

Achilles Tendon FAQ

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FREQUENTLY ASKED QUESTIONS (FAQ'S) – ACHILLES TENDON

The outcomes of operative vs non-operative treatment are not significantly different at 1 year, but the re-rupture risk is higher with non-operative treatment. Some studies also show faster and better return of calf muscle strength (16-24% increase) and improved physical function and pain measured on the RAND 36 Item Health Survey.

Oftentimes, the younger, higher level athletes decide to pursue surgery, however, many people can do well without surgical management.

Approximately 80% of achilles tendon ruptures occur from recreational basketball

Re-rupture risk:

- Non-operative treatment is approximately 6%
- Operative treatment is approximately less than 1%.

Complication risk:

- Non-operative treatment 1.6%
- Operative treatment 5%, mostly related to wound complications and infection, but can also be nerve injury and blood clots (DVT)

REHABILITATION FOLLOWING SURGERY

Physical therapy:

- This starts after the first post-operative visit following surgery.

-Please call to schedule your first physical therapy visit as soon as you have your prescription. Your first visit should be the day of, or the few days after our first post-operative visit.

Weight bearing:

- Weeks 0-2- **Non-weight bearing** in a splint
- Weeks 2-6- **Partial weight bearing with crutches**_ plantarflexion in boot with heel wedges, start with 3, wean 1 per week starting at week 3
- Weeks 6-12- **Full weight bearing as tolerated in boot**

Driving:

For right ankles, patients should not drive while they are in a splint or brace (3 months) and should only start driving again when they are off narcotic medications and can comfortably and safely slam on the breaks

For left ankles, patients should not drive within the first 2 weeks following surgery, and should only start driving again when they are off narcotic medications and can comfortably and safely slam on the breaks

Work:

Most patients take 1-2 weeks off from work if they have a desk job. If patients have more physically demanding jobs, patients may need to be off work for a longer period of time or do modified / desk duty.

Activity:

- 3 months- Strengthening
- 4-6 months- Return to normal daily activity
- Return to sport is between 9 months to a year post-op depending on your level of dedication to rehab and functional testing