

Continuing on in our series of articles concerning safety in line dance regarding looking after your body and that of your dancers, this time we are talking about your Achilles Tendon. Whilst problems with the Achilles Tendon are not as common in line dance as in other forms of dance and sport, they do occur. Most problems arise in people who dance many times a week and in instructors having many classes per week. Problems can also arise if a dancer wears high heels most of the time during her everyday life but wears flatter ones when dancing. Consistently wearing high heels can shorten the tendon and make it less elastic and thus prone to injury and rupture if it is stretched when wearing lower heels. That does not mean that a dancer should wear high heels for line dancing - (see the article in the last issue regarding footwear). There are stretching exercises which can help.

ACHILLES TENDON INJURIES (TENDINITIS)

WHAT IS IT?

Tendinitis (or Tendonitis) is an umbrella term for a variety of inflammatory conditions, which affects tendons, including the Achilles Tendon. Accurate diagnosis of the structural level of an injury to the tendon is important in respect of treatment.

SYMPTOMS

Usually, the first set of symptoms involves inflammation of the vascular sheath which surrounds the tendon. This pain is described as a mild burning or prickly heat sensation about 1 – 3 inches in the Achilles Tendon above the heel bone. This area of the tendon has the poorest blood supply and is most susceptible to injury, even from a simple rubbing of the shoe to the tendon at the back of the heel.

The second stage of injury causes inflammation and degeneration of the actual tendon fibers (tendinosis). Second stage pain is described as a shooting, stabbing sensation during physical activity. There may be tenderness and a small lump caused by inflammation of the tendon and the skin over the tendon may be red and warm. Some stiffness may develop and occasionally you may feel a crackling sensation (known as crepitus) when the affected tendon moves.

Stage three involves extensive weakening of collagen protein fibers, leading to partial or complete rupture (breaking of the tendon). The dancer may feel a sudden snap or a loud crack when the tendon ruptures. Initially, it may not even be painful, however, a great deal of swelling develops. The torn tendon inhibits the ability to rise onto the ball of the foot or to push off from the foot. When this occurs, medical help should be sought.

STRETCHING EXERCISES TO PREVENT INJURY AND TREAT MILD PROBLEMS

A flexibility (stretching) program, concentrating on both the Soleus and Gastrocnemius muscles (muscle below the calf and the calf muscle itself) should be undertaken. After the stretching exercises to increase flexibility, try instep rises, pushing slowly onto the balls of the feet and then lowering the heels gently to the ground, keeping the feet flat on the floor. Bend the knees slightly (do not raise the heels) and return to standing position (you should feel a slight stretching from the calf muscle downwards). Repeat slowly five times. (Rise, lower, bend, stretch). If symptoms persist try ice treatment after exercise. Taking an anti-inflammatory may help.

However, professional help should be sought if the condition deteriorates and becomes too painful and the area tender before a rupture occurs. Chronic conditions deteriorate very quickly. The professionals classify the injury as Acute if it has been less than 2 weeks duration, Subacute – 2 to 6 weeks duration and Chronic - over 6 weeks duration. This is likely to lead to rupture if left untreated.

The key to recovery from an Achilles tendon injury is to understand both the level and stage of the injury, make appropriate changes in physical activity and/or seek professional care if you deem the condition to be chronic.

The rupture of a tendon almost always requires an operation and the recovery time can be as long as twelve months, followed by a period of physiotherapy.