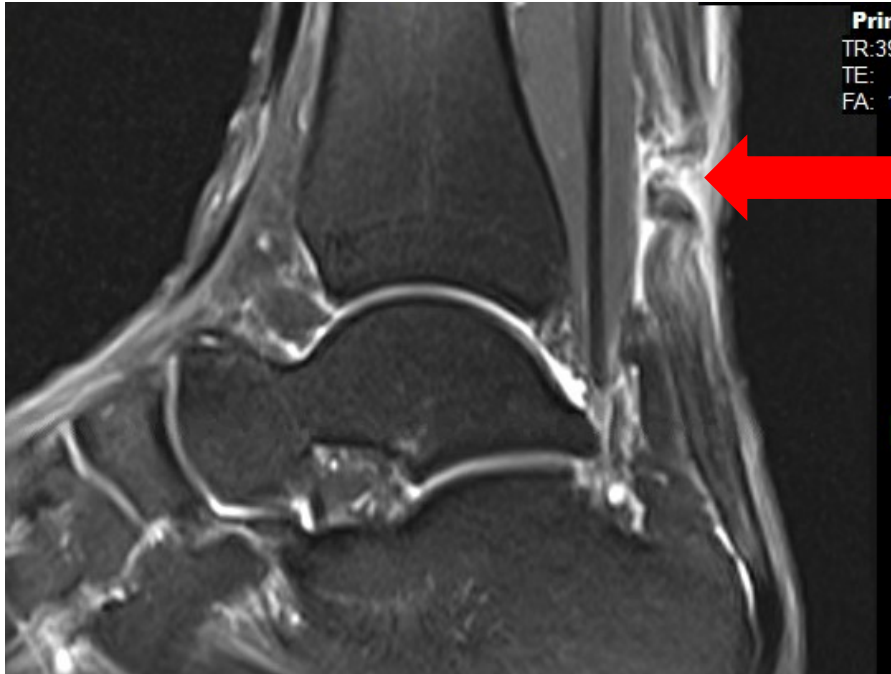


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Achilles Tendon Rupture

The Achilles tendon runs down the back of the leg and connects the calf muscle to the heel bone. The Achilles tendon is important for push off, which facilitates walking, running, and jumping. An Achilles tendon rupture can be complete or partial. When an Achilles tendon ruptures, usually a loud pop sound is heard along with immediate pain, swelling, and bruising. Early diagnosis and treatment is critical for a good outcome.



Frequent Signs and Symptoms

- Sudden and severe pain
- Feels like something hit the back of the ankle
- Swelling, bruising, stiffness
- Inability to walk on toes or push off
- A sound of a loud pop

Etiology (Causes)

- Forceful push off with your foot while the knee is straight
- Direct trauma
- Degenerative tendon conditions



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Risk Factors

- Sports such as tennis, diving, soccer, basketball and track
- Poor conditioning before exercise or overexertion
- Use of corticosteroids, fluoroquinolone antibiotics
- Insufficient calf flexibility and strength
- More likely to occur in men than women
- Between ages 30-50

Prevention

- Appropriately warm up and stretch before activities
- Alternate high impact sports or activities with low impact sports such as walking, swimming or biking
- Gradually increase strenuous exercise
- Maintain appropriate conditioning:
 - Cardiovascular fitness
 - Endurance, flexibility, and agility

Outcomes

With re-approximation of the Achilles tendon, it can heal and allow return to normal function. However, if undiagnosed and untreated, the tendon will heal with intervening scar tissue and the muscle in a shortened nonfunctional position. This results in permanent weakness, difficulty walking and no power to push off, run or jump.

Potential Complications

- Decreased range of motion
- Scarring
- Muscle weakness
- Re-rupture
- Functional limitations with walking and running.

Treatment Considerations

There are two treatment options for an Achilles tendon rupture. One option is conservative treatment. This option may be recommended for older patients who are less active and have lower demands. This intervention involves a short leg cast with the foot flexed downward. This helps position the ends of the tendon closer together. The cast is used for 6 to 10 weeks. There is an increase of later re-rupture associated with conservative treatment.



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The other treatment option is surgery. This is the recommended option for younger, active, and healthy individuals. Dr. Chudik prefers to repair the torn ends of the tendon by sewing them together through a limited incision. After surgery, the rehab process requires protected weight bearing and immobilization for up to six weeks. After six weeks, the patient moves to a regular shoe with a heel lift and physical therapy is helpful to regain strength and motion. Estimated time to full recovery is around 16 weeks.

Possible Medications

Pain relievers may be prescribed as necessary following surgery. Use only as directed.

Modalities (Cold Therapy)

Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10 to 15 minutes every two to three hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage with a cloth between the ice and your skin to prevent burning /freezing your skin.

Notify My Office If Symptoms Worse



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