Case Study 4

Gavin is a 45 yo male and is a keen hiker. He presented with a 3 year history of increasing heel pain and suspected mid substance Achilles tendinopathy. He had previous treatment to the heel with physiotherapy which included eccentric calf loading and soft tissue massage to the calf which appeared to only increase his symptoms. He presented for a review of his diagnosis and for rehabilitation of his heel pain.

On observation he had swelling of his left posterior heel (Figure 1), and pain on the left with heel raises.

An ultrasound revealed a swollen left Achilles tendon with diffuse hypoechogenicity of the mid portion of the tendon (Figure 1). A retrocalcaneal bursitis was also noted (see Figure 2) along with increased echogenicity of the underlying fat pad. Colour doppler also demonstrated increased vascularity in the tendon and fat pad indicating the chronicity of the pathology (Figure 3).

Physiotherapy treatments involved dry needling the calf as well as soft tissue techniques to decrease myofascial tone in the calf. Advice was given as to appropriate foot wear and an orthotic was made to correct poor foot biomechanics. Isometric calf raises were prescribed to improve calf...
strength and remodel the Achilles tendon matrix. Paratenon stripping was also prescribed to reduce Gavin’s pain and facilitate his rehabilitation. This involved a cocktail of cold saline and xylocaine injected under and above the left Achilles tendon to strip away aberrant blood flow to the tendon (see Figure 4). Cortisone and xylocaine were also injected into the retrocalcaneal bursa for pain relief.

Gavin reported immediate pain relief was able to return to his hiking pursuits after a couple of weeks.

Figure 4 Left Achilles tendon post paratenon stripping