

Ref: L64

**Buckinghamshire Healthcare NHS Trust
Virtual Fracture Clinic**

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Dear Patient,

This is an information leaflet explaining the ongoing management of your Achilles injury. Your case history and scans have been reviewed by an Orthopaedic Consultant (Bone Specialist) and a Senior Fracture Clinic Physiotherapist

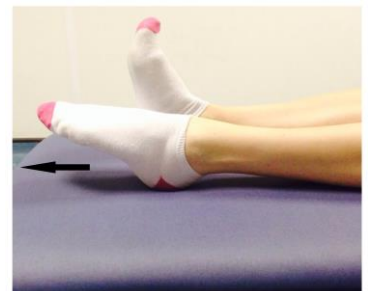
You have sustained a rupture to your Achilles tendon, confirmed by ultrasound scan.

Healing: This injury normally takes approximately 12 weeks to heal.

Pain and swelling: Take pain relief as prescribed: it is likely to be painful for several months. Swelling is often worst at the end of the day. Elevating the foot will help.

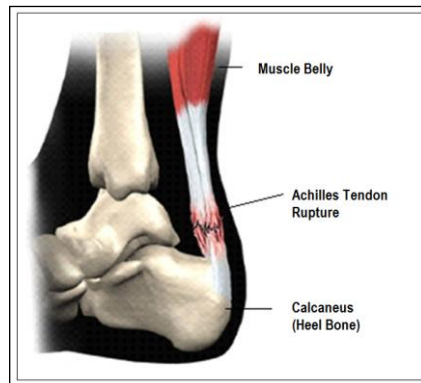
Using your ankle: You **must** use the boot with the wedges and follow the rehabilitation programme on this leaflet. Keep your boot on day and night/in bed. Ensure the wedges are underneath the grey liner of the boot. Avoid any temptation to stretch the calf or weight bear without the boot as this could mean the tendon heals in an elongated position, which will affect your overall rehabilitation.

Personal hygiene: You **must** remove your boot and sock daily to check the skin on your foot for any soreness that may be caused by excessive pressure or tightness. If you decide to have a shower, cover the boot with a polyethylene carrier bag/waterproof cover and be careful, DO NOT shower without the boot on. You may remove the boot carefully for strip washing and changing your sock once a day. You must **keep the toes pointed down** when doing this, as demonstrated in the picture.



Follow up: You will be seen by a Lower Limb Specialist within 2 weeks of your injury.

Picture of injury:



If you have not received an appointment within 1 week of receiving this leaflet / if you are unable to follow the rehabilitation plan outlined below or if you have any urgent questions then please contact a member of the Fracture Care Team either by phone 01296 255 630 or by email: bht.fractureclinic@nhs.net

Please follow this rehabilitation plan

What to expect:

Weeks since injury	Rehabilitation plan
0-4	<ul style="list-style-type: none"> ✓ Wear the boot and 4 wedges all the time, including at night ✓ Use your crutches and put some weight through your foot when you walk ✓ Remove the boot once a day to wash your foot and change your sock ! Don't stretch your calf muscle ✓ You will see a Lower Limb Specialist, 2 weeks after your injury
4-6	<ul style="list-style-type: none"> ✓ Remove 1 wedge from the bottom of the stack of 4 wedges and replace the 3 wedges into the boot under the grey liner ✓ Continue like this with 3 wedges in the boot for a further 2 weeks
6-8	<ul style="list-style-type: none"> ✓ Remove another wedge from the bottom of the stack and continue with 2 remaining wedges for a further 2 weeks
8-12	<ul style="list-style-type: none"> ✓ Remove the third wedge at 8 weeks and then continue with last wedge in the boot until 10 weeks then wear just the boot alone for a further 1-2 weeks ✓ When you come out of the boot it is sensible to go into a shoe such as a trainer- you may find it more comfortable to have a heel cushion which can be obtained from a pharmacy or use a soft gel cushion in the heel section of the shoe.

Advice for a new injury:

Rest and Elevation

Try to rest the leg for the first 24-72 hours to allow the early stage of healing to begin. Raise your ankle above the level of your hips to reduce the swelling. You can use pillows or a stool to keep your leg up.

Smoking advice:

Medical evidence suggests that smoking prolongs soft tissue healing time. In extreme cases it can stop healing altogether. It is important you consider this with your recent injury.

Stopping smoking during the healing phase of your injury will help ensure optimal recovery.

For advice on smoking cessation and local support available, please refer to the following website: <http://smokefree.nhs.uk> or discuss this with your GP.

Boot advice:

Diabetic patients

If you have diabetes, please contact us to discuss your boot. This is particularly important if you have problems with your skin. We can provide you with a specialist diabetic boot if required.

Footwear for your uninjured foot

We recommend choosing a supportive shoe or trainer with a firm sole for your uninjured foot. You will notice that the boot you have been given has a thicker sole: by matching this height on the uninjured side you will reduce any stress on your other joints. You can do this by getting a shoe balancer available online; this fits easily to the shoe on your un-injured foot.

Use the crutches you have been given in the Emergency Department to help you walk.

YouTube video on using crutches: <https://www.youtube.com/watch?v=EUBiwexUnQU>

Rehabilitation plan

The Team will guide you through the Rehabilitation Process and you will start Outpatient Physiotherapy at around 8-10 weeks post injury as necessary

Information on Deep Vein Thrombosis (DVT) risk and Dalteparin injections:

Due to the nature of this injury, and its rehabilitation, it is important you **immobilise** the foot in a boot. **This places you in a higher risk group for developing a DVT (blood clot), which could potentially have very serious effects.**

You may have been prescribed a course of **Dalteparin/Fragmin**, to thin your blood. If you have been prescribed Dalteparin/Fragmin, one of the nurses will have shown you the injection technique and you should try to keep these injections to a regular time of day.

Once your ultrasound scan results have been reviewed

We will advise you if you need to continue Dalteparin/Fragmin. If you have any further questions regarding this, or have a reaction to the medication, please direct this to your GP or district nurse.

Used injection syringes MUST be disposed of safely in the yellow 'Sharps Bin' provided. Once full, sharps bins can possibly be collected from your home by applying for a collection on the Buckinghamshire Council Website, otherwise the clinic team can advise as can the Pharmacy Department in the Trust. It is also possible that your GP surgery may accept these providing the lid (s) are taped down securely and put in a sealed bag.