Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

INFORMATION FOR PATIENTS

Achilles tendon rupture

This leaflet has been provided to help you on the management of your Achilles tendon rupture.

If you require further information or have any questions while you are waiting for your physiotherapy appointment, please contact us – details are at the end of this leaflet.

The Achilles tendon is a strong structure that joins your calf muscle to your heel bone. Its function is to allow a good push off from your foot when you walk and run. It also allows you to stand on tiptoe and assists in bending your knee.

The tendon can be ruptured (partial or complete) by a sudden force on the foot or ankle. When the Achilles tendon is ruptured (torn) the connection between the calf muscles and the heel is lost resulting in loss of movement and strength.

It is more common in men and is often associated with sport and running activities. However, the tendon can also be injured by a fall.

It is often reported as a feeling of being hit on the heel. Sometimes you may hear a snap or pop when the Achilles tendon ruptures.

It is important to diagnose and treat this injury as soon as possible to help with healing.

Diagnosis

An Achilles tendon rupture can often be diagnosed by the history of the injury and clinical examination. Your doctor may be able to feel a gap in the tendon if it has ruptured completely. They may also perform a calf squeeze test (Thompson Test).

If the diagnosis is uncertain then an ultrasound scan is sometimes required to confirm the extent of the injury. X-rays aren't useful in this type of injury as there is no bone involvement.

How is it treated?

Achilles tendon ruptures can either be treated with an operation or by letting the tendon heal naturally by putting the foot and ankle in a cast or a boot. This is called non-operative management and is usually deemed the best option.

With the correct rehabilitation programme, the outcomes have been shown to be very similar for both approaches.

Your consultant will discuss both these options with you.

These injuries always take a long time to recover and will need physiotherapy. It can take 12 to 24 months for symptoms to completely settle.

Non-operative management

You may initially be placed in a cast for two weeks before it is replaced with an aircast boot with four wedges under your heel.

Sometimes, you may go straight into an aircast boot with five wedges inserted under your heel.

You will be classed as non-weight bearing in the cast. Weight bearing status in the boot is determined by your consultant. You may be provided with elbow crutches to help reduce the pressure through your tendon/foot.

You will normally be in a cast/boot for a total of 10 weeks.

Every two weeks, you will need to remove one of the wedges placed under your heel. When you remove your foot from the boot, please avoid moving the ankle as this can disrupt the scar tissue and healing process.

Date to remove wedge 1:

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Date to remove wedge 2:

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Date to remove wedge 3:

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Date to remove wedge 4:

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Date to remove wedge 5:

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After all the wedges have been removed you will be reviewed by your physiotherapist to start your rehabilitation. You will be reviewed as per our protocol and progressed accordingly.

Important Instructions:

- Do not weight-bear until told to do so by your consultant or physiotherapist.
- Wear your aircast boot at all times, including in bed at night. However, it is important to look after your skin and remove a wedge every two weeks, so you will be shown how to carefully remove and replace the boot to allow for hygiene purposes, skin inspection and wedge removal.
- Follow your consultants/ physiotherapists instructions fully.
- Do not try to progress faster than instructed (even if you are not feeling much pain).
- The risk of the tendon re-rupturing will increase if you do not follow all the instructions given by your consultant and physiotherapist.

Normal symptoms

Pain or discomfort

It is normal to get some pain and discomfort after your injury, especially when you start to get the ankle moving after a few months in the boot. Over-the-counter analgesia, such as paracetamol and ibuprofen, will help to reduce your symptoms. If you require further information on pain relief, speak to your GP or pharmacist.

Swelling

It is normal for your ankle and lower calf to swell after this injury. This is normal and does not mean there is anything wrong with your ankle. Swelling can reduce your ability to move your ankle and make it uncomfortable.

Try the following to minimise the swelling:

- When you are resting, sit with your leg up to elevate your foot.
- At night rest your foot on some pillows so that it is above the level of your heart.
- You may also wish to use ice to help manage your pain and swelling:
    - Application of ice - place a wet tea towel directly over your skin, and then place a bag of frozen peas on top of the towel. Keep the peas in place for 10-15 minutes, checking to make sure that your skin has not become very red; repeat this up to three times a day.

