

Achilles Rupture

The Achilles tendon is a rope like band at the back of your ankle. It joins your calf muscles to your heel bone (calcaneus), enabling you to point your foot. It is the largest tendon in the human body and has a key role to play in activities such as walking, jogging, and jumping.

When the Achilles tendon breaks right the way through (i.e.

Achilles rupture), you are no longer able to point your foot down or raise your heel and you lose power in the ankle. These movements are extremely important for walking. Commonly this happens in middle aged persons; this is because at this point our tissues are beginning to stiffen up and can become brittle.

Rupture can occur while performing actions requiring explosive acceleration, such as pushing off or jumping. It is much more likely to occur in males.

Achilles rupture can be treated surgically and conservatively. Evidence shows there is not much difference between outcomes for either procedure, with surgical patients more at risk for infection and wound break downs, whilst some would suggest there is more chance of long term weakness with non operative treatment.

Both treatments are managed with a progressive mobilisation program and it can take months for strength and confidence to return to the leg.



Achilles Tendinopathy

Achilles tendinopathy is a condition that causes pain, swelling, stiffness and weakness of the Achilles tendon that joins your heel bone to your calf muscles. It is thought to be caused by repeated tiny injuries to the Achilles tendon. These may occur for a number of reasons, including overuse of the tendon - for example, in runners.

Some people have pain during exercise but, in general, pain is worse after exercise. Pain due to Achilles tendinopathy may actually prevent you from being able to carry out your usual everyday activities such as walking to the shops, etc. You may notice that you have pain when you touch the area around your Achilles tendon. There may also be some swelling around this area.

Treatment includes rest, ice packs, painkillers and special exercises to help to stretch and strengthen the Achilles tendon. For most people, the symptoms of Achilles tendinopathy usually clear within 3-6 months of starting treatment.

Treatment

The foot is actually composed of more than a single joint. It is better understood as a 'complex', composed of a number of different structures.

1. Ankle
2. Rear Foot
3. The Mid Foot
4. The Fore Foot

Treatment for foot problems first requires the correct diagnoses. Upon assessment, further investigations may be required such as an xray or scan such as an ultrasound or MRI, to assist with confirmation.

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In order to walk run and jump normally, each of the joints that contribute to the foot 'complex' must work as a team. Soft tissues (muscles, tendons, ligaments) have a large role to play in facilitating this 'teamwork'. Where there is a deficit in any of these tissues, pain and movement limitation can result.

Conservative Treatment

Following an acute or chronic injury to the foot and ankle, rest and occasionally immobilisation is required. Following this a progressive gentle range of motion and strengthening program can commence to help resolve the dysfunction. Exercises will be based upon re-educating the muscles of the lower leg, foot and occasionally the hip so they work in unison to provide the necessary control to guide the foot through the activity.

Strengthening and proprioception exercises are important to assist the foot to function and reduce the risk of re-injury. Postural advice is often included as this can be a major factor in the foot dysfunction. Particularly in a world where various types of footwear are worn, correct attire is important. The therapist will be able to assess and treat this should it be contributing to the problem.

Alternative therapies such as remedial massage can help to relieve the tensions of the foot and ankle, that may be contributing to pain and discomfort.

Foot injuries generally take a long time to get better, especially if there is a tendon injury. your clinician will guide you through a time line, but be patient as it can take 6 months or more. Remember every step you take is through your foot.

Surgical Treatment

Occasionally tissues have a poor healing capacity, or the bony mechanics are too far gone and surgery may be required to reduce pain, restore movement and enable a return to home, work and leisure activities.

In some circumstances, tissues simply need to be trimmed or 'tidied up', to reduce irritation and improve comfort. In other circumstances, tissues need to be repaired or reconstructed.

Foot surgery can be performed either arthroscopically or via an open procedure. Micro incision procedures are becoming increasingly common.

With a lot of foot surgeries, wound ealing can be an issue. We therefore like you to rest and elevate for long period for the first two weeks after your operation. When there is a small incision, you are generally allowed to do more. Depending on your operation, your foot may be in a cast, a boot, a shoe or nothing at all. Your surgeon will dictate this.

Rehabilitation following foot surgery involves learning to bear weight through your leg, returning range of motion and strength to the area and most importantly, returning the balance and proprioception to the foot and ankle. Hydrotherapy when the wounds are healed can be a really good way of gradually walking again. Recovery from foot surgery can take up to 12 months depending upon the procedure performed.

**All information in this brochure is a guide and is the opinion of GSSC*