# A tailor made exercise program versus a standard exercise program in patients with chronic mid portion achillestendinopathy

No registrations found.

| | |
|---|---|
| **Ethical review** | Not applicable |
| **Status** | Pending |
| **Health condition type** | - |
| **Study type** | Interventional |

## Summary

### ID

NL-OMON21627

**Source**
NTR

**Health condition**

Achillestendinopathy
Achillestendinopathie
Mid portion Achillestendinopathy
Mid portion Achillestendinopathie
Exercise therapy
Oefentherapie
Eccentric exercise
Excentrische oefeningen
Isometric exercise
Isometrische oefeningen
Pain
Pijn
Function
Functie
VISA-A score
Compliance
Therapietrouw

## Sponsors and support

**Primary sponsor:** Not applicable
**Source(s) of monetary or material Support:** Not applicable

## Intervention

## Outcome measures

### Primary outcome

Patient satisfaction

Functional outcome (VISA-A)

### Secondary outcome

Pain relief after exercise during the first 4 weeks

Achievement of the treatment goal (defined by the patient)

Compliance

Patient Satisfaction

# Study description

### Background summary

not applicable

### Study objective

Our hypothesis is that our gradually progressive protocol offers advantages with respect to the eccentric protocol based on the protocol of Alfredson (gold standard). We expect that, because this protocol is more individualized, less pain during the execution of the exercise program, therefore there is a better compliance and, and there is less chance of a deteriotaration of the tendon capacity (better clinical function).

### Study design

0 weeks (T0; intake)

4 weeks (T1)

16 weeks (T2)

24 weeks (T3)

36 weeks (T4)

52 weeks (T5)

**Intervention**

1. tailor made, slowly progressive exercise program, guided by clincal parameters

2. standard eccentric exercise program;

# Contacts

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# Eligibility criteria

## Inclusion criteria

Age 18 years or older;

Clinical diagnosis (based on history and physical examination) of midportion Achillestendinopathy (the 2-7 cm proximal to the insertion on the calcaneus);

Duration of symptoms 3 months or more

### Exclusion criteria

Insertional tendinopathy of the Achilles tendon;

Not able to carry out 'heavy load' eccentric exercises;

clinically suspected diagnosis of acute (partial) rupture of the Achilles tendon;

Surgical treatment of the affected Achilles tendon in the past;

Systemic disorders that seriously can influence the treatment/prognosis (diabetes mellitus, rheumatoid artritis).

## Study design

### Design

| | |
|---|---|
| Study type: | Interventional |
| Intervention model: | Parallel |
| Allocation: | Randomized controlled trial |
| Masking: | Single blinded (masking used) |
| Control: | Active |

### Recruitment

NL

| | |
|---|---|
| Recruitment status: | Pending |
| Start date (anticipated): | 01-08-2016 |
| Enrollment: | 66 |
| Type: | Anticipated |

## Ethics review

Not applicable

| | |
|---|---|
| Application type: | Not applicable |

# Study registrations

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

| Register | ID |
|---|---|
| NTR-new | NL5491 |
| NTR-old | NTR5813 |
| Other | METC MMC : W16.072 |

# Study results

**Summary results**
not applicable