ACHILLES TENDON RUPTURES

TIPS & TRICKS

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COMMON PITFALLS

Patients with an acute rupture of the Achilles tendon can still walk and move the ankle, using other parts of the calf muscle complex

Patients with an Achilles tendon rupture will not always have a palpable gap in the tendon

Although the debate regarding operative versus non-operative treatment is unresolved, the need for prompt recognition of the injury and **placement in an equinus position** is paramount

INJURY PROFILE & HISTORY

Peak age group = 20-39 years old

Male : Female ratio = 20:1

A sudden pain in the back of the leg with an audible snap is the classic story

Patients will often think they have been hit or kicked directly in the back of the calf

EXAMINATION

- The examination is all about symmetry (this is the key)
- Both the left and right Achilles tendons should look & feel the same to palpation
- The plantar flexion for each side should be close to equal when performing the Thompson test in a resting position

THE THOMPSON TEST

Have the patient prone on an examination bed, with the feet dangling off the edge

Ask the patient to relax and squeeze the uninjured calf first

Compare the amount of plantar flexion in the injured calf to the uninjured calf.

If the amount of plantar flexion in the injured side is reduced, then an Achilles tendon rupture is very likely

WHAT SHOULD I DO

Get the patient into a position of maximal plantar flexion (equinus), and keep them there with either a dorsal plaster slab or a moon boot with multiple heel wedges (immediately)

Once in this position, the boot (with wedges) or plaster must not be removed

Early referral to an orthopaedic surgeon

Imaging studes are not required to make the diagnosis in the acute setting, and frequently offer false reassurance