

ACHILLES TENDON RUPTURES

Information: An Achilles tendon rupture may be treated with surgery. Surgery consists of attaching the two ends of the tendon together at the site of the tear. The Achilles tendon is the largest tendon in the body, and postoperatively, all patients have atrophy and weakness of their calf muscle. The atrophy and weakness require significant rehabilitation either on your own or with a therapist to return to your activities. Risks of surgery include, but are not limited to, infection, wound healing issues, scarring, swelling, stiffness, pain, numbness, injury to nerves and blood vessels, recurrence, additional deformities, need for future surgery, and blood clots and/or pulmonary emboli. If you need an excuse for work, please let us know before surgery. If it is your right ankle, most patients cannot drive for 8 – 10 weeks after surgery.

On the Day of Surgery: The scheduling team will call you with your arrival time one day prior to your surgery. Once you arrive at the facility, the staff will direct you where to go. I will meet you in the preoperative holding area where we can discuss any remaining questions that you have and review the surgical plan. You and the anesthesiologist will determine the type of anesthesia that is best for you. Often, a block is provided by the anesthesiologist. This will decrease the amount of pain after surgery. The risks of anesthesia/block will be discussed with the anesthesiologist. You will then be brought to the operating room.

After Surgery: I will discuss the details of the surgery with your guest and review the postoperative plan. You will be taken to the recovery room and sent home when the nurses and anesthesiologist think you are suitable for discharge. You will be placed into a splint. You are not allowed to walk on the operative leg. You will be sent home on pain medicine with the hope that you can discontinue it as quick as possible. You will also be given medication to help prevent a blood clot. You can use crutches, a knee walker, a walker, a wheelchair, etc.

Anticipated Postoperative Course:

Time Postoperatively	Description
0 – 2 Weeks	<i>Goal:</i> Decrease swelling and protect incision <i>Weightbearing:</i> Non-weightbearing <i>Brace:</i> Splint in plantarflexion <i>Exercises:</i> Elevation above the heart is EXTREMELY important during this period.
10 – 14 Days	Appointment with Dr. Boden. Anticipate splint and suture removal. Placement of a tall CAM boot with 3 peel-away heel lifts. Physical therapy begins and typically lasts 6 – 12 weeks. Maintain non-weightbearing for a total of 3 weeks. Ultrasound after visit to rule out blood clot / DVT.

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2 – 3 Weeks	<p><i>Goal:</i> Continue to decrease swelling</p> <p><i>Weightbearing:</i> Non-weightbearing</p> <p><i>Brace:</i> Tall CAM boot with 3 peel-away heel lifts</p> <p><i>Exercises:</i> Continued elevation.</p>
3 Weeks	<p><i>Goal:</i> Initiation of weightbearing</p> <p><i>Weightbearing:</i> Partial weightbearing (50% of your body weight).</p> <p><i>Brace:</i> Tall CAM boot with 3 peel-away heel lifts</p> <p><i>Exercises:</i> Active dorsiflexion to neutral. No active plantarflexion. No strengthening.</p>
4 – 6 Weeks	<p><i>Goal:</i> Progression to full weightbearing</p> <p><i>Weightbearing:</i> Begin full weightbearing in the CAM boot with 3 peel-away lifts.</p> <p><i>Brace:</i> Tall CAM boot with 3 peel-away heel lifts. Each week, remove one layer of the heel lift until your foot is flat in the CAM boot at 6 weeks.</p> <p><i>Exercises:</i> Active dorsiflexion to neutral. No active plantarflexion. No strengthening.</p>
6 Weeks	<p>Follow-up appointment with Dr. Boden to monitor progress. At this point, you should be fully weightbearing in the CAM boot. You may transition out of the CAM boot at 8 weeks.</p>
6 – 8 Weeks	<p><i>Goal:</i> Full weightbearing at neutral dorsiflexion.</p> <p><i>Weightbearing:</i> Full weightbearing in CAM boot.</p> <p><i>Brace:</i> Tall CAM boot with no heel lifts (neutral dorsiflexion)</p> <p><i>Exercises:</i> Gentle passive ankle dorsiflexion to neutral. Begin gentle active plantarflexion. Gentle strengthening.</p>
8 – 12 Weeks	<p><i>Goal:</i> Strengthening</p> <p><i>Weightbearing:</i> Fully weightbearing and transition out of the CAM boot.</p> <p><i>Brace:</i> Comfortable shoe</p> <p><i>Exercises:</i> Continue strengthening exercises.</p>
3 Months	<p>Follow-up appointment with Dr. Boden to monitor progress. At this point, you should be fully weightbearing in a comfortable shoe.</p>
3 – 6 Months	<p><i>Goal:</i> Continued strengthening</p> <p><i>Weightbearing:</i> Fully weightbearing</p> <p><i>Brace:</i> None</p> <p><i>Exercises:</i> Progress strengthening exercises and slowly advance activities. Begin running.</p>

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6 Months	If there are no issues, this is your final follow-up appointment with Dr. Boden. I'm happy to see you at any time postoperatively if there are any issues or you have any concerns. <i>Thank you for the opportunity to take care of you!</i>
6 – 9 Months	<i>Summary:</i> You can continue to advance activities including running and agility exercises. At 6 months, you will begin to feel that this is “behind you,” and although you are not fully normal/healed, you should be doing quite well. You will still feel weak. You may slowly return to full activities with the goal of returning to all activities / sports / work by 9 – 12 months postoperatively. Swelling is the last issue to resolve and can take 6 – 12 months for any foot/ankle surgery.

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