SURGERY FOR INSERTIONAL TENDINOPATHY

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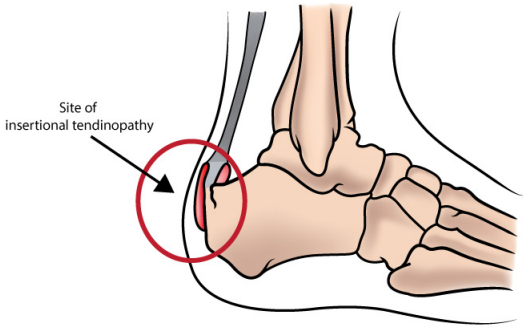
Surgery for Insertional Tendinopathy is used when conservative management has failed.

Surgery may involve:

1. **Removal of the bump** – this can be done via keyhole surgery or as an open procedure.
2. **Debridement of the tendon** – this may require a larger operation where the tendon is temporarily detached in order to completely remove the damaged tissue before reattaching it back to the heel.
3. **Gastrocnemius recession** (calf lengthening).

The more involved procedures require a prolonged recovery to protect the tendon while it heals back to the bone. During your consultation Mr Goldbloom will discuss which option is best for you and its potential complications.



POST-OPERATIVE CARE

- **When you go home it is very important to elevate the foot 23 hours a day above the level of your heart for two weeks.**
- A Physiotherapist will provide you instructions regarding exercises at home.
- You will have a wound review 2-3 weeks after surgery with Mr Goldbloom and a Wound Nurse Specialist. Your dressings are to stay dry and intact until this appointment.
- Patients usually wear a plaster slab for the first two weeks before being placed into a specialised CAM boot designed for Achilles tendon injuries at this first post-operative visit.
- Non-weight bearing is required for 4 to 6 weeks from the time of surgery. You will then be required to walk in the boot for another 6 weeks.
- You will have further appointments with Mr Goldbloom 6 weeks and 3 months after your surgery to assess your recovery.
- Refer to the foot and ankle surgery information sheet for further post-operative instructions.

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SURGERY FOR INSERTIONAL TENDINOPATHY

REHABILITATION FOLLOWIING SURGERY FOR INSERTIONAL TENDINOPATHY WITH DEBRIDEMENT INCLUDING REATTACHMENT OF TENDON

Our team will walk you through your rehabilitation program after surgery. This table is a guide and changes may be required depending on your progress.

Week	Exercises	Footwear	Weight Beariing	Other
0-2	Foot intrinsic strength work, STW plantar foot, kinetic chain strength (hip/knee w/o WB op-site).	Plaster Cast	Non-weight bearing	Foot elevated above heart for 23 hours/day
2-4	PROM	CAMBOOT with 20-30mm heel lift or VACOPED (3) with wedge	Non-weight bearing	Post surgical consultation at Malvern. Sitting duties can commence at about 3 weeks after surgery.
4-6	Start Achilles strength program. See attached.	CAMBOOT with 10-20mm heel lift or VACOPED (2-1) with wedge	50% weight bearing	
6-8	Achilles' strength program.	CAMBOOK with 0-10mm heel lift or VACOPED (1) with wedge moving towards (0) no wedge	Full weight bearing	Weight bearing durities in a boot at about 6-8 weeks. Patient to see Mr Goldbloom at choice of location.
8-10	Achilles' strength program.	Transitioning to regular footwear from weeks 8-12	Full weight bearing	Patient can return to driving automatic car short distances (1 hour).
10-12	Achilles' strength program.	Regular footwear	Full weight bearing	Patient can return to unrestricted driving.
12+	Strength program and sustained weighted stretch into Ankle DF.	Regular footwear	Full weight bearing	

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SURGERY FOR INSERTIONAL TENDINOPATHY

REHABILITATION FOLLOWIING KEYHOLE SURGERY FOR INSERTIONAL TENDINOPATHY BY REMOVAL OF BUMP

A Physiotherapist should lead you through your rehabilitation program after surgery. This table is a guide and changes may be required, depending on your progress.

Week	Exercises	Footwear	Weight Beariing	Other
0-2	AROM (all directions), foot intrinsic strength work, STW calf and plantar foot, kinetic chain strength (hip/knee w/o WB op-site), isometric calf strength (straight and bent knee).	CAMBOOT, heel lift 30-40mm	WBAT	Foot elevated above heart 23 hours day
2-4	Start Achilles' strength program. See attached.	CAMBOOT, heel lift 20-30mm	WBAT	Post-surgical consultation at East Melbourne Sitting duties can commence at about 2 weeks after surgery Weight bearing duties in a boot at about 2-4 weeks
4-6	Achilles' strength program.	Runners, heel to toe drop 10+mm	FWB	Patient can return to driving automatic car
6-8	Achilles' strength program.	As above	FWB	Patient to see Mr Goldbloom at choice of location
8-10	Achilles' strength program.	Any footwear	FWB	Patient can return to unrestricted driving.
10-12	Achilles' strength program.	Any footwear	FWB	
12+	Strength program and sustained weighted stretch into Ankle DF.	Any footwear	FWB	

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SURGERY FOR INSERTIONAL TENDINOPATHY

ACHILLES STRENGTHENING PROGRAM

Phase	Type of Contraction	Exercise	Dosage	Marker for Progression
1	Isometric (in neutral) and slow contraction against band.	- DL PF.	- 5 x 30-60" hold - 3 x daily each	VAS score 1/10 or less 24 hours after completion on 2 consecutive days.
2	Slow eccentric.	- SL CR to plantargrade. - Bent knee DL seated CR (conc/ecc).	- 3 x 10, 5" reps. - 3 x 15, 2-2-2 rep pace performed every 2nd day. Continue iso's a/a.	VAS score 1/10 or less 48 hours after completing for 4-6 consecutive days.
3	Heavy slow concentric eccentric.	Weighted CR off floor and DL seated CR.	- 3 x 6 reps maximum weight possible, 3 x p/week.	Progress weight on each exercise for next session when able to complete 3 x 6 and VAS <3/10 for following 48 hours.
4	Closed chain plyometric.	- Cont. strength program a/a. - DL CR 'bouncing'. - Explosive SL CRs.	Bouncing: 5 sets 30 reps, 2 x p/week. Explosive CRs: 3 sets of 15 reps, 1-1-1 rep pace.	VAS score <3/10 for following 48 hours.
5	Open chain plyometric.	- DL CR pogo. - Box jumps, hopping, landing practice.	Two sessions p/week as guided by Physio.	VAS score <3/10 for following 48 hours or Physio clinical impression.
6	Graduated return to training.	Return to running, low load predictable non-contact sports specific drills.	2-3 sessions p/week. Continue plyo's and strength work on 2-3 other days p/week .	Physio guidance.

These programs have been developed by Mr Goldbloom in conjunction with Physiotherapists, Brodie Leonard-Shannon and Brendan Mason from Back in Motion, Aspendale Gardens.

Disclaimer: These tables are a guide only to base rehabilitation. Your Physiotherapist has a very important role in monitoring rehabilitation in case changes to fit your personal progress are required.

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