

Virtual Fracture Clinic (VFC)

Achilles tendon – partial tear

Information for patients, relatives and carers

Introduction

The Virtual Fracture Clinic (VFC) helps you recover from your injury without needing to come back to the hospital. This is called self-management.

Use the rehabilitation plan in this leaflet to guide your recovery.

Video about your injury and recovery

Watch this video to help your recovery. A doctor explains your injury and a physiotherapist shows how to do the exercises:

www.fracturecare.co.uk/care-plans/ankle/achilles-tendon-ta/

What is an Achilles tendon partial tear?

This is a partial tear to the tendon at the back of the heel, which is called the Achilles. This connects your calf muscles to your heel bone. It helps you to push up onto your tiptoes and you need it for walking and running. This is shown in the photograph.



What are the symptoms of an Achilles tendon partial tear?

You will have pain at the back of your ankle and your ankle may be swollen. The swelling is often worse at the end of the day.

How long will it take to heal?

You can expect it to take about 12 weeks to heal. Getting back to your normal activity levels can take 1 year. This is called full rehabilitation,

Causing more injury or stress to the tendon during healing can cause it to re-rupture. So, it's **very important to:**

- follow the instructions in this care plan, and your physiotherapist's advice
- wear your walking boot all the time

How do you treat an Achilles tendon partial tear?

You will be fitted with a walking boot, like the one in the photograph. This will contain 3 wedges. These wedges are removed one by one as your tendon heals. The boot keeps the torn ends of the ruptured tendon close together so they can knit together and heal.

So, it's important to keep the boot on all the time, even in bed at night.

Tips for wearing your boot:

1. You can put your full weight on the leg when you are wearing the boot.
2. You may find the boot more comfortable if you place the wedges underneath the foam liner.
3. You may find crutches helpful in the early stages. But you do not have to use them if you feel you are walking smoothly in your boot.



Keep your boot on,
day and night

Please tell us if you are diabetic as you may need a different boot.

Boot timetable

Week 0 to 2	non-weight bearing cast (equinus cast)
Week 2 to 4	switch to walking boot with 3 wedges full weight bearing through boot
Week 4 to 6	remove 1 wedge from your boot (you should have 2 wedges left) full weight bearing through boot
Week 6 to 8	remove 1 wedge from your boot (you should have 1 wedge left) full weight bearing through boot
From week 8	remove the last wedge from your boot (you should have 0 wedges left) full weight bearing through boot

at this stage, when you feel ready, you can gradually start walking in normal shoes. So, you can gradually stop wearing the boot all the time

It may take you a week or two to wean yourself off the boot and gradually get used to not wearing it

Make sure to wear supportive shoes such as trainers or hiking shoes

Returning to driving, work and sport after an Achilles tendon partial tear

Driving

You can return to driving when:

- you are no longer using your boot
- you can walk comfortably
- you can perform an emergency stop pain free

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

Work

- sitting down (sedentary) jobs, 2 weeks if you can commute safely
- standing jobs, 6 to 8 weeks
- manual labour, 8 to 10 weeks

You can get a fitness for work statement or 'fit note' from your GP.

Sport

You should be able to go up onto tiptoe (a single leg heel raise) by 12 weeks. If you cannot please contact us.

You can start light jogging from week 12 only. Avoid sprinting and contact sports for 4 months.

Is there anything I can do to help myself?

Your ankle may be swollen. You will have some pain. Swelling is often worse at the end of the day. There are several things that you can do to help your recovery:

- **keeping weight and stress off the tendon** (known as off-loading the tendon) – please wear the boot as instructed. It keeps the torn ends of the ruptured tendon close together so they can knit together and heal
- **medication** – basic painkillers and anti-inflammatories like paracetamol or ibuprofen can help manage pain and swelling. Please speak to your local pharmacist if you are unsure about which medication you can safely use
- **elevation** – it's important that you try to keep your foot raised above the level of your heart for the first one to two weeks to reduce the swelling in your ankle
- **ice** – apply ice to the swollen area for 15 minutes, three to four times per day. Only do this when you are resting and not putting weight through the foot. For example, use ice cubes or a bag of frozen peas wrapped in a tea towel. If it starts to feel uncomfortable do not continue. Make sure the ice is not in direct contact with your skin

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- **quit smoking** – **smoking** slows down your healing. So, we advise that you stop smoking (including vaping) while your fracture heals. For more information, talk to your GP or go to nhs.uk/better-health/quit-smoking/

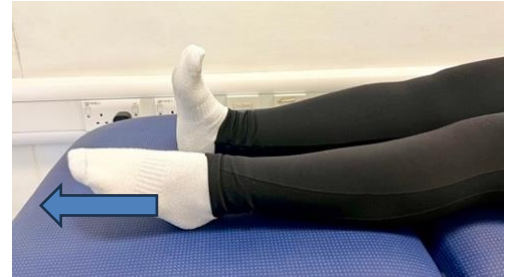
Personal hygiene:

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

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

It's important to keep your foot as dry as possible in your boot.

