

Rehabilitation of Achilles tendinopathy

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The methods of treatment of tendinopathy Achillea depend on the developmental stage of the disease. We can distinguish three stages of evolution.

□□□ inflammatory phase

□□□ proliferative phase

□□□ remodeling phase

□ **a) in inflammatory phase is recommended:**

rest, active-assisted mobilization (applies from the third day), Ghiazza application (several times a day for 15-20 minutes), use of ant inflammatory drugs, corrective orthoses, a rise in the heel (1-2cm) to decrease the tension on the tendon, use also physical modalities: ultrasound, Tecartherapy, laser therapy and the vibrating plate (NEMES) Neuromuscular Mechanical Stimulation

In rehabilitation is now known the positive effect of vibration on

- the regenerative capacity of the muscle-tendon complex,
- analgesic effect,
- body balance and coordination improvement,
- significant increase in bone density,
- psycho – physical well-being, causing the release of neurotransmitters such as serotonin and dopamine.

□ **b) proliferative phase**

at this stage the subject begins the work of progressive overload of the tendon to recover and increase the load resistance of the muscle-tendon unit, will initially be made: isotonic, concentric and eccentric exercises.

- The eccentric exercises are extremely important for full functional recovery of the tendon tissue. Eccentric contraction is a muscular activity, during which the muscle produces force stretching. The work represents an eccentric mechanical load greater than concentric and isometric and therefore is able to massively stimulate the muscle-tendon structures.

A stretching program is essential.

Cautious stretching of the calf, Achilles tendon and hamstring

Deep massage (MTP) allows you to:

maintain normal mobility of tissues, oriented collagen fibers in the most suitable to withstand the mechanical stress

stimulates the mechano-receptors to inhibit afferent nociceptive messages Rehabilitation in water has a faster recovery of range of motion and the normal pattern of walking

Proprioceptive re-education improves balance and static and dynamic postural control to prevent recurrences

□ **c) Remodeling phase**

gradually increase the mechanical loads on the tendon (stretching, working isometric, concentric and eccentric) and educate the patient to avoid overloads in particular in the case of an athlete.

CONCLUSIONS

Physical therapy equipment can be indicated in inflammatory defenses, for the control of pain and inflammation, should be privileged in the later stages an intervention physical therapy (stretching and eccentric exercises) and manual (MTP), to promote the formation of scar tissue and functional to facilitate remodeling of the tendon tissue.

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