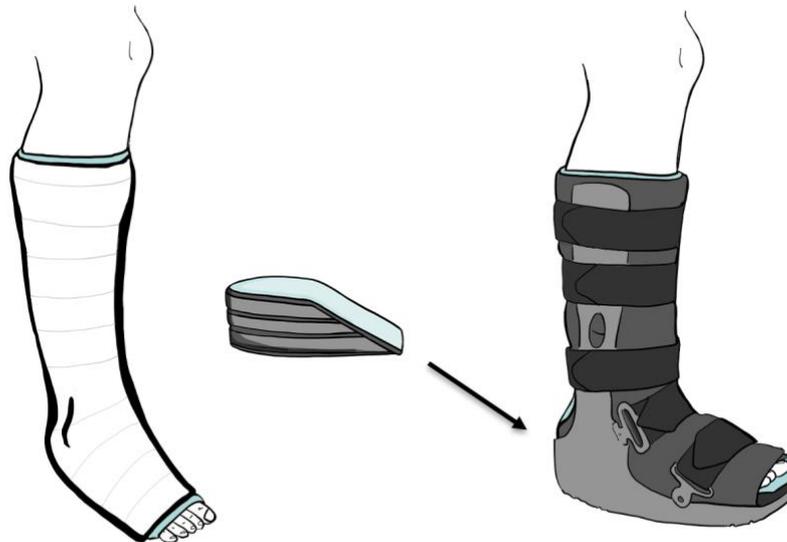


Achilles Tendon Rupture

[Dr Jarrad Stevens Home Page](#)

Achilles tendon tears are common injuries. A simple Achilles tendon rupture can be treated in a cast which points the foot down. The plaster cast can be changed to a Cam boot (or Moon boot) as time goes on. The torn tendon, which is usually painful, will normally heal well.

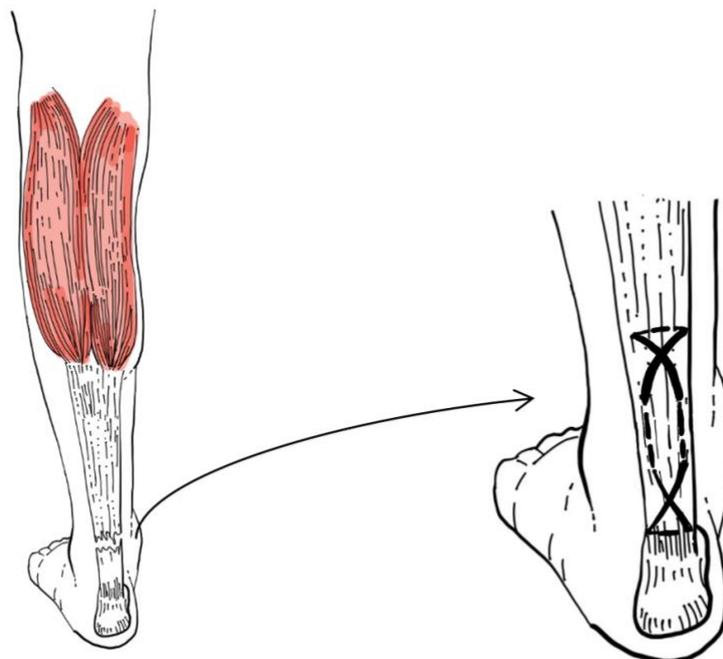


A cast points the foot down

A CAM boot can then be worn with wedges

If the tear is in the middle of the tendon and the ends have been separated too much or if they have been apart for too long, surgery may be recommended. Dr Stevens will discuss the risks and benefits of surgery with you.

If surgery is performed, several types of stitches are used to bring the tendon ends together and help it heal.



Ruptured Achilles Tendon

Repaired with sutures

Once repaired, patients are normally in a cast for two weeks. The wound is checked and then patients may be able to wear a Cam Boot with a wedge which keeps the foot pointing down. Slowly, the wedge is flattened, usual by taking pieces of the wedge out every two weeks. Physiotherapy is typically required to help get the ankle back to full movement and strength.

Elevate the leg for the first few days following surgery. You may be placed on blood thinning medications such as aspirin to help reduce the risk of clots.

Discharge home: After your surgery you will stay in hospital overnight and potentially for another day. You will be discharged with pain relief tablets.

Pain relief: After surgery it is normal to have some pain or discomfort. The amount of surgery you have had will influence how much pain you can expect and how long you will need pain relief for. You will be given pain relief tablets to take home with you when you leave the hospital. Take these over the next week or so as you need.

Looking after the Bandage: You will need to keep the bandage and plaster clean and dry. This will be removed at your 2 week check-up.

Movement after surgery: You can move your knee and hip straight away after surgery. Your knee will slowly be able to bend in the days that follow your operation. You may experience some ankle pain in the weeks following surgery.

It is a good idea to keep moving even after your surgery, it helps your blood circulation and stops your body getting too weak. Avoid any strenuous activity for the first 2 weeks, but gentle movement and walking with your crutches is advised.

When you are resting or sleeping try to keep the leg straight and elevated on some pillows.

Wound review: After 2 weeks you will have an appointment with Dr Stevens to have your wound checked, any stitches will be removed. You will be fitted with a Cam Boot.

Driving: You cannot drive until you have had your first review appointment with Dr Stevens. He will give you an indication then when you are likely to be able to drive again

Returning to work: This depends on the type of work you do. Most surgeries will need 2-6 weeks off work, some will require longer, especially if you have a manual job.

As with all surgery, there are risks with fixing your Achilles tendon. These include infection, delayed healing or wound problems. Difficulty with pain and range of movement may also be occur. Sometimes, further surgery is required. There is a risk of injury to the tendon again in the future.

- + Fever
- + Heavy bleeding or ooze from the wound
- + Increased swelling and redness around the surgery site
- + Pain in the calf muscles or difficulty breathing

If you have any of these problems, please call Dr Stevens or his rooms on **03 5752 5020**

<i>Time Frame</i>	<i>Rehab</i>
<i>0-2 weeks</i>	Plaster Non-weight-bearing (NWB) with crutches
<i>2 weeks</i>	CAM boot with 3 cm heel lift (3 x 1cm wedges) Begin putting some weight on the foot with crutches Some movement out of the CAM boot maybe allowed
<i>4 weeks</i>	Progress to protected weight bearing (ie weight bearing as tolerated but with crutches) Remove 1x1cm wedge Some movement maybe allowed out of the CAM boot
<i>6 weeks</i>	Wean off crutches Remove another 1x1cm wedge Active movement allowed to neutral
<i>8-12 weeks</i>	AVOID OVERSTRETCH - aim for a flat foot by 8 weeks At 8 weeks remove final 1cm wedge If patient able/comfortable wean out of boot to normal shoe from 8 weeks, use 1-2cm heel wedge in shoe if any contracture (ie unable to reach plantigrade) Exercises <u>Only if patient is frequently monitored and fully compliant with protocol then may progress to gentle passive and graduated resistance exercises to neutral only.</u>
<i>12 weeks</i>	Graduated resistance exercises with progression of ROM, strength and proprioception Gain dorsiflexion now, <u>avoid overstretching</u> Graduate to sport specific training