



**The Leg Bones Clinic**

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**Additional information re: Achilles tendonitis (to accompany referral)**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Clinical history:** \_\_\_\_\_

**Duration of pain**

- <6 weeks
- 6 weeks to 6 months
- >6 months

**Onset of pain**

- with running / exercise
- any weight bearing
- at rest / at night

**Previous surgery?**

- Yes       No

**Please mark out the site of pain**



**Left foot**

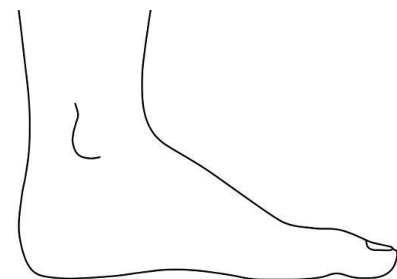
**Right foot**

**Investigations done so far:**

- X-rays (weight bearing) of ankle and feet
- Ultrasound
- MRI (if pain >6 months)

**Treatments so far:**

- Activity modification  
(reduce weight, reduce impact exercises)
- Local massage
- Heel cushion / Orthotics
- Cam Walker Boot
- Topical NSAIDs
- Oral analgesics / NSAIDs



- Podiatrist review
- Calf stretching program (trial for >6 weeks)
- Physiotherapist review
- Acupuncture
- Corticosteroid injection (if pain >3 months)
- Shockwave therapy (if pain >3 months)