

Achilles Load Guide

Understanding your tendon. Building your capacity. Getting back to what matters.

What Is the Achilles Tendon?

Your Achilles tendon is the thick band of connective tissue that connects your calf muscles to your heel bone. It is the strongest tendon in the human body — designed to absorb and release tremendous forces when you walk, run, jump, or climb stairs.

When it becomes painful, it is almost always because the demands being placed on it have exceeded its current capacity — not because the tendon is broken, torn, or permanently damaged.

The Core Idea: Demand > Capacity

Pain is feedback — not failure.

It means your tendon needs more capacity to handle what you are asking of it.

The solution is not to stop. It is to load smarter.

Mid-Portion vs. Insertional Achilles — What's the Difference?

Not all Achilles pain is the same. Knowing which type you have matters, because it changes how you load.

Mid-Portion (2–6 cm above heel)	Insertional (at the heel bone)
Most common type Responds well to heel drops through full range Stretching is generally fine	At the bone-tendon junction Avoid end-range stretch (hanging heel drops) Compression aggravates it — modify footwear

If you are unsure which type you have, your clinician can help clarify — it makes a meaningful difference to how you progress.

The Three Zones: Your Daily Loading Guide

Before every session, check in with yourself. Where are you today?

<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
No pain, or pain that stays at 0–2/10 during and after exercise.	Mild discomfort 3–4/10. Settles within 24 hours after activity.	Pain 5+/10, worsening during activity, or still elevated next day.
<input type="checkbox"/> Keep going. Build load.	<input type="triangle-up"/> Continue, but monitor	<input type="checkbox"/> Reduce load. Rest and

	closely. Adjust if needed.	reassess.
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The 24–48 Hour Rule
 Your most important feedback does not come during exercise — it comes the next day. If pain is the same or better the morning after a session, you are in the right zone. If pain is noticeably worse, you loaded too much. Reduce next time — do not stop.

The Three Phases of Achilles Rehab

Recovery follows a predictable path. The phases can overlap, and progress is not always linear — but the direction is always the same: from calming pain to building real capacity.

Phase	Timeline	Focus	Example Exercises
1 — Reactive	Weeks 1–3	Reduce irritability	Isometric calf holds
2 — Strength	Weeks 3–10	Build tissue capacity	Slow heel raises (HSR)
3 — Return to Activity	Weeks 8–16	Energy storage, real-life function	Plyometrics, running, sport

Phase 1 — Reactive Phase (Weeks 1–3): Calm the Tendon

When the tendon is highly irritable, the first goal is to reduce pain without resting completely. Isometric exercises are the starting point — they load the tendon without movement, which the tendon tolerates best in this phase.

Starter Exercise: Standing Calf Isometric
 Stand flat-footed. Rise onto your toes and hold for 30–45 seconds.
 Repeat 4–5 times. Aim for 3–5 sessions per day.
 Use a wall for balance. Pain should stay at or below 4/10.
 These can be done morning and evening — they are that gentle on the tendon.

Phase 2 — Strength Phase (Weeks 3–10): Build the Tendon

Once irritability settles, the tendon needs progressive overload to rebuild capacity. Heavy Slow Resistance (HSR) training is the gold standard — slow, controlled movements that challenge the tendon deeply without provoking it.

Core Exercise: Heel Raise — Heavy and Slow

Stand at the edge of a step. Rise onto your toes over 3 seconds. Lower over 3 seconds.
3 sets of 15 reps. Add weight as you progress.
Mid-portion: Full range (heel dropping below step level). Insertional: Stay above step level.
Expect mild discomfort (Yellow Zone). Some ache during and after is normal and expected.
Rest 2–3 minutes between sets.

Progress slowly. The tendon adapts over weeks, not days. Aim to increase load (weight, reps, or range) every 1–2 weeks.

Phase 3 — Return to Activity (Weeks 8–16): Use the Tendon

This phase prepares the tendon for the energy storage and release demands of running, jumping, and sport. Plyometric exercises are introduced gradually, building spring and resilience.

- Double-leg calf jumps → single-leg hops → running reintroduction
- Combine with continued HSR (do not abandon strength work)
- Run/walk intervals: start 1 minute run / 2 minutes walk, progress weekly
- Continue monitoring zones — flares are normal, not a sign of failure

Common Questions

How long will this take?

Most people see meaningful improvement in 8–12 weeks. A full return to demanding activity (running, sport) typically takes 16–24 weeks. Tendon remodelling continues for up to a year — which is why consistency matters long after the pain settles.

Should I stretch my Achilles?

For mid-portion Achilles pain: gentle stretching is fine. For insertional pain: avoid aggressive stretching, especially the hanging heel drop. Compression at the insertion point aggravates symptoms.

What if I have a flare?

Drop back to Phase 1 isometrics for a few days. Do not stop completely. Monitor your 24-hour response and progress again when the tendon settles. Flares are part of the process — not a setback.

Can I keep walking and doing daily activities?

Yes. Staying active within your zone is part of the treatment. Avoid prolonged rest. If your morning walk is in the Yellow Zone, that is fine — just monitor the next-day response.

Remember

"Calm the pain, then build the tendon."
Pain is feedback — not failure.
Capacity, not catastrophe.
Show up consistently. The tendon responds to what you give it.

Questions? Work with your MovementSpark clinician to adjust your program based on how you respond week to week.