



Musculoskeletal

Pain management in insertional Achilles tendinopathy

A difficult disorder to manage

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Persistent Achilles insertional pain can be a difficult ailment to manage, and eccentric exercise alone may not be enough to treat this type of tendinopathy.

This article examines a case study which incorporates subtalar, talocrural and hip extension mobilisations as part of treatment for persistent insertional Achilles tendinopathy. The effects were greater than eccentric Achilles treatment alone, with improvements maintained up to 1 year later.

This case-study noted that improving foot, ankle, and hip mobility had a positive effect on Achilles pain management, and allowed the subject to return to running better than a treatment consisting of standard eccentric loading alone. Further discussion in this article notes that nociceptive pain modulation as a result of joint mobilisation could be a possible explanation for reduced pain, as could improving the biomechanics of the lower extremity with loading and decreasing the stress on the Achilles insertion.



Interestingly, this article notes the subject returned to high-level running, and the pain management effects of this treatment were noted to be up to a year later. This article further supports the notion that localised treatment consisting of eccentric loading strategies for tissue healing may not yield as successful of an outcome as looking at the wider biomechanics of the whole lower extremity.

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