Care for Achilles tendinopathy typically focuses on the localized area of pain by utilizing treatments, such as eccentric exercise, injections or surgical debridement. Yet these localized treatments targeting the Achilles tendon area have limited efficacy with up to 40% of patients continuing to have chronic pain after care. There is emerging research that changes in central nervous system (a global increase in pain sensitivity, psychological factors and altered movement patterns) can contribute to chronic musculoskeletal pain. We hypothesize that chronic Achilles tendinopathy pain is maintained by the following changes in the central nervous system, which are currently not addressed by the standard of care. Central sensitization is an adaptation in the central nervous system, which contributes to relatively mild pressures and temperatures to be perceived as painful. Fear of movement and pain catastrophizing can also develop in patients with chronic pain and interfere with participation in care. Patients decrease use of the calf muscles to avoid Achilles tendinopathy pain, but overtime this maladaptive movement pattern can actually perpetuate pain and disability. The purpose of this study is to examine which of these three centrally driven Achilles tendinopathy pain contributors persist when localized pain contributors are eliminated via a local anesthetic injection at the tendon. Identifying changes in the central nervous system in patients with Achilles tendinopathy will directly inform new rehabilitation strategies focused on integrating treatments targeting both local and global pain contributors.