ACHILLES RUPTURE

NON-OP PROTOCOLS - DR. BERNARD BURGESSON

CONSULTATION

After your consult with Dr. Burgesson, you will be contacted by OrthoRx. They will assist in ensuring you have all necessary devices for your rehab and recovery and will provide information regarding additional items that are useful for recovery.

REHAB

CAST / BOOT / SPLINT

You will be non-weight-bearing in a cast for 2 weeks. You will be placed in maximum plantar flexion.

At 2 weeks your cast will be removed and you will transition into either a tall cast boot with wedges or the VacoPed Pro Achilles boot.

You will remain in your boot 24/7 unless you have obtained The Achilles Rupture Night Splint. You may remove your boot and sleep in this device.

At 12 weeks, you will wean off the boot and begin walking in a regular shoe.

WEIGHT-BEARING

For the first 2 weeks you will need to remain non-weight-bearing. You will begin to weight-bear as tolerated in your boot at 2 week.

DRIVING

For right foot injuries you are not permitted to drive until you have completely weaned off the boot

For left foot injuries, please contact your insurance company to see if you are permitted to drive

Driving is not permitted while on narcotics

WORK

Two weeks off work is recommended for initial recovery

If you are able to get to work safely, and will be seated for the majority of the day, you may return to work after 2 weeks. This is assuming you are not taking narcotic pain mediation. From 2-12 weeks sedentary duties is recommended

By 12 weeks you can gradually return to full duties

FOLLOW-UP

You will have your first appointment 2-3 weeks after your injury in the Fracture Clinic

Your next appointments will be at 7 weeks, 3 months, 6 months, then 12 months

PHYSIOTHERAPY

You will be referred for physiotherapy at 2 weeks.

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0-2 WEEKS

- Non-weight-bearing in cast at all times in maximal plantar flexion

2-6 WEEKS

- Weight-bearing as tolerated in a tall boot with **THREE** wedges or the VacoPed ProAchilles Boot set to maximum plantar flexion
- Referral to physiotherapy to begin range-of-motion exercises

6-8 WEEKS

- Weight bearing as tolerated in a tall boot with **TWO** wedges or the VacoPed ProAchilles Boot set to 20 degrees plantar flexion.
- Continue with physiotherapy and range-of-motion exercises

8-10 WEEKS

- Weight bearing as tolerated in a tall boot with **ONE** wedge or the VacoPed ProAchilles Boot set to 10 degrees plantar flexion.
- Continue with physiotherapy and range-of-motion exercises

10-12 WEEKS

- Weight bearing as tolerated in a tall boot with **NO** wedges or the VacoPed ProAchilles Boot set to neutral.
- Continue with physiotherapy and range-of-motion exercises

12-14 WEEKS

- Wean from boot
- May begin biking and elliptical with physiotherapist
- Continue working on range of motion with physiotherapist

14 + WEEKS

- Advance physiotherapy with strength, power, endurance, plyometric exercise and sport specific training.
- Do not perform any overt stretching to avoid lengthening the healing tendon

IMPORTANT FOOT/ANKLE POST-OPERATIVE INSTRUCTIONS

You have just undergone trauma or reconstructive surgery of the foot/ankle by Dr. Bernard Burgesson in the operating room at either the QEII Health Sciences Center, Dartmouth General Hospital, or Scotia Surgery. These instructions are very important to help you heal safely and get the best result.

BLOOD CLOT PREVENTION

- After foot or ankle surgery, there is a small risk of blood clots
- You have been prescribed one of the following:
  - Aspirin 81 mg twice daily, or
  - Eliquis 2.5 mg twice daily
- Take this medication exactly as prescribed
- Your surgeon will review whether to continue or stop it at your first follow-up visit.

ANESTHETIC EFFECTS

- You may feel tired, nauseous, or foggy for 24–48 hours after surgery.
- If you had a nerve block, your foot or leg may be numb or weak for several hours (sometimes up to 24 hours).
- Do NOT walk on the operative leg while the nerve block is active — this increases the risk of falling.
- Start your pain medication before the numbness fully wears off to stay ahead of the pain.

MEDICATIONS

- Some pain is normal after surgery. You may be prescribed:
  - Hydromorphone for pain
  - Vitamin C
  - Vitamin D
- Do not drink alcohol, drive, or operate machinery while taking narcotic pain medication. Narcotics commonly cause constipation — use laxatives or stool softening foods if needed.
- Stop the medication and call the office if you develop rash, breathing problems, confusion, or severe stomach upset.

ACTIVITY

- Do NOT put weight on your operated leg unless specifically told otherwise.
- Keep your leg elevated as much as possible, especially for the first 2 weeks.
  - **This is the most important part of recovery as it reduces pain and swelling.**
- Swelling, redness, or throbbing when your foot is down is normal and usually improves with elevation.
- Avoid strenuous activity, long periods of standing, or stair climbing.

Simple Exercises (While Resting)

- Wiggle and curl your toes.
- Tighten and relax your thigh muscles.
- Straight leg raises if comfortable.
- These help prevent stiffness and blood clots.

FALL PREVENTION

- You may feel unsteady, especially in the first 24 hours.
- Clear tripping hazards at home.
- Have someone help you move around if needed.

WOUND & DRESSING CARE

- Do NOT remove your bandage or splint.
- Keep it clean and dry until your follow-up visit.
- You may shower if the leg is fully protected with a waterproof cover.
- Some light staining on the bandage is normal.
- Call the office if:
  - Bleeding spreads or lasts more than 48 hours
  - The dressing feels very tight and does not improve with elevation
  - Your toes should look pink and warm and be movable (unless you have
  - pins)

DIET

- Start with liquids and light foods. Return to your normal diet as tolerated.

WHEN TO CALL/EMAIL (902-473-7137)

- Fever or chills
- Increasing swelling or numbness
- Severe pain not controlled by medication and elevation
- Increasing drainage or soaked bandage
- Any concern that worries you

Go to the Emergency Department if it is after hours or you cannot reach the office.

FINAL NOTE

- Most pain improves significantly within 48–72 hours if you stay elevated and take pain medication as directed.
- The first two weeks after surgery are the most important for avoiding complications.
- Protect your foot, rest, elevate, and follow these instructions carefully to give yourself the best chance of a smooth recovery.