Insertional Achilles Tendonitis

(a.k.a.: retrocalcaneal bursitis, Haglund deformity, posterior heel pain)

Symptoms of Insertional Achilles Tendonitis

- Pain and swelling where the Achilles tendon attaches to the heel bone
- Startup pain is common -worse after getting up following sitting for a while
- Common in middle-age
- Associated with increased weight
- Symptoms usually come on gradually, although there may be a sudden increase in symptoms with increased activity

Physical Findings of Insertional Achilles Tendonitis

- Pain/tenderness at the back of the heel where the Achilles attaches to the bone
- Prominent bone with swelling at the back of the heel
- Often associated with a tight calf muscle
- Patient may walks with a limp

Imaging Studies

- X-rays show a bony peak at the back of the heel bone (Haglund deformity)
- Bone fragments may be noted in the Achilles where it inserts in the heel bone
- MRI usually not required, but will show degeneration of the tendon with areas of microscopic tearing, and fluid will be noted in the space between the Achilles and the Haglund deformity (the retrocalcaneal bursa)

Figure 1: Location of pain in Insertional Achilles Tendonitis

Treatment of Insertional Achilles Tendonitis

Non-operative (conservative) treatment of insertional Achilles tendonitis often successful at controlling symptoms. Typically 3 overlapping phases of treatment:

1. Settle acute symptoms.
2. Gradually increased activity level.
3. Maintain symptom control

Common treatments include:

- Heel lift, or the use of a shoe with a moderate heel to offload Achilles
- Activity modification
- Physical therapy
- Weight loss

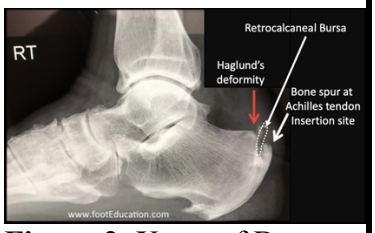

Figure 2: X-ray of Bony Haglund's Deformity

Surgical treatment of insertional Achilles tendonitis is reserved for patient with severe symptoms or those that have failed conservative treatment. The recovery from surgery is prolonged. Surgery usually includes:

- Removal of the prominent heel bone (Haglund deformity)
- Removal of scar and bone within the Achilles tendon. This often requires detaching part, or all, of the Achilles tendon where it attaches to the heel bone
- Reattaching the tendon back to the heel bone
- Transfer of another tendon in that area (the tendon that flexes the big toe downwards) to the heel bone to reinforce the damaged Achilles tendon