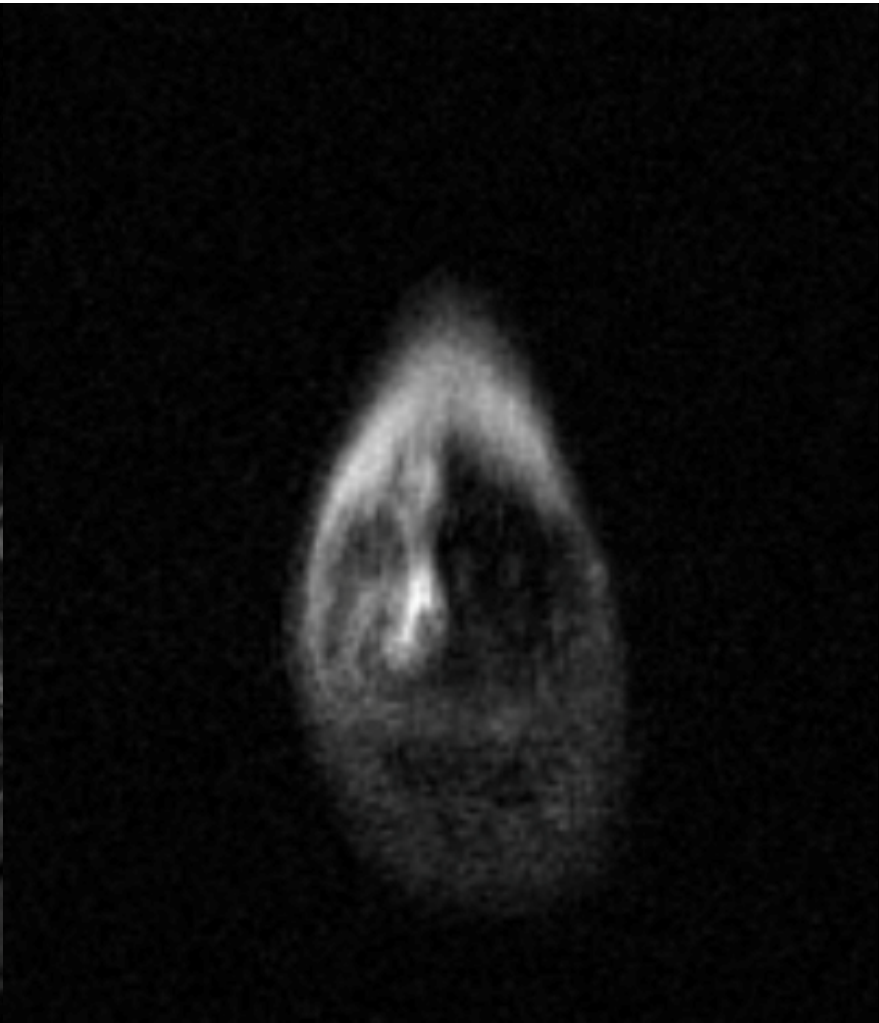
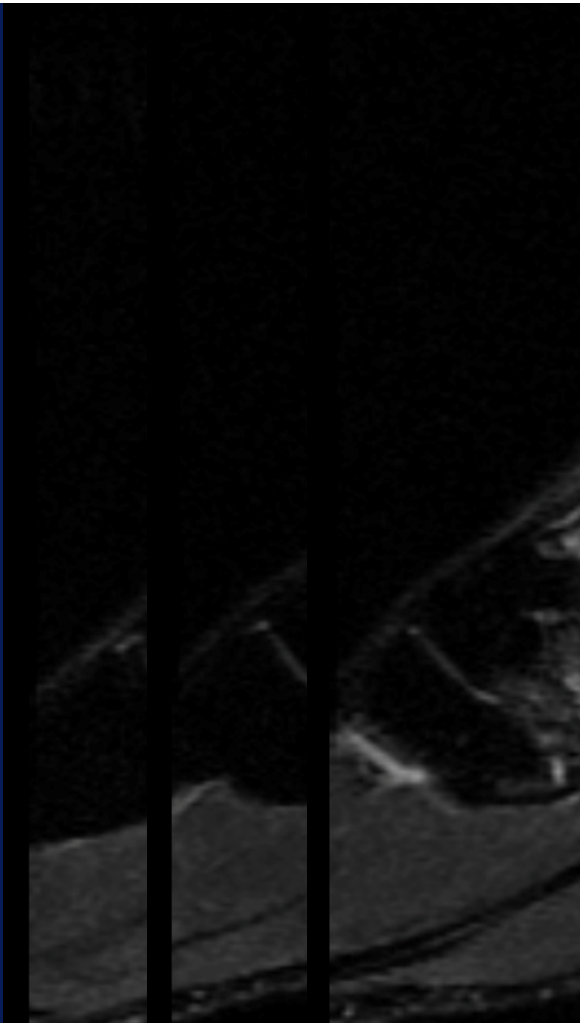


