GARNET ORTHOPEDIC SOLUTIONS

PATIENT EDUCATION GUIDE

Understanding Achilles Tendonitis and Getting Back to Full Strength

A practical guide to why the Achilles tendon flares up, what keeps it irritated, and how a personalized plan can get you moving again without losing the progress you have already made.

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SECTION 01

What Is Achilles Tendonitis?

The Achilles tendon connects your calf muscles to the back of your heel bone, and it is the strongest, thickest tendon in the body. Achilles tendinopathy is the umbrella term we use at Garnet for pain and swelling around that tendon, and it generally falls into one of two categories.

Achilles tendonitis refers to acute inflammation, the kind that flares up quickly. Achilles tendinosis describes a slower, more chronic pattern of overuse, where the tendon breaks down gradually because it never gets a full chance to recover between sessions of load. Runners and people in repetitive jumping sports make up a large share of the cases we see, and getting the distinction right matters, since insertional pain right at the heel calls for a different approach than pain higher up along the tendon.

Achilles tendonitis shows up often in runners and anyone whose sport asks a lot of the calf and heel.

TWO FORMS, ONE TENDON

Insertional Achilles tendonitis causes pain directly at, or within about two centimetres of, the back of the heel. Non-insertional Achilles tendonitis sits higher up, roughly two to seven centimetres above that attachment point. Both respond well to the right plan, but the plan itself often looks different depending on which one you have.

SECTION 02

Recognizing the Symptoms

Achilles tendonitis tends to announce itself gradually, and the pattern is fairly recognizable once you know what to look for. Common signs include pain behind the heel or lower leg, an aching or burning sensation when you first get up after rest, swelling during an acute flare, and a noticeable thickening of the tendon itself.

Pain low on the back of the leg, worst first thing in the morning, is one of the clearest signals of Achilles involvement.

Many people notice the pain easing once they warm up, only for it to return and even worsen as the day goes on. As symptoms persist, the pain tends to arrive earlier into activity rather than only afterward, and lifting the heels off the ground, such as going up on your toes, often reproduces it directly. Some people also feel better without shoes on at all, since the collar or heel counter of a shoe can be exactly what is irritating the area, and a bony prominence called a Haglund's deformity sometimes accompanies the discomfort.

SECTION 03

Insertional vs. Non-Insertional

Knowing where your pain sits along the tendon helps guide almost every decision that follows, from footwear to exercise selection.

Insertional Achilles tendonitis

This form causes tenderness directly where the tendon meets the heel bone. Pressing on that exact spot typically reproduces the pain, and footwear with a rigid or poorly shaped heel counter is often a major contributing factor.

Non-insertional Achilles tendonitis

This form sits further up the leg, generally two to seven centimetres above the heel, along the main body of the tendon. It responds well to load management and targeted strengthening, and it is the pattern we see most often in runners increasing their mileage or intensity too quickly.

> Differentiating between these two patterns, and ruling out related conditions such as retrocalcaneal bursitis, is exactly the kind of assessment your pedorthist is trained to walk through with you.

SECTION 04

Risk Factors Worth Knowing

Several factors raise the likelihood of developing Achilles tendonitis, and recognizing your own risk profile is often the first real step toward avoiding a repeat episode:

- **Lateral or sudden direction changes:** sports involving quick cuts place unusual sideways strain on the tendon.
- **Hill running and repeated jumping:** both load the calf and tendon far more heavily than flat, steady-paced activity.
- **Worn out or poorly fitted footwear:** shoes that have broken down no longer support the heel and calf the way they should.
- **Unsupportive footwear such as sandals:** minimal structure around the heel leaves the tendon more exposed to strain.
- **Uneven terrain:** trails and loose gravel place greater and less predictable strain on the tendon with every step.
- **High volume or high intensity training:** a sudden jump in either is one of the most common triggers we see.
- **Body weight and individual mechanics:** both influence how much load travels through the calf and tendon during daily movement.

Sports built around jumping and sudden direction changes place substantial strain on the Achilles tendon.

