

Your Recovery from Achilles Tendon Rupture

If you are reading this, then you have almost certainly suffered a rupture (or tear – the two words mean the same thing) of your Achilles tendon.

N.B. If someone has suggested that you might have a “partial tear” then get it checked. Partial tears are incredibly rare. Failing to treat a full tear properly can have serious consequences.

The outcome after Achilles rupture is extremely good, but the recovery is ALWAYS long. Ten weeks in a supportive boot and then months of physiotherapy exercises. It will be a minimum of six months before you can consider any competitive sport.

Phases of Recovery

There are four phases to your recovery:

Phase 1 First Aid, provisional diagnosis and limb splintage

In the Emergency Department you will be assessed. If an Achilles rupture seems likely then your leg will be splinted in a tip-toe position (deliberately) with plaster or a special support. You need crutches and should discuss using blood thinners to protect you against thrombosis (blocked veins that can be dangerous if they affect the heart or lungs).

The specialist team will be alerted and an appointment made to plan the next steps for your treatment.

N.B. Do NOT walk upon or remove the protective splint / plaster. If the tip-toe position is lost it may affect healing.

Phase 2 Specialist assessment for treatment planning

After assessment by your specialist (and a scan if advised) you will either be offered surgery (~10%) or advised that an excellent outcome with non-surgical treatment is expected (~90%).

The best evidence available shows that in 90% of cases no surgery is required. The tendon heals well, as long as the two torn ends are close together. A scan can be useful to check this.

You will be fitted with a boot or plaster that continues to hold you in the tip-toe position. Further blood thinners to protect against thrombosis may be prescribed. Usually you are allowed to walk on the boot at this stage, but you MUST maintain the tip-toe position at all times. When you take the boot off for a (very careful) wash, only do so whilst seated.

N.B. One mistake can take you right back to square one.

Phase 3 Adjusting your boot

After about 5 weeks you will begin (following review in clinic or with instructions) to adjust your boot. There are different boot designs, but broadly speaking they either have a hinge which can be gradually unlocked or heel wedges that are removed, layer by layer, to reduce the degree of tip-toes.

N.B. Tip-toe position MUST still be maintained at ALL times. If the position is lost then the tendon will stretch or tear again.

Phase 4 Physio, freedom and the slow return to normal

After ten weeks have elapsed you rely less upon the boot (it is still wise to use it in crowded or unpredictable situations) and physiotherapy commences. The aim is to improve the power in the calf muscle, which is quite thin by this time. You should NOT do stretches (even if the tendon feels tight) for

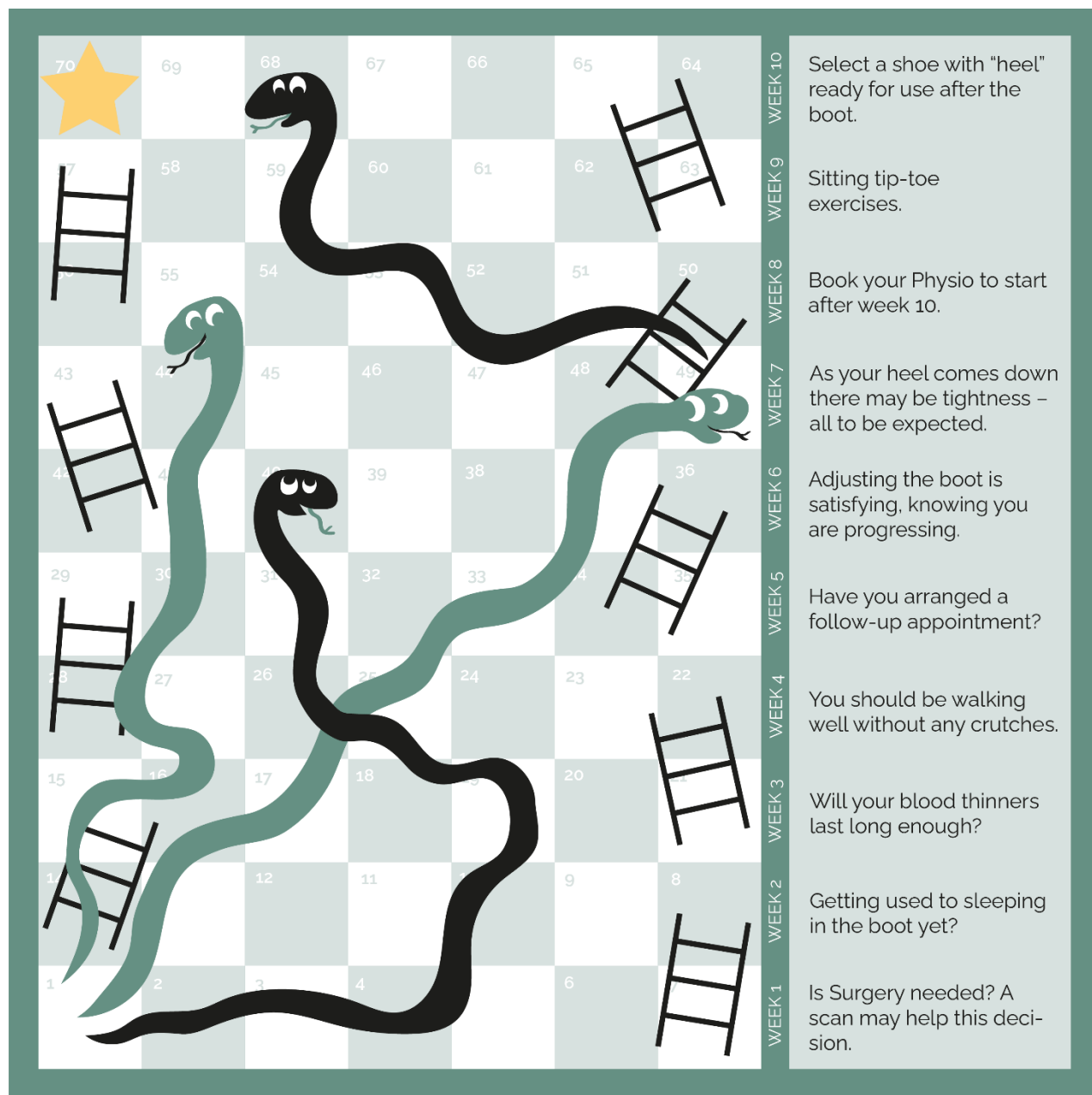
many months. The tendon remains a little soft for ages, so if you stretch it then the tendon elongates and the leg does not work quite as well as it should.

N.B. Full recovery takes many months. The injured tendon will be permanently a little thickened and the calf muscle a bit thinner than it used to be (but powerful enough to work perfectly well).

A Game of Snakes and Ladders

Toes down at all times, day and night, 24/7

Recovery is a game of Snakes and Ladders. Each week brings progress, but one mistake can set you right back to square one.



CAUTION: Your foot only needs to come up ONCE to "hit a snake" and go right back to square one. This is because if your foot comes up, the torn ends of the tendon pull apart again. Be seated and maintain tip toe position e.g. when boot off for washing.