Case #1

- 31 yo M with long standing hx of insertional calcific Achilles tendinosis +/- tendinitis
- Conservative tx (no prior injections)
- Acute pain, audible “pop” playing basketball 5 days prior to clinic visit
 - Inability to ambulate w/o pain
 - Loss of push-off

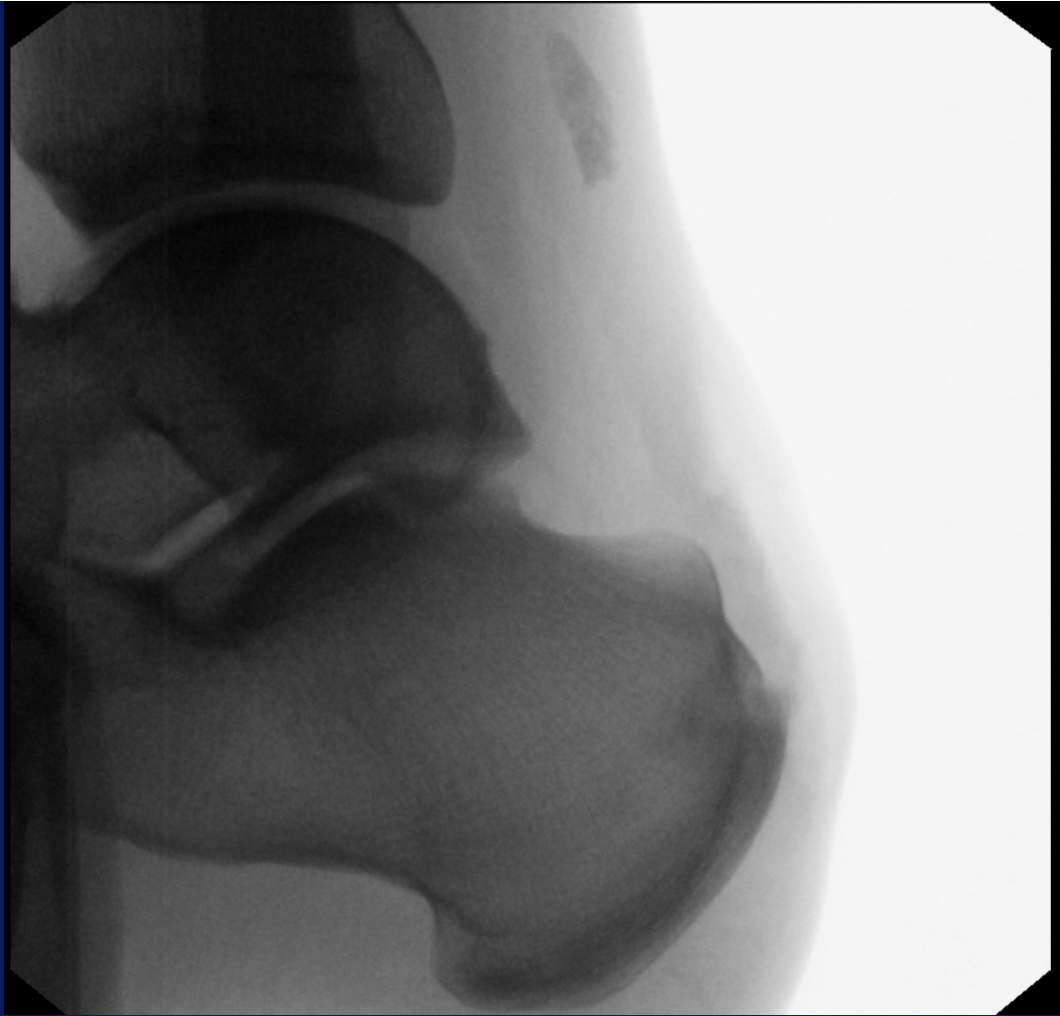




Insertional Calcific Tendinosis with Complex Pattern Rupture

- What now?
 - Is there ever a role for non-op in this?
 - Long extensile exposure
 - Mini-open?
 - What about residual insertional pathology?
 - Combined approach
 - Mini-open proximal + insertional debridement/repair















