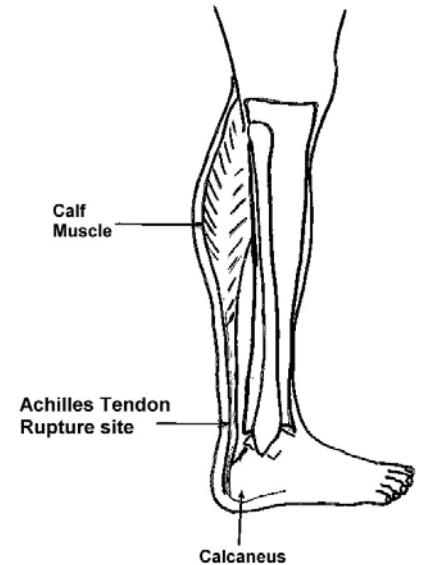


ACHILLES TENDON RUPTURE

What and How?

- The Achilles Tendon is the largest tendon in the body.
- Achilles ruptures are common in patients aged 30 - 50
- Patients report a sharp pain in the back of their heel after suddenly changing directions, often during sports.
- Patients often think they were “struck in the back of the heel” and then realize that there was no one around them.
- Ruptures occur because the calf muscle generates tremendous force within the Achilles tendon in the process of changing direction.
- After the injury, patients will have some swelling. If they can walk at all, it will be with a marked limp.
- An Achilles rupture serves to de-function the calf muscle, which is the main muscle used for walking and running.
- The diagnosis of an Achilles tendon rupture is made on physical examination.
- An Achilles rupture is NOT diagnosed on X-rays.
- An MRI is not indicated for acute ruptures unless there is some uncertainty about the diagnosis.



Treatment of Achilles Ruptures

- Treatment can be non-operative OR operative.
- However, Achilles ruptures MUST be treated. Neglected ruptures lead to marked gait dysfunction.
- Advantages of operative treatment include:
 - *Faster recovery*: Therefore patients will lose less strength.
 - *Early Ankle movement*: So it is easier to regain motion.
 - *Lower Re-rupture Rate*: A re-rupture at a later date is less common in patients treated operatively (2-5%) vs. non-operatively (8-15%).
- Disadvantages of operative treatment include the potential for a significant complications such as:
 - Wound healing problems
 - Deep infection
 - Painful scar formation
- Younger patients with no medical problems will on the whole tend to do better with operative treatment.
- Patients with medical problems such as diabetics, smokers or older patients may be best served with non-operative treatment.
- To ensure adequate tendon healing both operative and non-operative treatment requires an extended period of non-weight-bearing (6-8 weeks).