

TENDON

Achilles tendon rupture

A torn Achilles tendon: prompt assessment, functional bracing, surgery and protected rehabilitation.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding the condition

A rupture is a tear of the Achilles tendon. A sudden pop or feeling of being kicked may be followed by weak push-off; pain can settle despite a serious tear. A clinical examination and sometimes ultrasound establish the diagnosis. Prompt assessment matters.

Treatment options

Many ruptures can be treated without surgery using a specialist boot and a structured rehabilitation programme. Surgery may be appropriate in selected cases, including certain delayed, repeat or unusual tears. The choice depends on the injury, health, activity goals and ability to follow treatment.

What a procedure may involve

A boot or cast holds the foot in a position that protects the tendon as it heals. Surgery joins the torn ends, sometimes through smaller incisions; older tears may need reconstruction. Both routes require careful rehabilitation. Your team will assess blood clot risk.

Risks and benefits to discuss

Both approaches can restore useful function but carry risks of rerupture, tendon elongation, reduced calf strength and blood clots. Surgery adds wound, infection, scar and nerve injury risks. Delay and unprotected stretching or loading can complicate treatment.

Any operation also carries bleeding and anaesthetic risks. Occasionally, complex regional pain syndrome causes prolonged pain and sensitivity. Your health and the extent of surgery change your personal risk.

RECOVERY AND YOUR CONSULTATION

Achilles tendon rupture

Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Wear the boot as prescribed and do not change its angle or wedges without instructions. Follow the stated weight-bearing limits and protect the tendon during washing and transfers. Avoid calf stretching or heel-drop exercises until permitted. Physiotherapy builds motion, strength and balance in stages.

Expected outcomes and recovery

Recovery is lengthy. Walking returns before running, jumping or full sporting ability; strength may continue improving over a year or longer. Some weakness can persist. Return to activity is based on recovery milestones and clinical clearance.

When to seek urgent help

A suspected rupture needs urgent clinical assessment. During recovery, a new snap or sudden loss of function may mean rerupture. Calf pain or swelling, worsening wound redness, discharge, fever or boot pressure needs urgent review. Chest pain or breathlessness requires emergency help: call 999.

Your consent discussion

Ask which treatment best addresses your symptoms, what alternatives are reasonable, what the main risks mean for you, and what recovery will involve at home and work. This guide supports that discussion; consent is completed with your treating team. Your individual written instructions take priority.

Sources and further reading

Cambridge University Hospitals: Achilles rupture management

<https://www.cuh.nhs.uk/patient-information/achilles-tendon-rupture-management-and-rehabilitation/>

Hull University Teaching Hospitals: Achilles rupture

<https://www.hey.nhs.uk/patient-leaflet/achilles-tendon-rupture-information-for-patients/>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Achilles tendon rupture

This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

Achilles tendon rupture

Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

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