

Achilles Tendon Fracture: Causes and Treatment

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Introduction

Achilles tendon fracture is when the Achilles tendon, behind the ankle, breaks. Symptoms include a sudden onset of severe pain in the heel. Breakout may be heard as the tendon ruptures and movement becomes difficult. Fractures usually occur as a result of sudden bending of the foot when the calf muscle is involved, direct trauma, or chronic tendonitis. Other risk factors include the use of fluoroquinolones, significant changes in function, arthritis, gout, or corticosteroid use. Diagnosis is usually based on symptoms and tests and is based on medical imaging. Prevention may include pre-workout stretching. Treatment may be done by performing surgery or throwing the toes down. Although traditional surgery may reduce the risk of recurrence, the risk of other complications is greater. Adding a quick update may remove this difference from the crack. If proper treatment does not take place within 4 weeks the effects of the injury becomes severe. Musculoskeletal ultrasonography can be used to determine tenderness, character, and the presence of tears. It works by sending very high frequency waves through the body. Some of these sounds are reflected back in the spaces between the fluid and the soft tissues or bone. These displayed images can be analyzed and integrated into an image. These images are taken in real time and can be very helpful in detecting tendon movement and imagining possible injuries or tears. This mechanism makes it much easier to detect structural damage in soft tissues, as well as a consistent way to detect this type of injury. This method of shooting is inexpensive, does not involve ionizing radiation and, in the hands of skilled ultrasonographers, can be very reliable. Treatment options include surgical and non-surgical procedures. Surgery has traditionally been shown to have a lower risk of recurrence, however, with a higher rate of temporary complications compared with non-surgical methods. Adding some recovery techniques seem to show similar levels of

recurrence compared with surgery. In percutaneous surgery, the surgeon makes several small incisions, instead of one large incision, and stitches the back tendon together using an incision. Surgery may be delayed for up to a week after the eruption to reduce the swelling. In sedentary patients and those with vasculopathy or risk of poor healing, percutaneous surgical correction may be a better treatment option than open surgery correction. Non-surgical treatment was used to include longer duration in a series of episodes, and it took longer to complete than surgical treatment. But both surgical and non-surgical rehabilitation procedures have recently become faster, shorter, more aggressive, and more effective. Surgeons were usually treated with concrete for about 4 to 8 weeks after surgery and were only allowed to move the ankle gently once without the concrete. Recent studies have shown that patients recover faster and more effectively when they are allowed to move and slightly stretch their ankles immediately after surgery. To keep their ankle safe these patients use a removable boot while walking and performing daily activities. Modern studies involving non-surgical patients generally limit weight loss in two weeks, and use modern or flexible boots, rather than concrete. Physiotherapy usually begins two weeks after the start of any treatment. This includes weight and a range of movement interventions and strengthening and general condition.

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Declaration of Conflicting Interests

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