If you notice any redness, soreness or damage to your skin please tell the VFC team immediately.



Exercises

Do not stretch the calf for 8 weeks. This to protect your healing. Stretching too early will disrupt the tendon healing and may affect your long-term recovery.

It is important to start exercises as soon as possible as good rehabilitation will improve your recovery. You can expect some discomfort at first. Do not continue if the pain gets worse and you cannot tolerate it. Follow the instructions on the next pages.

Caring for your injury: weeks 2 to 4

With the boot on, you can gently press or push your forefoot and toes down into the sole of the boot, as if you are pressing lightly on a pedal.

Hold the pressure for 5 seconds and repeat 30 times.

You can do this 3 times per day.

Caring for your injury: Week 4 to 6



Sitting in a chair, take the boot off and rest your heel on the edge of a book that is the same height as the wedges and lift your heel off the book (go on tiptoe)

Repeat 30 times.

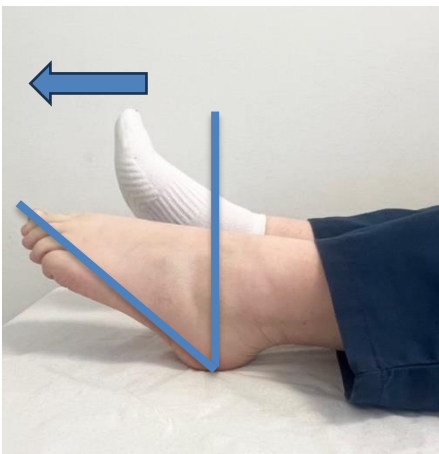
You can do this 3 times per day.

Caring for your injury: weeks 6 to 10

You can continue the above exercise.

You can take the boot off to slowly move your ankle as shown below, between positions show in images 1 and 2 below.

It is important you do not bring your ankle further towards you than the angle shown in image 3. This could disrupt your tendon's healing.



1 safe – plantar flexion



2 safe – neutral



3 avoid – dorsiflexion

Continue to use 1 or 2 elbow crutches to walk until you can walk smoothly with even weight bearing

It is important that you continue to wear your walking boot until 8 weeks after your injury.

Caring for your injury: weeks 10 to 12

You can walk in normal shoes, gradually increase your walking distance. Practice balancing on the injured leg. Hold on to something to start with.

Your goal is to balance for more than 10 seconds without holding on to anything.

Heel raises to strengthen your calf muscles and tendon:



Double leg heel raise (left)



Single leg heel raise (right)

Your aim is to do a single leg heel raise by 12 weeks. If you cannot do this, please contact the VFC.

You can start gentle stretching from week 10.



Hold the stretch for 20 to 30 seconds.

Repeat 2 to 3 times.

Do this once a day only.

Caring for your injury: week 12

Progress heel raises to drop over the edge of a book or a step.



a) double leg



b) single leg

You can start:

- **light jogging on flat ground.** Gradually increase your jogging distance and speed over the next 4 weeks. You can expect some discomfort but stop if you get very sharp or severe pain. Try jogging again in one week
- **light plyometrics**
- **agility exercises**
- **running uphill**

If you are unsure what activities are suitable for, contact the VFC for advice.

Caring for your injury: week 16

You can start:

- **sprinting short distances**
- **unrestricted plyometrics** and **agility drills**
- a gradual, phased return to sports. It may take you 6 to 9 months to be back to full sports

Frequently asked questions

It's hard for me to walk in my boot. What do I do?

The boot has a thicker sole than normal shoes. 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. For more advice, contact the VFC.

I am diabetic. Is it ok for me to wear a boot?

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 drive again?

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 how well you can drive in a safe place first.

How can I get a 'fit note' for work?

Ask your GP for a 'fitness for work' statement. You can give this to your employer.

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

Please return your crutches to the fracture clinic or to A&E. They can be refurbished and reused. Your boot cannot be used again, so you do not need to return it.

Contact the VFC

We're here to help if you've got concerns about your injury, symptoms or exercises.

Call us on **077 7455 5354** (Monday to Friday between 09.00 and 17.00).

Or you can email imperial.vfc@nhs.net.

So, please contact us if you:

- have any concerns about your injury or symptoms
- cannot follow this rehabilitation plan
- need help with your boot
- are expecting an appointment letter and have not received it

How do I make a comment about my visit?

We aim to provide the best possible service, and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net. The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Or if you need to complain, contact our complaints department: Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street, London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net