ROBERT PETTIT, MD
Restoring Function. Maximizing Performance.
ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE
CINCINNATI, OH · FORT THOMAS, KY
(513) 354-3700
FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

FOOT & ANKLE CONDITION

Achilles Rupture

Achilles Tendon Rupture — Patient Condition Guide

The Achilles tendon and a tear above the heel · for education; your anatomy may differ

OVERVIEW

The Achilles tendon connects the calf muscles to the heel bone and is essential for pushing off while walking or running. Ruptures typically occur during sudden, forceful push-off activities such as sprinting or jumping, often in recreational athletes.

ANATOMY

The Achilles is the largest tendon in the body, formed by the gastrocnemius and soleus muscles converging above the heel. A rupture usually occurs a few centimeters above the heel bone, in a region with relatively limited blood supply.

SYMPTOMS

- A sudden, sharp pain often described as being "kicked" in the back of the leg
- An audible pop at the time of injury
- Difficulty pushing off or standing on tiptoe
- A palpable gap in the tendon

DIAGNOSIS

Exam includes the calf-squeeze (Thompson) test, which is often enough to confirm the diagnosis. Ultrasound or MRI can confirm a complete versus partial tear when the exam is unclear.

TREATMENT OPTIONS

Both surgical repair and non-surgical treatment with early functional bracing are reasonable options depending on activity level, age, and tear pattern. Active patients and athletes often choose surgical repair to reduce the risk of re-rupture and support a faster return to sport.

RECOVERY TIMELINE

- Weeks 0–2: non-weight-bearing, splint immobilization

- Weeks 2–8: progressive weight-bearing in a boot with heel lifts
- Months 3–5: strengthening and gait normalization
- Months 6–9: return to running and sport

FAQS

Q Do I need surgery for an Achilles rupture?
Not always — both surgical and non-surgical treatment can lead to good outcomes; the right choice depends on your activity level and goals.

Q How long until I can walk normally?
Most patients progress out of the boot and into normal walking over 2–3 months, with continued strengthening after that.

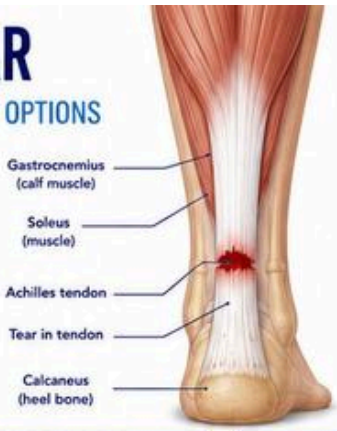
SCAN FOR THE LATEST VERSION ONLINE
robertpettitmd.com/handouts/achilles-rupture.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

ACHILLES TENDON TEAR

UNDERSTANDING YOUR INJURY & TREATMENT OPTIONS

The Achilles tendon connects your calf muscles (gastrocnemius and soleus) to your heel bone (calcaneus) and is the strongest tendon in the body. An Achilles tear usually occurs when the tendon is suddenly stretched beyond its limits. Early diagnosis and appropriate treatment are key to a successful recovery.



HOW IT HAPPENS

A forceful push off, jump, or sudden change of direction can cause the tendon to tear.

Sports (tennis, basketball, soccer) · Jumping or landing · Sudden push off or sprinting

ANATOMY

The Achilles tendon is formed by the gastrocnemius and soleus muscles. It inserts on the back of the heel bone and helps you push off and point your foot downward.

COMMON SYMPTOMS

- Sudden "pop" or feeling of a kick in the back of the leg
- Pain and difficulty pushing off or walking
- Swelling and tenderness along the tendon
- Weakness when standing on tiptoes
- Difficulty walking or climbing stairs

DIAGNOSIS

Your doctor will perform a physical exam (Thompson test) and may order imaging to confirm the diagnosis.

Physical Exam (Thompson Test) · Ultrasound (confirms tear) · MRI (if needed)

TREATMENT OPTIONS

NON-SURGICAL TREATMENT

(Appropriate for many partial tears and some complete tears)

- Immobilization in a boot with heel lifts
- Restricted weight bearing initially
- Physical therapy to restore motion, strength, and function
- Gradual return to activity over several months

GOAL: Allow the tendon to heal while restoring strength and function.

SURGICAL TREATMENT

(Recommended for younger, active individuals or athletes)

Surgery involves repairing the torn ends of the tendon to restore continuity and strength.

Surgical Repair Options

- Open Repair
- Percutaneous Repair
- Minimally Invasive Repair
- SpeedBridge™ with InternalBrace™ Augmentation

GOAL: Restore tendon strength and allow return to active lifestyle.

SURGICAL TREATMENT: SPEEDBRIDGE™ WITH INTERNALBRACE™ AUGMENTATION

SpeedBridge™ is an advanced repair technique that uses suture anchors and a criss-cross "bridge" construct to securely reattach the tendon to the heel bone.

Arthrex SpeedBridge™

RECOVERY & REHABILITATION (Typical Timeline)

0–2 WEEKS — Protection Phase
Immobilization in boot
Non-weight bearing
Rest and elevation

2–6 WEEKS — Early Healing
Protected weight bearing
Boot with heel lifts
Begin gentle range of motion

6–12 WEEKS — Strength Phase
Wean out of boot
Increase motion
Begin strengthening exercises

3–6 MONTHS — Advanced Strength
Progressive strengthening
Balance and proprioception
Light jogging (if appropriate)

6–12 MONTHS+ — Return to Activity
Sport-specific training
Gradual return to sport as cleared by doctor

← Recovery times vary. Full recovery can take 6–12+ months. →

PREVENTION TIPS

- Warm up properly before activity
- Improve calf strength and flexibility
- Avoid sudden increases in intensity
- Use proper footwear
- Cross-train and allow adequate rest

WHEN TO SEEK MEDICAL CARE

- Sudden pain or "pop" in the back of the leg
- Difficulty walking or pushing off
- Swelling or bruising around the ankle
- Inability to stand on tiptoes

Scan for exercise videos and more information about Achilles tendon tears.

ROBERT PETTIT, MD
SPORTS MEDICINE & JOINT REPLACEMENT SPECIALIST

For patient education; your anatomy may differ.