Stiffness

Stiffness is normal after removal of your boot.

You will be provided with exercises from your physiotherapist when the Achilles tendon has healed.

Completing your exercises when prescribed will help to reduce stiffness and allow you to regain full function.

Power

Your ankle will feel weak and wobbly after your time in the plaster and/or boot as you haven't used it properly.

Your affected calf muscle and tendon will appear slightly different to your other leg; this is due to muscle wastage. However, this will return to near normal with time.

You should gradually increase how much you use your ankle and how much you exercise/walk. This should be guided by your pain.

Frequently asked questions

When can I start driving?

Do not drive in the cast or boot. You can start driving once you have completed your 10 weeks in the boot and the Achilles has fully healed. We also advise that you have sufficient movement and strength to be able to control the pedals. You must be able to perform an emergency stop safely and pain free. This will vary between individuals. You may also wish to seek guidance from your insurance company.

Can I still work?

This depends on what activities you perform in work. Avoid heavy activities and sport until the tendon is fully healed (12-24 weeks from your injury). Your physiotherapist will be able to advise you on this.

How will I know when to stop using my crutches?

If you have had no restrictions to your weight bearing status, you should slowly increase the amount of weight you put through your foot as pain allows. You can wean yourself onto one crutch (using the crutch in the opposite hand to your injury) as pain and ankle movement allows. Some people then progress on to a stick or discard their crutches completely.

Factors that influence healing

Staying on top of the following factors can help move the healing process along and give your ankle the best chance of a swift recovery.

Stress relief – utilise techniques such as mindfulness, meditation and deep breathing cycles. Speak to your healthcare professional for more information.

Sleep hygiene – consistently getting 6-9 hours is recommended by the NHS. Only use your bedroom for sleep, e.g. not TV.

Nutrition – make sure you have a balanced diet. Vitamin D has been correlated with reduction in joint pain.

Alcohol – Avoid alcohol in the early stages of healing (first three days). Evidence has shown this can slow down recovery and increase the chances of re-injury.

Smoking – has been linked with musculoskeletal pain and delayed healing. For more advice see smoking cessation or ask you therapist for more information.

General exercise – general cardiovascular exercise, such as a brisk walk each day, stimulates blood flow to the area.

Exercises to carry out while in the boot

Here are a few exercises to maintain the strength of your legs while the tendon is healing. These should be done with the boot on.

Inner range quadriceps

Long sitting with a rolled up towel under your knee. Tense your thigh muscle and push the knee into the towel, lifting your heel off the bed/floor. Hold for three seconds. Slowly lower the heel and relax your thigh. Repeat 10 times.

Straight leg raise

Lying on your back or in long sitting. Tense your thigh muscle. Keeping the leg straight all the way through the exercise, lift your leg off the bed/floor. Hold for three seconds. Slowly lower. Repeat 10 times.

Clam

Lying on your side with heels in line with your bottom and the side of your hip is facing the ceiling. Slowly lift your top knee up towards the ceiling, keeping your feet together. Hold for three seconds at tension without rolling your pelvis backwards. Slowly lower. Repeat 10 times.

Knee extension in sitting

Sitting on a chair, straighten your leg by pulling your toes up towards you and tensing your thigh muscle. Aim to get the leg as striaght as possible. Hold for thee seconds. Slowly lower and repeat 10 times.

Hip extension

Standing with support, slide your leg backwards, squeezing your buttock muscles. Keep your body upright as you move your leg backwards. Hold under tension for three seconds. Return the leg to the starting position and repeat 10 times.

Hip abduction

Standing with support, slide your leg sideways, working the muscles on the side of your upper leg. Keep your body upright. Hold under tension for three seconds. Return the leg to the starting position and repeat 10 times.

Static glutes

Sitting or standing. Squeeze your bottom muscles. Hold for three seconds. Relax and repeat 10 times.

Pictures courtesy of Physiotec

Contact details

Clinic 10, Physiotherapy Department,
Telephone 01623 672384.

Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)
PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 622515
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

If you require a full list of references for this leaflet (if relevant) please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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