

Achilles Tendon Rupture (1 of 4)

Achilles tendon rupture – a guide to your rehabilitation

This sheet is designed to give you an outline of how your rehabilitation will progress as you recover from your Achilles Tendon rupture. It is only a guide and will be adapted to meet your individual needs, so the timings may change slightly.

Weeks 1-2

You have been in a temporary plaster that was applied in the Emergency Department. Now that you have been reviewed in clinic, this plaster has been removed and you have been fitted with a VACOPed boot.



Can I have a bath/shower?

The boot must be worn at all times until six weeks after your injury and you should not get the boot wet. After this time the boot needs to be worn when you are weight-bearing through your leg.

If you are able to shower or bath safely without putting weight through your leg, this can be done from week 6. You must be very careful not to pull your toes up towards you. You should not use your crutches on wet surfaces.

Weeks 2-4

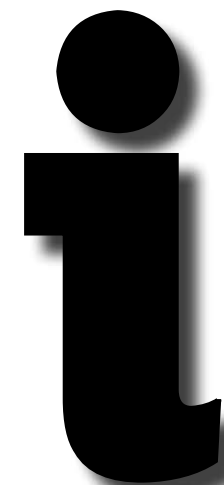
You will be in the VACOPed boot. The boot will be locked with your foot pointing down at 30 degrees and fitted with a wedged sole.

- You are now allowed to partially weight-bear with the help of crutches.
- The boot must be worn at all times.
- The sole of the boot can be removed over night but must be replaced before weight-bearing.



Stairs

When going up the stairs, go up with your unaffected leg first, followed with your affected leg and the crutches.



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Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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When going down the stairs, put your crutches down first, followed by your affected leg and then your unaffected leg last.



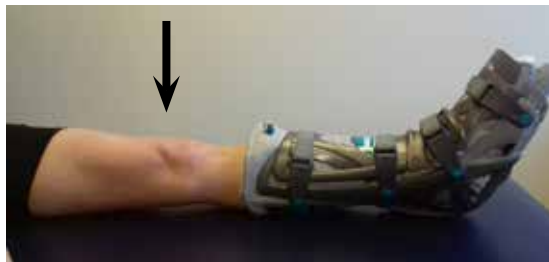
Exercises

It is important to keep your hip and knee moving and it is recommended that you follow the exercises below. These initial exercises should be completed 3 times a day with 10 repetitions of each. They should not cause any discomfort, If you have any concerns, please contact us on the number below. As your exercises progress, your Physiotherapist will tell you how often to do each exercise.

Wiggle your toes



Static quads



Brace your knee down, tightening the muscles on the front of your thigh

Inner range quads

With a rolled up towel under your knee, brace your knee down and lift your foot up, straightening your knee.



Straight leg raise

Brace your knee so that it does not bend. Lift your leg straight up off the bed and gently lower back down.



Seated knee extension

Sitting in a chair or on the edge of your bed, lift your foot up, straightening your knee, gently lower back down and relax.



Weeks 4-6

You will be reviewed by an outpatient physiotherapist who will assess you and make plans for your ongoing rehabilitation.

- The boot will be altered to allow movement at the ankle between 15-30 degrees.
- You will start some seated exercises, moving your ankle inwards, outwards and pointing your toes down.
- You should not pull your toes up towards you.
- You can start to put more weight through your foot as you feel comfortable.

Weeks 6-8

The boot will again be altered to allow movement between 0-30 degrees and the wedged sole changed to a flat sole.

- The boot can now be removed at night, but must be put on before mobilising
- A resistance band will be introduced slowly into your exercise regime

Weeks 8-10

The boot will now be unlocked to allow free movement, but must still be worn when walking.



Weeks 10

You will be reviewed by your consultant.

- You can now start to wean out of the boot
- The boot should still be worn in vulnerable environments (such as uneven ground or crowded spaces where you may be knocked into) until week 16.

Week 12-20

Physiotherapy will continue to help improve your walking, building up your strength, power and balance.

Your physiotherapist will start to introduce impact activities such as two feet jumping and jogging on a trampette.

Week 20 onwards

Jogging is now allowed if able. You will work on balance and exercises to increase strength, power and endurance.

You will gradually initiate sporting activities and establish a long-term maintenance exercise regime.