Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · PHYSIOTHERAPY AND ORTHOPAEDICS

Achilles tendon pain
loading it is the treatment

Achilles pain is usually tendinopathy — degenerative change in an overloaded tendon rather than inflammation. It responds to progressive loading and does not respond to rest. The one thing to exclude first is a rupture, which is frequently missed at the first assessment.

Seek same-day assessment if you

- felt a **sudden snap or a blow to the back of the ankle**, sometimes with an audible pop
- **cannot push off, stand on tiptoe, or push the foot down** against resistance
- have a **palpable gap** in the tendon, or sudden bruising and swelling
- have **severe pain and inability to weight bear**
- have Achilles pain while taking a **fluoroquinolone antibiotic** — stop and seek advice

Achilles rupture is commonly missed because people can often still walk — other muscles compensate. Around a quarter of ruptures are not diagnosed at first presentation. If you felt a snap and cannot rise onto your toes on that leg alone, assume rupture until it is excluded. In an emergency go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Fluoroquinolone antibiotics and steroids

Ciprofloxacin, levofloxacin and related antibiotics substantially increase the risk of Achilles tendinopathy and rupture, sometimes within days of starting and occasionally weeks after stopping. Risk is higher over 60, with kidney disease, and with concurrent oral steroids. If you develop tendon pain on one of these antibiotics, stop it and contact us. Steroid injection directly into the Achilles is avoided for the same reason.

Two patterns

- **Mid-portion tendinopathy** — pain and thickening 2 to 6cm above the heel bone. The commoner and more treatable form.
- **Insertional tendinopathy** — pain right at the heel bone attachment, often with a bony prominence. Needs a modified programme, avoiding stretch into dorsiflexion.
- Both are typically worst on the first steps in the morning and after sitting, ease with gentle activity, then ache afterwards.

The loading programme

3–6 months
typical time to meaningful improvement

Daily or alternate days
how often to load

Up to 5/10
acceptable pain during exercise

1. **Start with isometric holds** if very painful — rise onto toes and hold for 30 to 45 seconds, five times, several times a day. These reduce pain and allow you to begin.
2. **Progress to heel drops.** Rise onto both toes, shift weight to the affected leg, and lower slowly over three to four seconds. Three sets of 15, once or twice daily.
3. **For mid-portion pain, drop below step level**; for insertional pain, stay on flat ground and do not stretch beyond neutral.
4. **Add load progressively** — a rucksack with weight, then a calf raise machine. The tendon needs meaningful load to remodel.
5. **Expect a delayed response.** Judge by how the tendon feels the next morning, not during exercise. Worse the next day means reduce; the same or better means progress.

Alongside

- **A heel raise** in both shoes offloads the tendon during the painful phase.
- **Reduce, do not stop.** Cut running volume and hills, switch some sessions to cycling or swimming, but keep loading the tendon.
- **Shockwave therapy** has reasonable evidence where a loading programme has not worked after three months.
- **Avoid steroid injection** into the tendon itself.
- Check for contributing factors — a sudden increase in training, new footwear, calf tightness, and less obviously diabetes, high cholesterol and inflammatory arthritis.

If it is a rupture

Treatment is either a functional brace and rehabilitation programme, or surgical repair. Outcomes are broadly similar for many people, with surgery carrying a slightly lower re-rupture rate and higher complication risk. Either way, recovery takes several months and rehabilitation is the determining factor. What matters most is starting promptly — delayed diagnosis makes both options harder.

> **Book an appointment if** you felt a snap, cannot rise onto your toes, or have Achilles pain that has not improved with six weeks of loading. We offer ultrasound on site to confirm the diagnosis, orthopaedic review, physiotherapy and shockwave therapy.

Ultrasound, physiotherapy and shockwave

Seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Physiotherapy** · **Shockwave therapy** · **Ultrasound** · **Orthopaedics** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-114

This leaflet is based on current NHS and NICE CKS guidance on Achilles tendinopathy and rupture, and MHRA fluoroquinolone safety advice. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.