

Is Surgery Necessary for a Weak Achilles Tendon?

Physical Therapy in Merrimack Valley for Foot

Q: Believe it or not, I have gone through rehab three times now for a weak (or easily injured) Achilles tendon. My wife says just have surgery and be done with it. I'm not convinced surgery is the answer. What do you think?

A: Surgery remains a last resort when all attempts at nonoperative care have failed. Almost one-third of all patients with chronic tendinopathies end up having surgery. This is true despite the fact that there is no evidence to support this approach or show which surgical procedure works best.

Surgical options include removing scar tissue and adhesions, repairing tendon tears, removing areas of obvious tendon degeneration, and tenotomy (cutting the tendon). If a large portion of the tendon is removed, it may be necessary to transfer a tendon from some other area of the body to the affected site. Surgical options vary according to which tendon is the problem.

Rehab may still be the answer if you have not tried eccentric exercise. No one knows for sure why this technique works (and it doesn't seem to help all tendon problems), but the Achilles tendon responds well in many cases. A Physical Therapist can instruct you in the proper technique, but here's the basic exercise.

Stand on a stair (facing the stair as if going up stairs) with just the toes in contact with the stair. Start in a position up on raised toes on the involved leg (shortened or contracted calf muscle), then slowly lower the heel down past the edge of the stair. The knee is kept straight throughout the first set of exercises. The exercise is repeated keeping the knee bent throughout the raising and lowering motion.

It is suggested that you do three sets of 15 repetitions, twice a day. Repeat daily for 12 weeks. It takes some time and dedication, but the results can be well worth it.

Reference: Jonathan D. Rees, MSc, MRCP (UK), FFSEM (UK), et al. Management of Tendinopathy. In The American Journal of Sports Medicine. September 2009. Vol. 37. No. 9. Pp. 1855-1867.