PHYSIO SOTON

Therapy in clinic or your home

Management of patients using the VACOped for immobilisation

Conservative and Surgical treatment of an Achilles Tendon Rupture

Anticoagulation treatment until day 45

Day	Date		Numbers seen in hole at back of boot
0-14		Plaster slab until clinic appointment, then full equinus cast for total of 2 weeks *Non weight bearing* Anticoagulation treatment until week 6 (day 45)	
14-25		Vacoped locked at 30 degrees *Weight bearing as pain allows using crutches* Doctor to book physio to start at 6 weeks post injury For the best results from this treatment treat this boot as a cast and do not remove it for a bath or showering	3
25-29		Move lower screw down 1 notch - *allows 5 degrees of movement.* **Please do not move top screw**	2.5
29-33		Move lower screw down 1 more notch *allowing 10 degrees of movement: 20 – 30 degrees* Gradually increase weight bearing, to be fully weight bearing by day 45	2
33-37		Move lower screw down 1 more notch *allowing 15 degrees of movement: 15 – 30 degrees*	1.5
37-41		Move lower screw down 1 more notch *allowing 20 degrees of movement: 10 – 30 degrees*	1
41-45		Move lower screw down 1 more notch *allowing 25 degrees of movement: 5 – 30 degrees*	0.5
45+		Move lower screw down 1 more notch *allowing 30 degrees of movement: 0 - 30 degrees* Change base plate to flat *Fully weight bear using crutches as necessary* Boot can be removed at night, but must be worn when weight bearing (including getting up in the night). *You should receive a Physiotherapy appointment to start around 45 days*	0
Week 9 Clinic appt Date.....		Boot can be removed – wearing it if necessary in vulnerable environments. Sorbothane heel pads to be supplied	

This plan will give you a general idea of how your mobility will progress over the next 6-9 months. Much of it will depend on your fitness before the injury, but your physiotherapist will plan your treatment specific to you and give you the relevant exercises to follow. Physiotherapy may include one to one sessions, group classes and hydrotherapy, which treatments are most appropriate for you will be discussed with you by your Physiotherapist.

Week 10 – 12 post injury or surgery

Most re-ruptures occur during this phase.

You should have been supplied with gel heel pads so continue to use these, or use footwear with higher heels (approx 1 inch)
Take care doing activities which stretch your tendon e.g. walking up and down stairs and squatting.
Your physiotherapist will help you to learn to walk normally with your weight going from your heel through to your toes.
You will be given exercises to do at home and these will include balance, strengthening and stretching.
Your exercises will gradually be increased as you physically recover.

Swimming and gentle stretching exercises while in the water are particularly good in this phase.
If you experience any pain or problems with the wound during this time – stop doing the exercises and seek advice. An aching or soreness is normal however.
Return to driving
Before driving on the main roads please go to a quiet area, drive around then do an emergency brake. If this is possible without pain or discomfort then driving with care should be safe.
Manual or right leg automatic – 12 weeks
Left leg in an automatic – 2 weeks

3 – 6 months post injury or surgery

Continue to be careful on stairs

Your Physiotherapist will continue to progress your exercises to include more weight bearing stretching and strengthening

6 – 8 months post injury or surgery

Gentle dynamic exercises may commence in this phase, your Physiotherapist will guide you on how and what to do.
If you are ready to, you may start jogging on the flat; this will gradually progress to return you to running and different terrains.
You will not be back to full competitive sport until at least 9 months due to healing and recovery of the tendon.