue and biomechanics.

A defined plan

Our programmes are structured. You will know from the start what is involved, how long it is expected to take, and what we are aiming to achieve together. There is no open-ended treatment.

Understanding the Condition

Achilles tendinitis is inflammation and degeneration of the Achilles tendon — the thick tendon that connects your calf muscle to your heel bone. It usually develops gradually as a result of overuse or repetitive strain and causes pain, stiffness and sometimes thickening of the tendon. It's one of the most common overuse injuries in active adults.

Classic symptoms are pain and stiffness in the lower calf or back of the heel, especially first thing in the morning and after sitting still. Pain typically eases with gentle movement but flares with prolonged activity, hills or running. You may feel a thickening of the tendon, tenderness when pressed and reduced calf flexibility. Severe cases have visible swelling.

How it is diagnosed

Diagnosis is usually straightforward at a clinical examination. The podiatrist palpates the tendon to locate the painful area, assesses your calf flexibility, checks how you walk and looks at your footwear. Imaging (ultrasound or MRI) is sometimes useful for severe or non-responding cases to assess tendon damage and rule out a partial tear.

Contributing Factors

Achilles Tendinitis almost always has more than one cause. Identifying which factors apply to you is part of the work of the initial appointment.

The most common causes are sudden increases in activity (new running programme, hill walking, ramping up training), tight calf muscles, poor biomechanics (flat feet, high arches, overpronation), unsupportive footwear, running on hard surfaces and being middle-aged or older. Sometimes a single misstep or unaccustomed sport triggers an acute episode.

Three Common Presentations

While every case is different, the patients we treat for achilles tendinitis most often present with one of three recognisable patterns. Identifying which applies to you is part of the work of the initial appointment.

Insertional Achilles Tendinitis

Pain right where the tendon attaches to the back of the heel bone. Often associated with a bony lump (Haglund's deformity) and worse in shoes with hard heel counters.

We combine focused shockwave therapy to stimulate healing at the attachment site, custom orthotics to offload the painful area and footwear guidance.

Insertional tendinitis can be slower to settle than mid-portion but still responds well to the right treatment.

Mid-Portion Achilles Tendinitis

Pain a few centimetres above the heel, in the body of the tendon. Often accompanied by a palpable thickening and morning stiffness that improves with movement.

Mid-portion tendinitis responds excellently to focused shockwave therapy combined with an eccentric loading programme. This is the type with the strongest evidence for shockwave success.

Most mid-portion cases see meaningful improvement within 6 to 8 weeks.

Acute Achilles Strain

Recent onset, often after a sudden increase in activity, a missed step or unaccustomed sport. The tendon is acutely sore but not yet chronically thickened.

Acute cases respond fastest. We focus on calming the inflammation, identifying the trigger, restoring movement and starting a graded return to activity.

Many acute cases resolve in 3 to 4 weeks if treated early.

Our Programme

Our Achilles tendinitis treatment combines focused shockwave therapy with manual therapy, eccentric loading exercises and biomechanical correction.

Initial consultation

You start with a thorough assessment of your feet, lower limbs and gait. We examine the Achilles tendon, palpate to identify the exact location of pain, check your calf flexibility and review your footwear and activity history. You'll leave knowing what's causing the tendinitis and the treatment options open to you.

Treatment course

Focused shockwave therapy is one of the most evidence-backed treatments for Achilles tendinitis. It triggers a healing response in the tendon, breaks down scarred tissue and stimulates new collagen formation.

Review and aftercare

We combine shockwave with an eccentric loading programme (the gold-standard exercise approach), manual therapy to release tight calves and custom orthotics where biomechanical factors are contributing.

Focused Shockwave Therapy: What It Is

Focused shockwave therapy is a non-invasive treatment that uses controlled, high-energy acoustic waves to stimulate healing in damaged or degenerated soft tissue. It is well established in orthopaedics and sports medicine and is one of the most evidence-backed treatments for chronic achilles tendinitis.

Two key things to know:

First, it is not the same as the cheaper radial shockwave devices commonly seen on the high street. Focused shockwave penetrates deeper and delivers a more precise dose of energy to the target tissue. The evidence behind focused shockwave is markedly stronger.

Second, it is not a quick fix. It works by triggering a controlled healing response in the affected tissue - increasing local blood flow, breaking down scarred tissue and stimulating new collagen formation. The improvement builds over weeks rather than days, but the change is genuine rather than symptom-masking.

Focused Shockwave Therapy: How It Works

Each treatment session delivers a series of focused acoustic shockwaves to the painful area via a handheld applicator. The waves penetrate into the affected tissue and create controlled microtrauma - small, deliberate disruptions that prompt the body's natural healing response.

Several things happen in the tissue as a result:

- Increased local blood flow, which improves the delivery of the cells responsible for tissue repair.
- Breakdown of scarred and degenerated fibres in the target tissue.
- Stimulation of new collagen synthesis, rebuilding stronger, more elastic tissue.
- A short-term reduction in pain signalling from the treated area, often felt within hours.

The cumulative effect of these changes - usually over four to six sessions spaced one to two weeks apart - is a meaningful, lasting improvement in symptoms and tissue health.

Suitability and Safety

Focused shockwave therapy is generally safe and well tolerated. Side effects, when they occur, are mild and short-lived: temporary tenderness in the treated area, occasional minor bruising, brief skin redness.

Who it suits

Patients with chronic or recurrent achilles tendinitis that has not responded to standard care, and acute cases at high risk of becoming chronic, typically benefit most. Suitability is confirmed at your initial consultation.

Who it is not suitable for

We do not deliver focused shockwave during pregnancy, over an active infection, over the site of certain implants, or in the presence of specific blood-clotting conditions. We screen for all of these at your initial consultation and are clear with you about any reason we would not proceed.

What you will not experience

No injections. No medication. No anaesthetic. No downtime. You can drive, work and walk normally the same day.

What to Expect from Your Consultation

Your initial consultation lasts up to 60 minutes. It is a thorough clinical assessment, not a sales appointment. The aim is to give you a clear, honest picture of what is going on and what - if anything - we recommend.

History

We discuss your symptoms in detail: when they started, what makes them worse, what you have already tried and how the problem is affecting your day-to-day life.

Examination

We examine the affected area, assess your range of motion, gait and footwear and check for any contributing biomechanical factors.

Diagnosis and plan

We explain what we have found, confirm the diagnosis where possible and outline a clear treatment plan. If we believe your case is better suited to another approach - onward referral, alternative treatment, watchful waiting - we will tell you so directly.

What you leave with

A written summary of your assessment, a clear treatment recommendation, an indicative timeline and an open invitation to ask any further questions before deciding whether to proceed.

Your Next Step

If you would like to book a consultation or simply discuss your situation in more detail, you can reach us by phone, email or via the booking page on our website.

All initial enquiries are handled by our clinical team. There is no obligation to book treatment after a consultation, and no judgement if it turns out our programme is not the right fit.

We look forward to hearing from you.

Contact

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