

## Partial Achilles Tendon Injury

This is a partial tear to the tendon at the back of your ankle.

### Healing:

This normally takes approximately 9-10 weeks to heal. Full rehabilitation can take 1 year.

After sustaining this injury, there is a 10-30% chance of re-rupture of the Achilles tendon over your lifetime. This can also be caused by repeated injury or stress to the tendon during the period of healing. It is very important that you follow this care plan closely and all advice given by your physiotherapist.

Smoking will slow down your healing. We would advise that you stop smoking while your injury heals. Talk to your GP or go to [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk) for more information.

### Pain and swelling:

Your ankle may be swollen and you will have some pain. Swelling is often worse at the end of the day.

Taking pain medication and elevating your ankle will help.

### Walking and your boot:

You **MUST** use the boot with wedges. Keep the boot on all the time, including in bed at night. Always wear a sock in the boot. Please tell us if you are diabetic; you may need a special boot.

You are allowed to put weight through your foot. You may find it easier to use crutches in the early stages.



### Follow up:

You will see a Foot and Ankle Specialist about 6 weeks after your injury. They will check the healing of your tendon. You have also been referred to Physiotherapy. This will start 8 weeks after your injury.

Contact our team if you have not received your appointment letters within one week.

### Any questions:

If you are concerned about your symptoms or are unable to follow this rehabilitation plan please contact the Virtual Fracture Clinic team.

**Personal Hygiene:**

You should remove the boot carefully for washing and to change your sock once a day.

Whilst doing this, you must always **keep the toes pointed down**, as shown in this picture.

Do not stretch the calf or do any ankle exercises. This will disrupt tendon healing and your long term recovery.

It is important to keep your foot as dry as possible in your boot. If you notice any redness, soreness or damage to your skin please inform our team immediately.

**Preventing a Deep Vein Thrombosis (DVT):**

You are not allowed to do any exercises with this ankle for a number of weeks. This puts you in a higher risk group for developing a DVT (blood clot) which could potentially have very serious effects.

You will have been prescribed a course of Enoxaparin (a type of heparin), which is blood thinner. This is given daily by injection normally for the first 6 weeks. You will be shown the injection technique. Try to have this medication at the same time every day. If you have any questions about this, or if you have a reaction to the medication, please speak to your GP or district nurse.

The used injections **MUST** be disposed of safely in the yellow 'Sharps Bin' provided. Once full, these can be collected from your home if you are a resident of Brighton and Hove. Please telephone 01273 242077 to arrange collection. If you live outside Brighton please contact your local council's clinical waste disposal service.

The table below explains when you can begin to remove the wedges in your boot. This is done slowly so that your heel is gradually lowered to the ground. You should always remove the wedges from the bottom of the stack first.

Continue to wear the boot day and night, removing only for personal hygiene. Make sure you follow this plan closely.

<b>Week 1</b>	Wear the boot with 5 wedges
<b>Week 2</b>	Remove 1 wedge from your boot. You should have 4 wedges left.
<b>Week 3</b>	Remove 1 wedge from your boot. You should have 3 wedges left.
<b>Week 4</b>	Remove 1 wedge from your boot. You should have 2 wedges left.
<b>Week 5</b>	Remove 1 wedge from your boot. You should have 1 wedge left.
<b>Week 6</b>	Remove the last wedge from your boot.  When you feel ready, you can wean out of your boot this may take you a week or two. You do not need to wear the boot at night.  Make sure to wear shoes with a thicker sole under the heel, such as trainers.

### **I am struggling with my boot. What do I do?**

The boot has a thicker sole; this can make you feel uneven. Make sure you wear a supportive shoe or trainer on your uninjured foot. This will reduce stress on other joints.

You may find this video helpful: <https://vimeo.com/386673062>

If you need more advice contact the Virtual Fracture Clinic.

### **I am diabetic, does this change things?**

If you are diabetic please contact us to discuss your boot. This is particularly important if you have problems with your skin or sensation. We may provide you with a specialist diabetic boot.

### **When can I start driving?**

You can return to driving when:

- You are no longer using your boot,
- You can walk comfortably and
- You can perform an emergency stop pain free.

Always test your ability to drive in a safe environment first.

### **How can I get a certificate for work?**

You can get a fitness for work statement from your GP.

### **What do I do with my boot and crutches when I no longer need them?**

We are not able to use boots again. These should not be returned to the hospital.

Crutches can be returned to the Fracture Clinic or A&E.

### **How do I contact the Virtual Fracture Clinic?**

Call 01273 696955 extension 63428.

Email [uhsussex.fracturecare@nhs.net](mailto:uhsussex.fracturecare@nhs.net)