

Achilles Tendon Starter Guide

You just got a diagnosis. Here is what it actually means — and what to do first.

First — Take a Breath

If you have just been told you have Achilles tendinopathy (or tendinitis, or tendinosis — different words for a similar problem), it is easy to feel worried. Especially if you have been told to rest, or that it could take months to heal, or that you might need surgery.

Most of that worry is not necessary. Achilles tendinopathy is one of the most well-researched overuse conditions in the body. We know a lot about how tendons respond to treatment — and the news is genuinely good, as long as you approach it correctly.

What the Research Actually Says

The Achilles tendon does not need to rest — it needs the right kind of load. Exercise-based treatment is the most effective approach for tendinopathy. Most people recover well. The tendon is resilient — it just needs guidance. Surgery is rarely needed and is typically a last resort after 12+ months of conservative care.

What Is Achilles Tendinopathy?

Your Achilles tendon connects your calf muscles to your heel bone. When people develop tendinopathy, the tendon has become overloaded — the demands placed on it have exceeded what it can currently handle. This causes a change in the tendon tissue that makes it painful and less tolerant of load.

It is important to understand: this is not a simple tear, and in most cases it is not a structural failure. It is an adaptation problem. The tendon is sending pain signals because it has not built enough capacity to handle what you are asking of it.

The Core Idea

Pain does not equal damage.
The problem is: Demand is greater than Capacity.
The solution is to gradually build capacity — not to avoid all demand.

Why Did This Happen?

Achilles tendinopathy almost always follows one of these patterns:

- **Training error:** A sudden spike in activity — you increased your running mileage, started a new sport, or added hills
- **Deconditioning:** Returning to activity after time off — your calf capacity dropped during rest, and the tendon was not ready
- **Chronic overuse:** A gradual build-up of accumulated load over months without enough recovery
- **Tendon ageing:** Age-related changes in tendon tissue combined with continued activity demands

Knowing why it happened helps you avoid repeating the pattern. It also tells you that this was not random — the tendon was giving signals before it became painful. Those signals will be more readable now that you know what to look for.

Where Is Your Pain?

There are two main types of Achilles tendinopathy, and they behave slightly differently. Knowing which one you have matters for how you load it.

Mid-Portion	Insertional
Pain is 2–6 cm above the heel Most common type — runners especially Full-range heel drops work well Gentle stretching is generally fine	Pain is right at the heel bone Often worse in stiff shoes or with direct pressure Avoid heel drops below step level (compression) Avoid aggressive stretching early on

Your clinician will confirm which type you have. If you are unsure, treat it as insertional until you know — this is the more cautious approach.

Your Zone Check-In

Before any activity or exercise, rate your pain and identify your zone. This tells you how to approach the session.

<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Pain 0–2/10 during and after. Barely noticeable.	Pain 3–4/10. Tolerable. Settles within 24 hours.	Pain 5+/10. Worsening. Still elevated next day.
<input type="checkbox"/> Keep going. You are in a good range.	<input type="checkbox"/> Okay to continue. Monitor next-day response.	<input type="checkbox"/> Reduce load. Rest and reassess.

The Morning Check

Every morning, rate your pain before you get out of bed: 0–10.

This is your baseline for the day.
Write it down — you will start to see patterns within a week.

Your First Exercise: The Calf Isometric

You do not need a complicated program to start. This single exercise is where almost everyone begins — and it works.

Isometric exercises load the tendon without moving the joint. This is the safest and most effective way to start building capacity when the tendon is still reactive and painful.

How to Do It

Stand barefoot or in flat shoes. Hold a wall or counter for balance.
Slowly rise up onto both toes. Hold for 30–45 seconds.
Lower down slowly. That is one rep.
Repeat 4–5 times. Do this 2–3 times per day — morning, afternoon, and evening if possible.
Pain during the hold should stay at or below 4/10.
If this is too easy, try it on one leg, or add a light backpack for resistance.

Most people feel some relief in pain within the first 1–2 weeks of doing this consistently. This is the tendon responding to appropriate load.

What to Expect in the First Few Weeks

Week	What to Expect
1–2	Pain may remain similar or slightly reduce. Isometrics will feel unfamiliar. You are building the habit — that matters most right now.
3–4	Noticeable improvement in morning stiffness and daily pain is common. The tendon is beginning to respond.
5–8	Ready to progress to slow, loaded heel raises with resistance. Pain during exercise is tolerable and settles overnight.
8–12	Most people at this point can return to low-impact activity. Pain is no longer the primary driver of daily decisions.

These are general timelines. Your progress may be faster or slower depending on how long you have had pain, your overall fitness, and how consistently you do the work.

The Three Things That Slow Recovery Down

- **1. Impatience:** Doing too much too soon — spiking load before the tendon has adapted
- **2. Complete rest:** Doing nothing at all — rest reduces tendon capacity, making it more sensitive over time
- **3. Inconsistency:** Starting and stopping — the tendon needs regular stimulus, not occasional effort

The most successful recoveries share one thing: people who showed up consistently, adjusted when needed, and did not quit when progress felt slow.

Your Starting Point — Right Now

1. Do your zone check-in every morning.
2. Start calf isometrics today — 4–5 holds, 2–3 times daily.
3. Monitor your 24-hour response after any activity.
4. Bring your observations to your next appointment.

"Calm the pain. Build the tendon. Get back to what matters."

This is the beginning of the process — not the whole program. Your clinician will guide you through the loading phases as the tendon responds. You have everything you need to start.