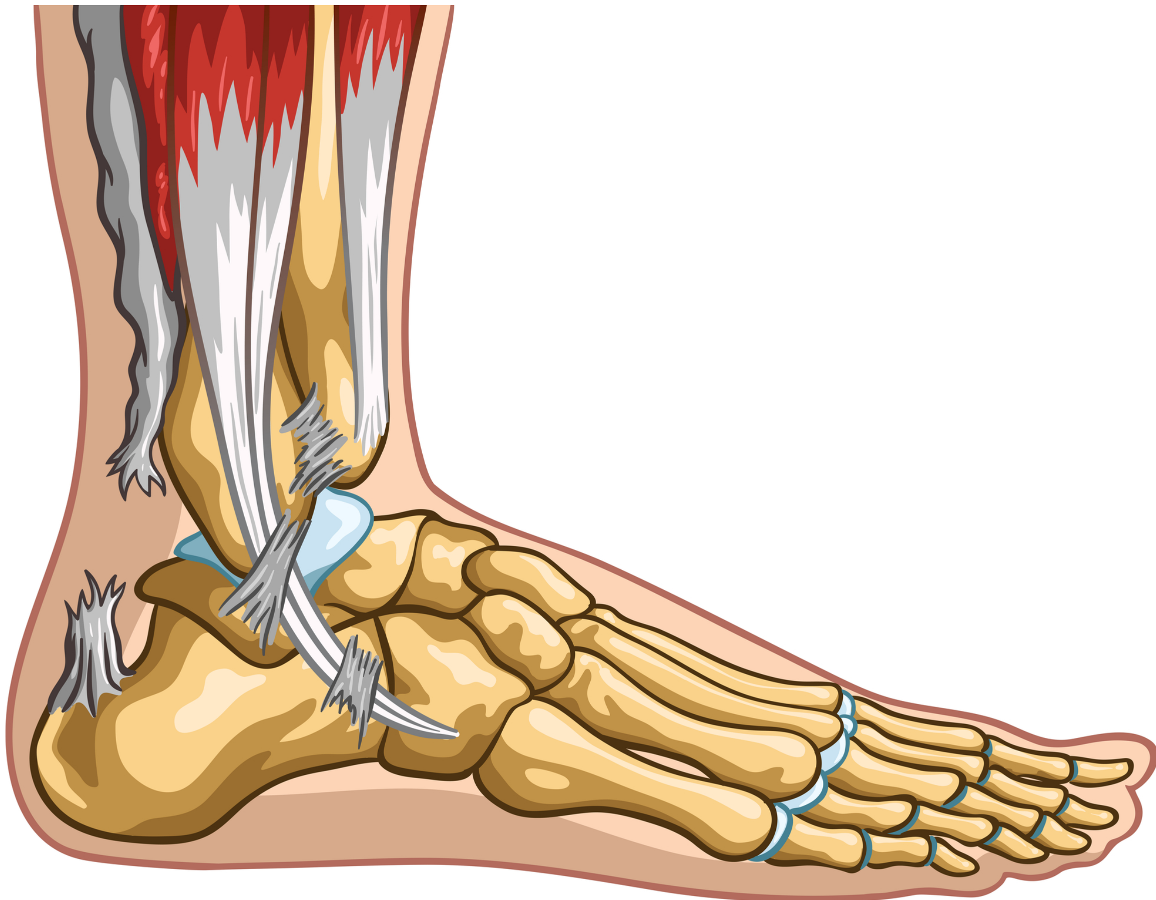
Achilles tendon rupture

Acute Rupture:

A common scenario for Achilles rupture occurs in the middle age male who undertakes explosive activity such as a game of squash. By this age the tendon often has undergone some degenerative change and may fail to sustain a sudden strong resisted muscle contraction.

This injury however, can occur in anyone.

The feeling is of being hit in the back of the calf by a cricket bat.



When diagnosed early a mid substance Achilles **rupture can be treated without an operation.** Ideally, if the two ends of the ruptured tendon

can be brought into contact by placing the ankle in plantarflexion (pointing the toe) then it should heal.

The injury can also occur lower down at the insertion into the calcaneus (heel bone) or higher at the musculotendinous junction in which case the implications might be different and will be discussed at your consult.

The surgical option is to have an Achilles repair.
It reduces slightly the risk of re-rupture in the future and gives a slight edge in maximum sports performance.
This option involves the risk of surgery such as infection, wound breakdown and nerve injury.

The **surgery** takes approximately 30 minutes and can be done through an approximately 5cm incision, sometimes smaller.

An **accelerated rehabilitation program** is usually recommended regardless of the choice between surgery vs no surgery and must be closely adhered to and be supervised by a physiotherapist.

A plantarflexion cast (with the toe pointed) is used initially before a 2 week wound assessment and transitioning to a boot with a heel raise.

The Physiotherapist can then supervise your rehab and you can expect to start sport specific training at 3 months but it is generally recommended to take 12months off from serious running and explosive "push off" type sports.

Chronic Achilles tendon rupture.
There are situations where an Achilles rupture may not be diagnosed and treated in the first few weeks. At this stage the gap between the ends of the tendon cannot be closed with a simple repair.

This may involve a **reconstructive procedure** where extra length to bridge the gap is gained from further up the calf. This involves a larger incision and becomes a similar scenario to that seen in Non Insertional tendinopathy which is explained earlier in this information sheet.