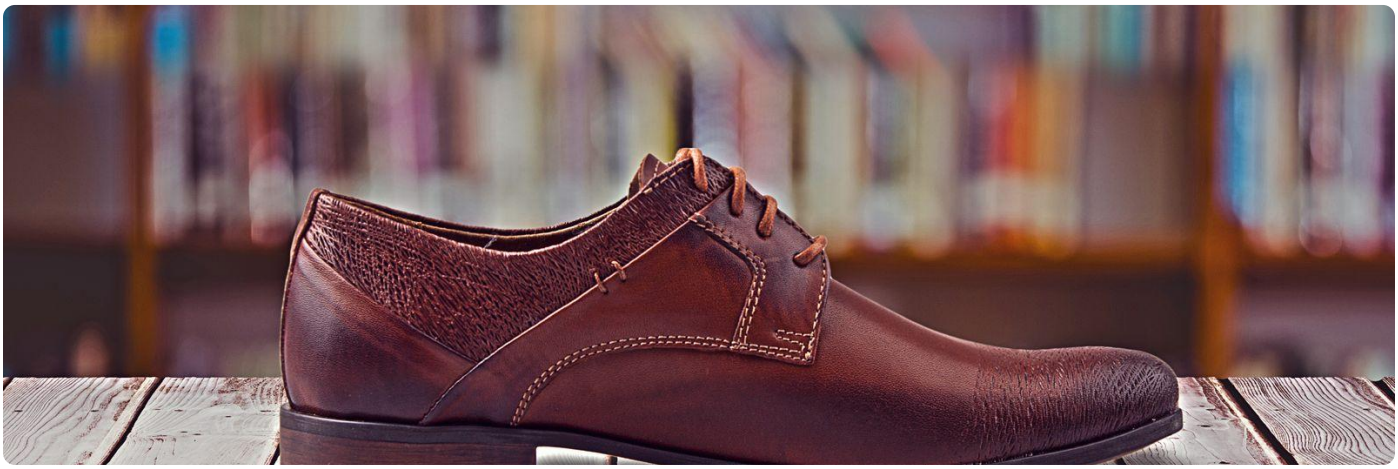
A pedorthist or physiotherapist can help you determine whether your own alignment and movement patterns are adding to your risk, which makes a proper assessment worth the time even before symptoms become severe.

SECTION 05

What You Can Do Today

A few steps consistently help take pressure off an irritated Achilles tendon while you work toward a longer-term plan:

- Replace footwear that is old or worn down with shoes built for your specific mechanics and activity
- Rest from any activity that clearly aggravates the area, and apply ice for fifteen to twenty minutes at a time if swelling is present
- Reduce training intensity, duration, and frequency while symptoms are active, and lean on low-impact cross-training such as swimming or elliptical work in the meantime



A footwear change is often the simplest and most effective first step toward calming an irritated tendon.

Footwear with a proper heel pitch, sometimes called a rocker sole, can meaningfully reduce how hard the calf has to work during activity, and a heel lift inside the shoe is another option worth discussing with your pedorthist depending on your specific mechanics.

SECTION 06

Staying Active Without Setting Yourself Back

Uneven, rocky terrain places extra strain on the Achilles tendon, so choosing your surface matters as much as choosing your pace.

Staying active during recovery matters for your overall health, and it is entirely possible with the right exercise selection. The general rule is simple: avoid anything that increases your symptoms, whether during the activity or afterward.

With soft tissue injuries like this one, the tendon often warms up and feels fine while you are active, only to become sore once you stop, later that day, or the next morning. If that pattern shows up for you, scale back the intensity or duration until it no longer provokes symptoms. Sports involving sudden direction changes or repeated jumping, such as soccer, basketball, volleyball, or racquet sports, are worth setting aside for now, and gentler cross-training can keep you moving while your tendon heals.

Not sure if your activity is helping or hurting? A short assessment can tell you exactly where your tendon stands and what to modify.

Book Your Assessment

SECTION 07

Your Treatment Options

Early detection and a properly guided plan make a real difference with Achilles tendinopathy, and a multidisciplinary approach tends to produce the best results.

Conservative care, first

Anti-inflammatory medication may help reduce pain and swelling; speak with your family physician before starting one. A footwear change is frequently the first and most effective option, since worn out shoes exaggerate biomechanics in ways your body may not tolerate well. Stretching and strengthening the calf, particularly through eccentric exercise programs, has strong support in the research for reducing symptoms, and a physiotherapist or pedorthist can guide you through the correct protocol.

When symptoms persist

If conservative management has been exhausted without enough relief, shockwave therapy is a reasonable next step; current literature points to reduced pain and improved function scores following this form of treatment. As always, working with the right healthcare professional throughout this process helps you separate genuinely useful information from the noise of everything else available online.

