

Rehabilitation Protocol: Achilles Tendinopathy – Non-Operative

Location: ☐ Midportion ☐ Insertional

Progressive tendon loading is the central treatment. Avoid complete rest – modify load rather than stop activity. Progression is symptom-guided using the **pain-monitoring model**: pain $\leq 5/10$ during exercise is acceptable if it settles by the next morning and morning stiffness/pain is not worsening week to week. Recovery typically takes 3–6 months and may take up to 12. Please contact our office with any questions or concerns.

Insertional: perform heel raises and loading on flat ground only – no dropping the heel below neutral (avoid end-range dorsiflexion and calf stretching off a step); a heel lift and backless or open-heel shoes may reduce compression.

☐ Phase I – Load Management and Pain Relief (Weeks 0–2)

- **Education:** Condition, load management, pain-monitoring model, expected timeline; reduce aggravating activity (hills, speed work, jumping) to a tolerable level; maintain fitness with bike, swimming or upper body
- **Isometrics:** Double- or single-leg heel raise holds or seated calf press, 5 × 30–45 seconds, 2–3× daily for pain relief
- **Early loading:** Double-leg heel raises as tolerated; seated soleus raises
- **Adjuncts:** Heel lift or supportive footwear; taping as needed; soft tissue mobilization; iontophoresis may be used in the early stage
- **Kinetic chain:** Hip and knee strengthening; address ankle and foot mobility deficits
- **Criteria to Progress:** Pain stable or improving; able to perform double-leg heel raises within pain-monitoring limits

☐ Phase II – Progressive Strengthening (Weeks 2–12)

- **Choose one loading program** (all effective):
 - **Heavy slow resistance:** seated and standing heel raises and leg press calf raises, 3 seconds up / 3 seconds down, 3× per week; progress from ~15RM to ~6RM over 12 weeks
 - **Eccentric:** heel drops with straight and bent knee, 3 × 15 each, twice daily (midportion – may drop below neutral off a step; insertional – flat ground only)
 - **Concentric/eccentric:** double- to single-leg heel raises, progressing reps, then adding load (weighted vest or backpack)
- **Progression:** Double to single leg; add load once 3 × 15 single-leg heel raises are pain-free; continue isometrics as needed for pain relief
- **Other:** Calf stretching (midportion only; avoid end-range stretch for insertional); neuromuscular and balance training; hip/knee strengthening
- **Criteria to Progress:** Pain-free walking; single-leg heel raise endurance and strength approaching the other side (e.g., ≥ 25 single-leg heel raises); heavy loading tolerated within pain-monitoring limits

☐ Phase III – Energy Storage and Return to Running (Weeks 6–12+)

- **Plyometrics:** Double-leg hops, skipping, jump rope, progressing to single-leg hops and bounding; start 2–3× per week with recovery days between
- **Running:** Walk-jog interval program on flat surfaces, increasing volume before speed or hills
- **Strength:** Continue heavy calf strengthening 2–3× per week
- **Criteria to Progress:** Plyometrics and running tolerated without a next-day flare

☐ **Phase IV – Return to Sport**

- **Treatment:** Sport-specific speed, hills, cutting and jumping; increase training load gradually; continue calf strengthening 1–2× per week for maintenance
- **Return to Sport:** Symmetric single-leg heel raise endurance and hop tests; sport-specific activity without symptom progression; clearance from our office

Contact Our Office

- Sudden pop or acute weakness (possible rupture), no improvement after 3 months of consistent loading, or worsening pain despite load modification