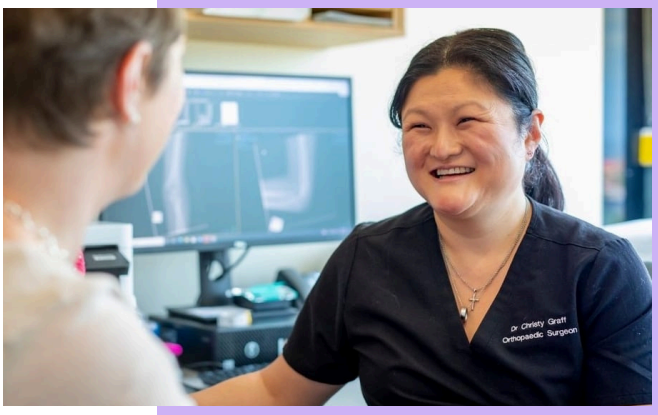
ACHILLES RUPTURE



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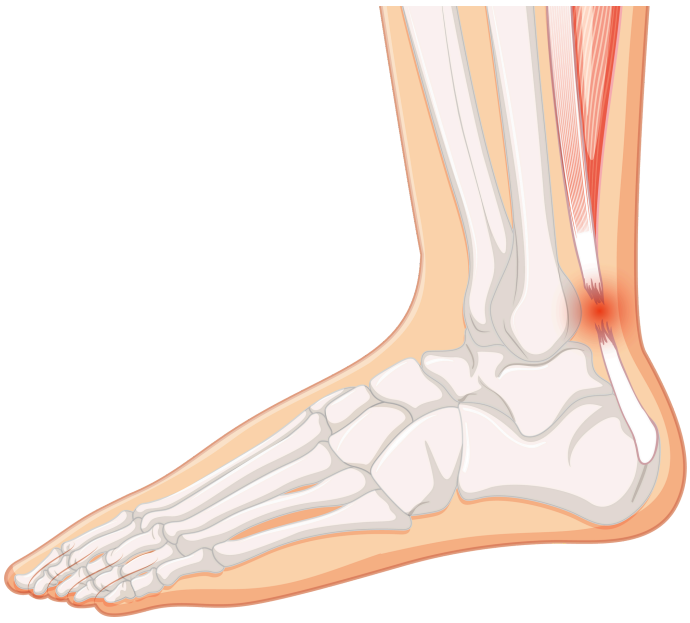
WHAT IS AN ACHILLES RUPTURE?

The achilles tendon is the large tendon at the back of the heel. It is an important tendon for walking. It can tear (or rupture) with forceful pushoff, such as in sports like tennis, basketball or football.



SYMPTOMS OF AN ACHILLES RUPTURE

Achilles ruptures typically present with:

- A feeling someone has kicked you in the back of the heel
- Difficulty walking and unable to stand flatfooted
- Pain, swelling and/or bruising over the back of the heel

RISK FACTORS FOR AN ACHILLES RUPTURE

Achilles ruptures often occur in men in their 20's to 50's who play high energy sport in their spare time.

Medication: Some medications such as steroids or steroid injections can cause weakness of the tendon

Trauma: Occasionally the achilles tendon is ruptured by a direct laceration

DIAGNOSIS OF AN ACHILLES RUPTURE

Diagnosis typically involves reviewing the patient's history and clinical examination of the tendon. A gap in the tendon can often be felt. An ultrasound or MRI may be ordered to confirm the diagnosis.

ACHILLES RUPTURE

MANAGEMENT AND TREATMENT OF AN ACHILLES RUPTURE

Rupture of the achilles tendon can be managed with or without surgery. Pros and cons include:

- Surgery has a lower re-rupture rate (5-30% lower than no surgery management) and a faster return to normal activity
- Surgery has a higher rate of complications such as reaction to the anaesthetic, bleeding, wound problems and infection.
- An infection can be catastrophic in this area, but luckily the risk of infection is low 1-4%

See Achilles Repair in the Surgery Information section of the website

Rupture of the achilles tendon can be managed without surgery, as long as

- The foot is placed into a pointed down position (equinus) within 48 hours
- You are non weightbearing from the time of the injury

Management and rehabilitation with Dr Graff is outlined below. All patients are different. These timelines are only a guide, and some patients may progress faster or slower than others.

0-2 weeks	• You will be in a boot with 3 wedges or a backslab to keep the foot pointed down for 2-3 weeks • You will only be allowed to touch your foot to the ground for balance. • You will need to bag the leg for showers • Pain relief: Regular Paracetamol with meals and before bed • Aspirin 150mg daily or clexane for 8 weeks
3-6 weeks	• Start partial weightbearing in boot with wedges at 3 weeks; 20% of body weight • This can increase to 100% of body weight at 6 weeks • Active range of motion can be performed with the foot pointing down with physio
6-9 weeks	• At 6 weeks, remove one wedge • At 7 weeks, remove one wedge • At 8 weeks, removal one wedge • Continue 100% weightbearing in the boot • Exercise hip and knee with the boot on • The boot can be removed for range of motion of the ankle to neutral with physio • Isometric calf strengthening with physio
10-12 weeks	• Wean out of the boot at 10 weeks into sneakers • Always wear shoes, even inside • Increasing strengthening with physio, using theraband for resisted range of motion of the ankle to neutral • You can start driving a car
3-6 months	• Avoid lunges/squats or any painful exercises • Double heel raises as tolerated • Balance and proprioception with wobble board • Standing work is tolerated
6-12 months	• Graduated increase in activity as guided by pain and physio • Sports specific training can start • Jogging, stationary bike and single heel raise
12+ months	• Return to sport when leg feels the same as the unaffected leg in range of movement and strength

USEFUL WEBSITES

Website Title:
https://www.healthdirect.gov.au/achilles-tendon