SECTION 08

Custom Orthotics vs. Off-the-Shelf

Getting the right footwear and support in place is often the difference between a slow recovery and a steady one.

Off-the-shelf orthotics are pre-fabricated and often heat moldable, giving you a degree of immediate customization right out of the box. Depending on your symptoms and mechanics, that may be a perfectly reasonable first step, and for many people it is enough on its own.

Custom foot orthoses are built differently: designed specifically around a 3D model of your own foot, they can be tailored fully to your mechanics. Current research supports their use in reducing strain and load on the Achilles tendon and surrounding musculature, largely by improving shock attenuation and support through the materials selected for both the orthotic and the footwear itself. If an off-the-shelf device offers some relief but not quite enough, or does not match your foot type well, moving to a custom option is often the right next step.

Curious whether your mechanics call for custom support?

See How Custom Orthotics Work garnetsolutions.ca →

SECTION 09

What to Expect at Garnet

Your first appointment starts with locating exactly where pressure is building across your foot and lower leg, using tools such as in-shoe pressure sensors and pedograph scans, alongside a footwear analysis. From there, we move into gait and movement testing, covering static alignment as well as dynamic movement patterns, using both 2D and 3D clinical gait analysis where appropriate.

IMMEDIATE SUPPORT

While your custom foot orthoses are being manufactured, typically over three to five days, your pedorthist will work with you right away to improve comfort both in and out of the house. Both your footwear choices and your activity choices can work for you or against you, and getting that balance right from day one makes a real difference.

Learn more about our gait analysis process →

SECTION 10

Prevention and Long-Term Tendon Health

Prevention comes down largely to flexibility, strength, and sensible training progression. Adequate flexibility in the calf muscles, the gastrocnemius and soleus, reduces the strain placed on the tendon during activity, and eccentric stretching and strengthening programs have consistently shown benefit for people managing or preventing Achilles symptoms.

Training structure matters just as much. Building in rest days, keeping easy days genuinely easy and well below race pace, and avoiding sudden jumps in volume or intensity all protect the tendon over the long run. If your alignment or mechanics predispose you to strain in the lower leg, a pedorthist or physiotherapist can help identify that early, well before it becomes a recurring problem.

A few habits are worth keeping up even once symptoms have resolved: replacing running shoes before they visibly break down, choosing supportive footwear over minimalist styles if flexibility is limited, and staying consistent with calf strengthening rather than dropping it once the pain fades. A tendon that has already been through this once tends to be more vulnerable to a repeat episode, so ongoing attention pays off.

SECTION 11

About Garnet Orthopedic Solutions

Ready to Feel Better?

If Achilles pain has been holding back your training or your daily routine, a proper assessment is the fastest way to a real plan.

Book Your Assessment garnetsolutions.ca →

Garnet Orthopedic Solutions provides pedorthic assessment, custom orthotics, and footwear guidance built around each patient's specific anatomy and goals, rather than a one-size-fits-all approach. Our clinic combines hands-on biomechanical assessment with practical, evidence-informed treatment, so patients leave with a plan they understand and can actually follow.

Jeff Lewis, C. Ped (C)

Canadian Certified Pedorthist

Jeff leads patient assessment and custom orthotic care at Garnet Orthopedic Solutions, working with patients to identify the root cause of their foot and lower limb pain and to build a treatment plan suited to their specific needs, goals, and symptoms.

garnetsolutions.ca | This guide is intended for general education and does not replace an individual assessment. Please consult your pedorthist or physician about your specific symptoms.

Appendix: Image Sources

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#	DESCRIPTION	PHOTOGRAPHER	SOURCE
1	Cover — woman running by a lake at a park	jacky xing	pexels.com/photo/21856843
2	Sec. 1 — athlete training on a running track	Andrea Piacquadio	pexels.com/photo/3756042
3	Sec. 2 — person holding their ankle	Kindel Media	pexels.com/photo/7298413
4	Sec. 4 — basketball player mid-dunk	RODOLPHE ASENSI	pexels.com/photo/30555521
5	Sec. 5 — close-up of shoes	Pexels contributor	pexels.com/photo/247321
6	Sec. 6 — hikers on a steep, rocky trail	Sagar Gnawali	pexels.com/photo/14319361
7	Sec. 8 — man tying his shoe on a park bench	MART PRODUCTION	pexels.com/photo/7879928

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