

Non-Operative Achilles Tendinopathy Treatment Protocol

Daniel Sutton, MD

Sports Medicine Specialist

danielsuttonmd.com

Purpose & Philosophy

Achilles tendinopathy is a degenerative condition characterized by impaired tendon load tolerance rather than acute inflammation. Successful non-operative treatment emphasizes progressive tendon loading, correction of contributing biomechanics, and patience through the tendon remodeling process.

Appropriate Candidates

Patients with midportion or insertional Achilles pain without acute rupture, significant tendon gap, or failure of prior structured rehabilitation. Both athletes and non-athletes may benefit from non-operative care.

Phase 1: Pain Control & Load Modification (Weeks 0–3)

Goals include reducing pain and excessive tendon load while maintaining functional mobility. Running, jumping, and hill work are temporarily limited. Heel lifts or supportive footwear may be used selectively to reduce tendon strain. Isometric calf exercises are initiated as tolerated. Pain control includes acetaminophen and ice; NSAIDs may be used selectively if appropriate.

Phase 2: Progressive Calf Strengthening (Weeks 3–6)

Focus shifts to restoring tendon capacity through progressive loading. Eccentric and concentric calf strengthening exercises are introduced, emphasizing controlled tempo. Both gastrocnemius and soleus strengthening are addressed. Volume and intensity are progressed based on symptom response.

Phase 3: Advanced Loading & Energy Storage (Weeks 6–10)

Goals include improving tendon load tolerance during higher-demand activities. Single-leg calf raises, plyometric preparation, and sport-specific drills are introduced gradually. Attention is paid to landing mechanics and fatigue.

Phase 4: Return to Running or Sport (Weeks 10–14+)

Gradual return to running, jumping, and sport-specific activities is initiated. Progression is symptom-guided rather than time-based, with careful monitoring of post-activity soreness.

Adjunct Treatments

Adjuncts may include physical therapy modalities, heel lifts, shockwave therapy, or biologic injections such as PRP in select cases. Corticosteroid injections are generally avoided due to risk of tendon rupture.

Return-to-Activity Criteria

Minimal or no Achilles pain during and after activity; symmetric calf strength and endurance; ability to tolerate sport- or work-specific loads without symptom flare.

Failure of Non-Operative Treatment

Persistent pain despite an adequate course of progressive loading should prompt reassessment for alternative diagnoses or discussion of additional interventions.

Key Principles

Achilles tendinopathy is a load-management problem. Progressive strengthening and avoidance of sudden workload spikes are critical for durable recovery.

Key References

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