



Rehabilitation Protocol **Achilles tendon repair**

What to expect after Achilles tendon repair surgery

Achilles tendon repair surgery is carried out to treat Achilles tendon rupture. There are normally two options for repairing an Achilles tendon rupture. Mr Heidari will be able to advise which is the better option for you, bearing in mind your age, symptoms and sporting activities:

Non-operative (conservative) treatment: if the torn ends of the tendon are close together, it may be possible to enable the tendon to heal itself by putting the calf in a plaster cast or brace for a few weeks. The advantage of this type of Achilles tendon repair is that you won't need to have surgery but there is a slightly greater risk of the tendon rupturing again in the future, and it may remain weaker than it was before the injury.

Surgery: having Achilles tendon repair with surgery involves having a general anaesthetic, as well as an additional injection near the site of the operation to reduce pain after surgery. It's usually carried out as day case surgery. Reattaching the tendons can result in a quicker recovery and mean there is less risk of the tendon rupturing again in the future. It is often advised for younger people, especially if you take part in sport.

This leaflet tells you what to expect as you recover from Achilles tendon repair surgery. However, everyone is different. Your recovery may be different from other people's. **Please contact Mr Heidari if you are worried about any aspect of your recovery.**

Immediately after your operation

When you wake up your foot will be in a plaster cast with your toes pointing down to protect it and to help the tendon heal correctly – in this position the Achilles tendon is at its shortest so has the best chance of healing. Your foot may still be numb from the local anaesthetic (block) given during your operation. However, if you do feel some pain or discomfort, this can be relieved by painkillers.

When you have recovered from the anaesthetic, the physiotherapist will show you how to use crutches while keeping weight off the ankle before you go home – usually the same day.

You should not put any weight through your leg during the first two weeks after surgery.





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The day after surgery

- The block will start to wear off so you may have more pain. Taking painkillers regularly should help to reduce this
- Try to rest your foot as much as possible. Keep it elevated (raised above the level of your heart) whenever possible

Day 3-7

- Try to rest as much as possible, with your leg elevated
- Don't put any weight on the foot
- Take painkillers as advised
- By the end of the first week you should have significantly less pain

Day 7-14

- You should be starting to feel better, but try to keep your foot elevated as much as possible as this will reduce your pain and swelling
- You should be able to walk short distances at home and get in or out of a car using crutches

Day 14-16

- During this time, you will have a **follow-up appointment**, during which the plaster cast will be removed so Mr Heidari can check the wound is healing correctly
- Your stitches will be removed
- You'll be fitted with a specially fitted supportive boot with three wedges (or lifters) beneath the heel, and the physiotherapist will show you how to start putting some weight on your foot using crutches
- It's still important to keep your foot elevated as much as possible to reduce swelling



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- We will give you some simple hip and knee exercises to help maintain your strength and balance, as well as non-weight bearing fitness and cardiac exercises. Carrying out these exercises regularly will help you recover more quickly
- If surgery was on your left foot, you can usually start driving if you drive an automatic car if advised by Mr Heidari. However, you should also check with your car insurance provider
- You can shower without covering the wound
- You may be offered hydrotherapy from around Day 14

Day 16-28

- If advised, one of the wedges beneath the heel of your boot can be removed (leaving two) and you should continue with the exercises you've been given
- Although some people may have scarring, applying moisturisers around the wound, such as aloe vera, vitamin E or bio-oil, can help to reduce this. Once the wound is completely healed, these lotions may be applied over the wound itself
- You may be able to return to work if this involves sitting down most of the time (but not if it involves much walking or standing, or manual labour)

Weeks 5-6

- In most cases, another wedge beneath the heel of your boot can be removed (leaving just one)
- You can gradually begin to put more weight on your foot

Weeks 6-8

- At this stage you will have another **follow-up appointment** and, in most cases, the final heel wedge can be removed
- You'll be able to stop wearing the boot and start wearing comfortable shoes



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Weeks 8-12

- Walking without the boot, you should be able to gradually increase your exercise level, improving your range of movement and strengthening your foot

Three months after surgery

- You should begin strengthening exercises, balance exercises, (eg using a wobble board) and gently start to stretch out the Achilles tendon in order to regain good dorsiflexion, (the ability to bend your foot upwards towards the knee)
- You can start with power and endurance exercises and increasing dynamic weight bearing exercises, as advised by your physiotherapist
- You can continue your fitness and cardio work as before, as well as any hydrotherapy exercises
- You may be able to return to work, even if this involves standing or walking (but not manual labour)
- You may be able to start driving a manual car, if advised by Mr Heidari. However, you should check also with your car insurance provider

Four months after surgery

- You should be able to return to work, even if this involves manual labour
- You will have a **final review** with Mr Heidari between 3-6 months after surgery

Six months after surgery

- There should be very little swelling
- You may be able to start returning to high level sport

Twelve months after surgery

- Healing should be complete



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Exercises

The following is only a guide – your physiotherapist will provide a more detailed programme, including the number of exercises you should do based on your muscle strength and endurance. Regular exercises after your Achilles tendon repair surgery will help prevent stiffness, restore your range of movement and enable you to return to your everyday activities as quickly as possible; the more often you carry out your exercises, the better the results will be.

In the first 2 weeks

These initial exercises are designed to help maintain your strength and balance, and control inflammation and swelling. **You should not put any weight through your leg for the first two weeks after surgery.**

Non-weight bearing fitness and cardiac exercises are also recommended. Your physiotherapist will encourage you to:

- Gently move your foot in the newly fitted supportive boot
- Curl your toes and spread them apart. This helps with blood circulation
- Lie on your stomach and bend your injured knee towards your bottom (knee flexion)
- When sitting, to put your injured foot on a chair in front of you and allow gravity to stretch your knee as straight as is comfortable (knee extension)
- Use a resistance band to perform certain exercises
- Carry out leg strengthening exercises, including straight leg raises while supporting yourself laying down

Weeks 2-6

During this period, exercises are focused on helping you to walk using crutches, strengthening your muscles, and improving the range of movement in your ankle. There should be NO weight-bearing activity if you aren't wearing the supportive boot (see above).

- Your physiotherapist will demonstrate how to use your crutches properly so that your injured leg moves with the crutches. Initially you should try to only apply about 25% of your weight through your injured leg – most of your weight should be



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supported by your crutches. Over time, but gradually, more weight can be applied through your leg

- As well as the exercises recommended for the first couple of weeks, new exercises will be added to your fitness regime. These are designed to improve your core stability, strength and your ability to stretch your hamstring/move your ankle

Weeks 6-12

- You'll be able to gradually increase your training, including graduated resistance exercises which focus on the anterior compartment muscles in the leg (which, for example, enable you to lift the front of your foot/toes with your heel on the ground (dorsiflexion) and extend your toes) and the peroneals (muscles that run down the outside of the leg) to help stabilise your ankle
- You'll also need to carry out inversion type resistance exercises and plantar flexion exercises (using a resistance band) that will help you regain movement in your ankle (flex the front of your foot downwards)
- You'll be given additional exercises which are designed to help extend your range of movement and strengthen your foot

3-6 months

- You should begin strengthening exercises, proprioceptive/balancing exercises and gently start to stretch out the Achilles tendon in order to regain good dorsiflexion. You can start with power and endurance exercises and increasing dynamic weight bearing exercises
- You can continue your fitness and cardio work as necessary, as well as any hydrotherapy exercises



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