

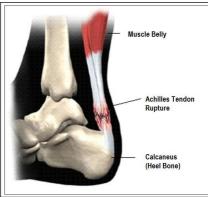
This is a follow-up letter to your recent telephone consultation with the fracture care team, explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (Bone Specialist) and Fracture Care Physiotherapist.

You have sustained a rupture to your Achilles tendon which was confirmed via ultrasound scan.

- **Healing:** This normally takes approximately 9-10 weeks to heal.
- Pain and swelling:The swelling is often worse at the end of the day and elevating it will help.Pain and swelling can be ongoing for 3-6 months.Take pain killers as prescribed.
- Using your ankle:You must use the boot with the wedges and follow the programme below.<br/>Keep your boot on day and night.<br/>You must not put any weight through your foot.
- Follow up:You will see a Foot and Ankle Specialist about 4 weeks after your injury. They<br/>will give instruction on the removal of the wedges and check your progress.<br/>If you have not received this appointment within one week of receipt of this<br/>letter please contact us (see contact details at the bottom of the page).

You have also been referred to your local physiotherapy service. They will contact you to make an initial appointment for 9-10 weeks post injury. This is when your rehabilitation can start. If you do not hear anything within this timeframe, please contact your local department directly.

### **Picture of injury:**



If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please phone the Fracture Care Team for advice.

If you are experiencing pain or symptoms, other than at the site of the original injury or surrounding area, please get in touch using the telephone or e-mail details at the top of this letter.

York Virtual Fracture Clinic Contact details: Phone: 01904 726575 Scarborough Trauma Assessment and Treatment Unit (TATU): Phone: 01723 342021 / 07385 463781 Email: virtualfractclinic@york.nhs.uk



# Please follow the management plan below.

#### What to expect:

Weeks since injury	Rehabilitation plan
0-4	<ul> <li>Wear boot all the time with 3 wedges (or plaster), including at night.</li> <li>You should not put weight through your leg when you walk.</li> <li>Remove the boot once a day to wash your foot and change your sock – <u>follow the guidelines below</u>.</li> <li>Don't stretch your calf muscle.</li> <li>You will see a Foot and Ankle consultant 4 weeks after your injury.</li> </ul>
4-6	<ul> <li>Remove one wedge from the bottom of the stack and replace the top two into the boot. Continue like this for 2 weeks.</li> <li>You can start to weight bear on your leg, as pain allows, and as directed in your consultation.</li> <li>Don't stretch your calf muscle.</li> </ul>
6-8	<ul> <li>Remove a further wedge from the bottom of the stack and continue with one wedge for a further 2 weeks.</li> <li>Don't stretch your calf muscle.</li> </ul>
8-10	<ul> <li>Remove the remaining wedge and heel cup from the boot and wear just the boot alone for a further 2 weeks.</li> <li>You will have your first physiotherapy session 9-10 weeks after your injury.</li> </ul>

# Instructions for personal hygiene:



You must wear the boot at all times, but you may remove it carefully for washing and changing your sock once a day.

Whilst doing this you must, at all costs, keep the toes pointed down, as demonstrated in the picture.

Avoid any temptation to stretch the calf as this could mean the tendon heals in an elongated position which will affect your overall rehabilitation.

You must keep the boot on at night and for the rest of the day.

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# Information on Deep Vein Thrombosis (DVT) risk and Tinzaparin injections

Due to the nature of this injury, and its rehabilitation, it is required to immobilise the foot in a boot without weight bearing through your foot. This places you at higher risk for developing a DVT (blood clot) which could potentially have very serious effects.

To reduce this risk of these we have prescribed a course of Tinzaparin (a type of heparin), which is blood thinner. It should be used for the four weeks that you are not allowed to put any weight through your foot. One of the nurses in clinic will have shown you the injection technique and you should try to keep these injections to a regular time of day.

If you have any further questions with regards to this, or have a reaction to the medication, please direct this to your GP or district nurse.

The used injections MUST be disposed of safely in the yellow 'Sharps Bin' provided. Once full, sharps bins, can be collected from your home and new ones delivered by a specialist service. If you are a resident of York please Telephone 01904 726575 to arrange collection. If you live outside York please contact your local council's clinical waste disposal service.

### **Boot advice**

**Diabetic patients:** If you are diabetic please contact us to discuss your boot. This is particularly important if you have problems with your skin. We may provide you with a specialist diabetic boot.

**Footwear for your uninjured foot:** We would recommend choosing a supportive shoe or trainer with a firm sole for your uninjured foot. When you are allowed to put weight through your foot you will notice that the boot you have been given has a thicker sole than a normal shoe, by matching this height on the uninjured side you will reduce stress on other joints.

cc: Physiotherapy

(for appointment at 9-10 weeks post injury date).

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