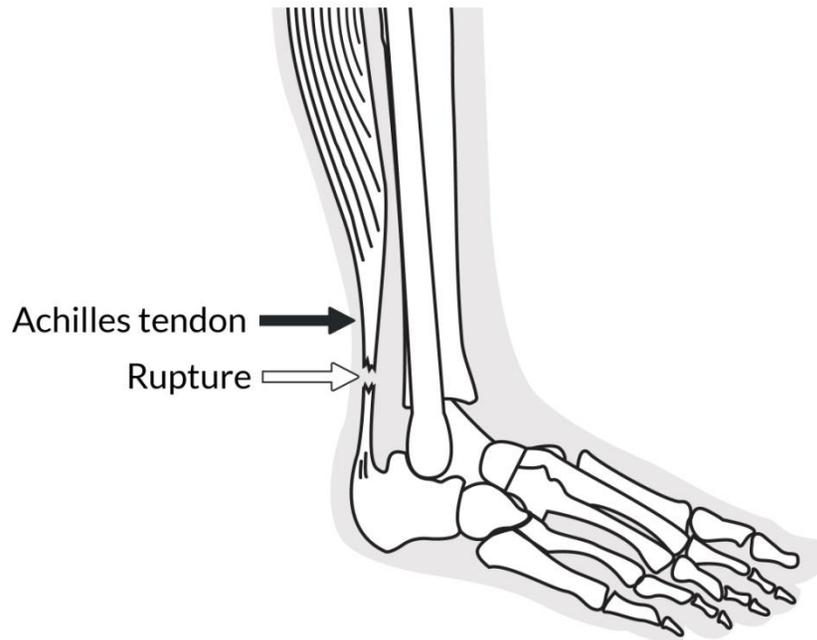


Achilles Tendon Rupture: A Guide to Recovery

Achilles Tendon Tears or Ruptures

The Achilles tendon is the largest tendon in the body and connects the calf or 'gastrocnemius & soleus' muscles to the heel bone. The calf muscle and achilles tendon are important for walking, running and coming up onto the toes.

The Achilles tendon can tear or 'rupture'. This most commonly happens during exercise or sport. Usually the tendon tears during a strong contraction of the muscles without a fall or blow to the leg. Many patients say that it felt like someone kicked them in the back of the leg. Sometimes patients have had pain in this area before the rupture.



Achilles tendon ruptures can be treated with casting/cast boot alone or with casting/cast boot and surgery. Non-surgical and surgical treatment options both have risks and benefits. Your surgeon will help you decide which treatment is best for you. If your Achilles rupture is diagnosed more than a week or two after the injury, you may benefit from surgical treatment.

Recovery from achilles tendon ruptures takes the same amount of time for both surgical and non-surgical treatment. Most patients have made most of their recovery by around 5-6 months after injury. Some weakness usually continues for around a year after injury but most patients return to most or all of their activities well before that.

Non-Surgical Achilles Tendon Repair

Non-surgical Achilles Tendon repair is achieved by placing the ankle in a cast or cast walker boot with the toes pointing down. This position called 'plantar flexion' brings the two torn ends of the tendon together so that they are touching. The body will then try to repair the tendon and the tendon will gradually knit together. It is important to protect the tendon while it is healing.

Achilles Tendon Repair Surgery

During the surgery, the two ends of the tendon will be sewn together with heavy stitches. Over time, the tendon will knit together and the stitches will no longer be needed to hold the tendon together. It is important to protect the tendon while it is healing. This operation is performed in the operating room, most commonly under general anesthesia. The surgery takes between 30-60 min. It is a daycare surgery, meaning you go home the same day as the surgery.

Recovery Information for Non-Surgical & Surgical Treatment:

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Going Home after Surgery:

- Arrange to have someone take you home after surgery, even if you are taking a taxi

Care of your Cast:

- Your leg will be in a splint, half or full cast after surgery or injury
- Keep the cast dry and do not remove
- If there is a tensor bandage and it becomes too loose or too tight, remove it and put it back on snugly, but not too tight

Bathing:

- Keep your cast/splint dry and cover with a plastic bag and seal with duct tape while bathing or cleanse around the area
- If your cast becomes wet, contact your surgeon

Activity:

- If you have a cast or half cast on, do not put any weight on the leg; use crutches unless your doctor tells you otherwise
- Most patients are able to start putting weight on their heel once they are in a cast walker boot, around 2-3 weeks after the injury or surgery
- Gradually resume activities; it is normal to feel weak and tired for a couple of weeks after an injury or surgery
- Move your toes and knee frequently to avoid stiffness (unless your surgeon tells you not to)

Pain:

- Discomfort will be mild to moderate for the first few days and will gradually get better

- Use pain medications as prescribed by your surgeon
- Gradually reduce pain medications as your pain becomes less

Swelling

- Expect swelling in the foot and toes for a few weeks following the surgery or injury.
- Elevate the foot to the same height as the heart for the first 48 hrs after surgery or injury
- When resting, sit with the foot supported with pillows and elevated

Icing:

- If needed, apply ice packs for 10-15 minutes, 4-6 times per day
- Ice may lessen pain and swelling but may not be that helpful if you have a cast on
- Never apply ice directly to skin

Physiotherapy & Recovery

- Physiotherapy will begin around 3 weeks after surgery
- Instructions for physiotherapy are on the last page of this information package

Return to Work:

- When you are able to return to work depends on:
 - the kind of job you have and its physical demands
 - how much pain & swelling you have after your injury
 - how your recovery is progressing
 - if you are able to modify your job or work from home
- Your surgeon will help you decide when to return to work

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- Expect to take off at least 1-2 weeks for a desk job that does not require much walking
- Expect to take off 3-6 months for work that requires you to be on your feet or more physically demanding work

Healthy Eating After Surgery:

- Start with clear fluids after surgery
- Gradually increase to a well balanced diet as your appetite allows
- Drink at least 6 cups of fluids daily

Smoking:

- Smoking causes problems with the healing of bones and tissues
- Not smoking or smoking less for 2 months before surgery and for 3-6 months after surgery will reduce the chance of a problem with healing
- visit www.quitnow.ca for information about tools and medications to help you quit smoking

Going to the Bathroom:

- Changes in medications, activity and diet can cause constipation (hard, dry bowel movements)
- To avoid constipation, drink lots of fluids, eat high fibre foods such as fruits, bran, whole grains and vegetables
- Take a stool softener or laxative if needed. Ask your surgeon or pharmacist to suggest one.

Driving:

- Do not drive while taking pain medications
- Do not drive with your right foot in a cast/boot
- Do not drive a manual vehicle with your left foot in a cast/walker boot
- Discuss with your surgeon when it is safe to drive

- If your ability to safely drive (e.g swerve sharply, perform an emergency stop) is impaired, your insurance may not be valid in the case of an accident

Your Regular Medications:

- Resume your regular medications unless instructed otherwise by your surgeon

Supplies/special equipment:

- Crutches are required
- A removal walker boot with heel wedges is suggested for use beginning 1-3 weeks after surgery. This can be obtained from the hospital, medical supply store, some pharmacies or One Bracing @ Rebalance^{MD}

Follow Up Appointment:

- A follow-up appointment should be scheduled for approximately 7-14 days after surgery or injury
- Call the office (250-940-4444) if you do not have an appointment scheduled
- Write down your questions for the surgeon before the appointment

Call your Surgeon if you have:

- Increasing pain or swelling that is not relieved by elevation, ice and pain medications
- Bleeding that continues even after applying direct pressure for 10-15 minutes
- Incisions that are red, puffy, hot or leaking fluid more than 48 hrs after surgery
- Fever greater than 38.5°C
- Signs of circulation problems (e.g coolness, change in skin colour, numbness) which is not relieved by rest,

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elevating the foot or loosening the cast or cast walker boot

- Nausea and vomiting that continues for hours
- Inability to pass urine for more than 8-10 hours
- Chest pain or shortness of breath that is unusual for you

If you cannot reach your Surgeon:

- Call your family doctor, go to a walk-in clinic or hospital emergency department

Non-emergency health information and services:

- HealthLinkBC www.healthlinkBC.ca
- Tel: 811 from anywhere in BC
- Tel: 711 for deaf and hearing impaired assistance (TTY)

The information in this handout is intended only for the person it was given to by the health care team. It does not replace the advice or direction given to you by your surgeon.

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Physiotherapy Protocol for Achilles Tendon Rupture: For Surgical & Non-Surgical Treatment

This protocol should be given to your physiotherapist to guide a safe recovery.

The recovery is gradual to reduce the risk of the achilles tendon rupturing again.

Weeks 1-3:

- The foot is in a full or half cast.
- A follow up visit will be scheduled for 1-3 weeks after injury or surgery
- Patients who have had surgery will their cast and stitches removed
- A removable walker boot is recommended.
- Heel wedges (foam blocks placed in the walker boot to keep the toes pointing down) are used to allow the patient to walk on the heel
- Crutches are used.

Weeks 4-6

- The brace comes off daily.
- Movement is done pointing toes down. This is most easily accomplished by crossing the legs and moving the foot up and down. Repeat four to five times daily with at least 20-40 reps depending on discomfort.
- Showering and bathing are encouraged
- Swimming can be done if the patient is avoids pushing off with the injury leg
- Walking is allowed putting weight through the heel
- Crutches may be discarded as comfort allows

Weeks 7-8:

- The heel wedges are removed one at a time over a three week period to get the ankle so that the toes are resting on the ground - a neutral position.
- Out of the brace movement is encouraged in non-weight bearing situations.
- Crutches are discarded (if not already.)

Weeks 8-10:

- Full weight bearing in the walker boot
- Foot remains at neutral

Weeks 10-16:

- Patient stops using walker boot
- Patient can use a normal walking shoe.
- Patient may use one piece of felt, placed under the heel, for comfort.
- Heel cord stretching is started at 10 weeks.

Week 17 and beyond:

- Eccentric strengthening is started
- Cycling is encouraged. Pedal may be placed directly under the heel initially then under the instep.