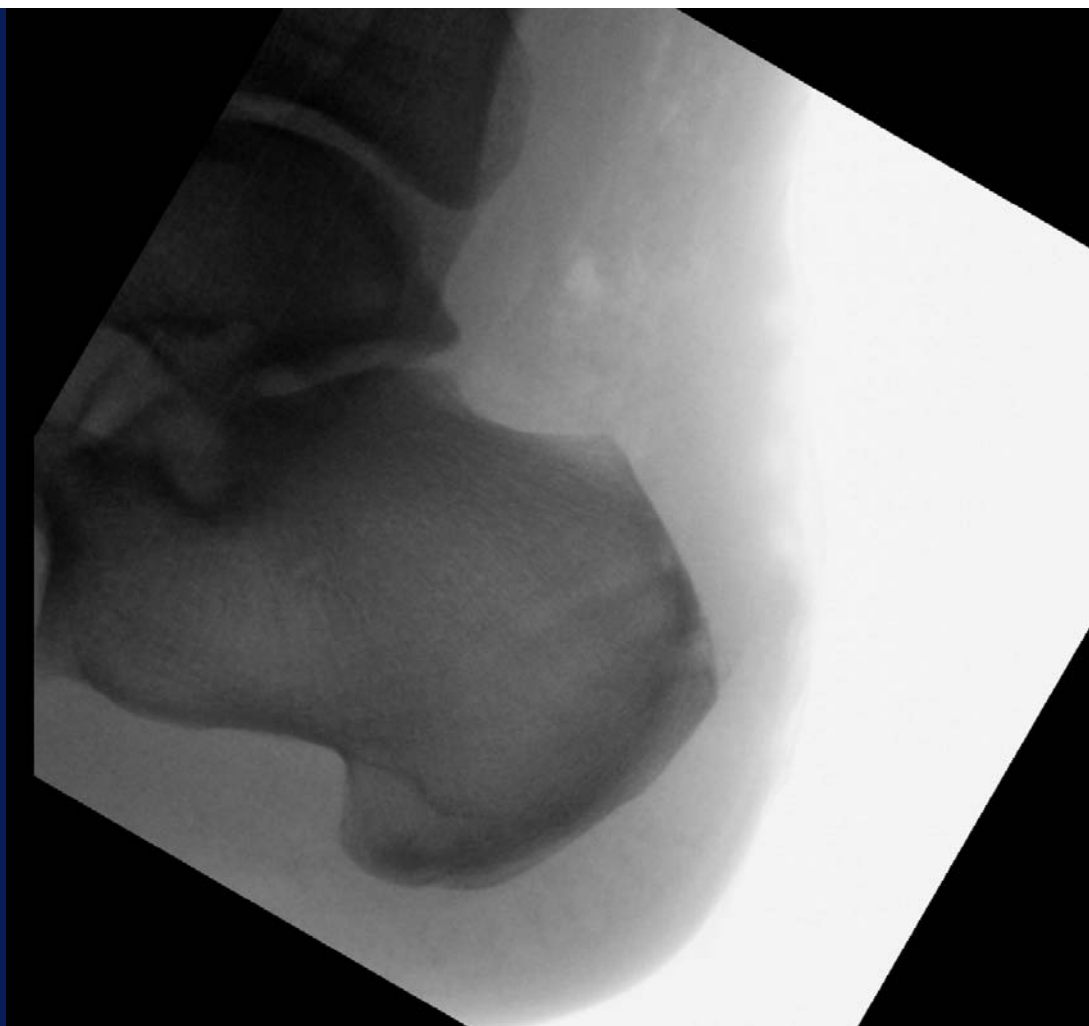












1 Week Post-Op





3 Weeks Post-Op



9 Weeks Post-Op



Post-op Protocol

- ROM initiated at 2 weeks PO
 - DF limit to neutral
- Progressive WBAT in boot with heel lifts starting 3 weeks PO
- Wean boot to shoes at ~8 weeks post-op
- Strengthening at 3 months
- Running at 4 months

Questions?



Conclusions

n Achilles

- Midsubstance tears – mini-open repair with superior outcomes and less surgical risk
- Insertional pathology
 - » Non-op mainstay of tx but increased risk of rupture compared
 - » Midline split debridement with double row repair allows progressed rehab protocols
 - » Rupture repair aided with less invasive exposure (isolated insertional debridement and proximal mini-open fixation of muscle tendon unit to calcaneus)



Thank You!

