

Achilles tendon rupture clinic

Physiotherapy

Information for Patients

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Introduction

This clinic was set up to manage Achilles tendon ruptures without surgery. The clinic is staffed by a team including a senior physiotherapist and staff from the Fracture Clinic. It is run under supervision of an orthopaedic foot and ankle consultant.

What is an Achilles tendon rupture?

An Achilles tendon rupture is a tear of the largest tendon in your body that connects your calf muscle to your heel bone. This can be a complete or partial tear. This injury will make it difficult for you to walk, run, climb stairs or stand on tiptoe.

Most Achilles tendon ruptures happen during sporting activities

- when pushing off from your weight-bearing back foot like, sprinting, jumping or a sudden change of direction.
- any activity such as pushing a car, or twisting the ankle that suddenly increases the stress on the Achilles can lead to rupture.
- there seems to be a link between some medications and Achilles tendon rupture.

People often report a 'pop' or 'gun-shot' sound and/or the feeling they have been kicked in the back of the leg at the time the Achilles tendon ruptures. A higher number of Achilles tendon injuries happen in men between the ages of 30 to 50 years. It can take up to a year to recover from a ruptured Achilles tendon and return to your previous fitness, activity levels or sport.

What are the treatment options and risks?

Achilles tendon ruptures can be treated with or without surgery.

Surgical risks include:

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- problems with healing of the wound
- infection
- scar sensitivity
- nerve damage

At University Hospitals of Leicester, non-surgical treatment involves wearing a VACOped boot. You are encouraged to weight bear through your injured side when walking. The boot puts your ankle in a downward position. This brings the ruptured tendon ends together so the tendon heals naturally. The boot angle is slowly adjusted during the weeks you are wearing it, so the tendon heals to the correct length.

Non-surgical risk:

- re-rupture at the University Hospital Leicester is less than 2% per year.
- outcomes at 1 year after injury are similar to if you have had surgical repair.

Will I need a scan?

A scan is not usually needed to diagnose an Achilles tendon rupture or see if it has healed. If there is a doubt in the diagnosis or you come late for treatment, an ultrasound scan may be helpful in deciding the best treatment option for you. The scan will be organised if it is suspected that you may have a blood clot.

How long will it take for me to recover?

- You will follow the COVID-Modified Leicester Achilles Management Protocol (CM-LAMP), wearing the VACOped boot for 8 weeks whilst the tendon heals. The boot will be taken off in the clinic and you will be given guidance and exercises.
- You will then be booked for a course of physiotherapy to help you get back to your regular activity and function levels. It may take a year to recover fully and return to playing sports.

Many people are able to carry on working whilst wearing the VACOped boot. This will not be possible if your job involves heavy manual work or driving. You can usually start driving 2 weeks after the boot is removed. It will be longer for HGV drivers.

What will happen at my first visit to Achilles tendon rupture clinic?

The Emergency Department, your GP or local hospital will contact the Fracture Clinic to book an appointment in the Achilles tendon rupture clinic. This clinic runs every Thursday afternoon in the Leicester Royal Infirmary's Fracture Clinic. Due to the Covid-19 pandemic the Leicester Achilles Management Protocol (LAMP) changed to the COVID Modified-LAMP (CM-LAMP).

At your first visit the senior physiotherapist will examine your injury and talk to you about treatment options. Leicester Hospitals normally manages these injuries without surgery. If an Achilles tendon rupture is confirmed, and you consent to be managed without surgery, you will be fitted with a VACOped boot positioned with the injured foot pointing downwards to help the tendon heal.

Staff will talk you through how to:

- put on and take off the boot
- put the white inner into the grey liner. You will get 2 liners so that you can wear 1 whilst the other is being washed.
- lower the boot by 1 level every Thursday for 6 weeks, until the boot is positioned at 0 to 3 on the hinge at the back of the boot, unless you are told to change the boot differently.
- put on the flat plate at 6 weeks when the boot is at 0 to 3.
- wash and dress safely without slipping when the boot is taken off to wash.
 - a. take off or put on the boot whilst sitting on a stool in the shower
 - b. take off or put on the boot sitting on side of the bath
- wear the boot all the time even in bed at night. A pillow may help you be comfortable in bed.
- use the pump 1 to 2 times a day to remove air from the inner and keep the boot firm.
- how to check regularly for a blood clot (see leaflet 339: [Reducing the risks of blood clots when you go home](#))
- in the first 2 weeks after injury, walk little and often. Have regular rests and raise (elevate) the foot. After this, increase your walking distance or time as able.
- walk regularly every day, increasing the distance as able week by week.
- you will be given suitable walking aids such as crutches or a wheeled zimmer frame. You do not need to use these if you can walk safely and comfortably without.
- We will check you have been prescribed a 42 day dose of deltaparin (anti-coagulant therapy) to reduce the risk of a blood clot. This follows the guidelines issued by the National Institute for Clinical Excellence (NICE).
- We will answer any questions or concerns you may have and let you know what the likely outcome will be.

Whilst you are wearing the VACOped boot you need to regularly check for any signs of a blood clot. If you think you have one, you must contact the Fracture Clinic or go to the Emergency Department immediately

How often will I have to visit the clinic?

You will only have to visit the clinic 2 times, at the beginning and end of your treatment.

Please bring a shoe with you to your last appointment so the boot can be taken off in the clinic. Trainers are the most comfortable footwear for a few months after the boot is removed.

At your 2nd appointment

- your Achilles tendon will be checked to make sure it has healed
- you will be given early exercises to start straightaway
- you will be referred to physiotherapy at a hospital of your choice
- your walking will be checked once you have put on normal shoes.

- We will advise you on how to use any walking aids that you may need.

What are the risks with an Achilles tendon rupture?

- Re-rupture rates at UHL are 1.7%
- A delay in the healing of the Achilles tendon
- Weakness or reduced size of the calf muscles
- Stiffness in the Achilles tendon, especially when getting out of bed.
- There is a 5% to 9% chance of getting a blood clot (**DVT**) because the calf muscles assist with the return of blood to the heart.
- You are advised not to fly whilst wearing the VACOped boot. This is due to the increased risk of developing a **DVT** or a blood clot in your lung (pulmonary embolism) even with anti-coagulation medication.

Other risk factors for developing a blood clot are:

- past history or family history of **DVT**
- history of cancer, blood disorder (coagulopathy)
- use of contraceptive pill or hormone replacement therapy.
- aged over 60 years old.
- obesity.

Your 6 and 12 month follow-up appointment

You will have a follow up appointments at 6 and 12 months after your course of physiotherapy. This is to check on your recovery and your return to normal activities. At these appointments we will ask you to:

- fill in a form and do a few tests to measure your progress.
- advice on how to return to your sport, exercise or normal activities if you have not yet done so.

Contact details: Fracture Clinic: call 0116 258 5430

For appointments: call 0116 258 5138

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