SURGERY FOR NON-INSERTIONAL TENDINOPATHY

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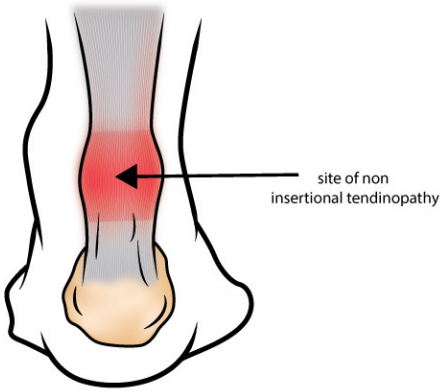
Surgery for Non-Insertional Tendinopathy is considered when non operative treatment has been unsuccessful. The choice of procedure depends on factors such as how long symptoms have been present for and the severity of the injury to the tendon. At your consultation Mr Goldbloom will discuss which option is best for you.

Surgery may include:

- A **Paratenon Excision** (scraping the sheath in front of the tendon) is a relatively minor procedure that may work if the disease process is in its early stages. It is aimed at removing the inflammatory stimulus without disrupting the tendon itself.
- **Tendon Debridement** involves removal of poor-quality tendon and re-joining the ends.
- **Tendon Reconstruction** is required when there is not enough left-over healthy tendon to repair. This will involve a longer incision and a procedure such as a V-Y advancement or a **Gastrocnemius Turndown**.
- A **Tendon Transfer** of Flexor Hallucis Longus (FHL), the muscle that controls big toe flexion, may also be required if the original Achilles tendon cannot be relied upon after surgery.



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.**
- Patients usually wear a plaster slab for the first two weeks and remain non weight bearing on the side of surgery.
- A Physiotherapist will provide you instructions regarding exercises at home.
- You will have a wound review 2-3 weeks with Mr Goldbloom and a Wound Nurse Specialist. Your dressings are to stay dry and intact until this appointment.
- The plaster slab will be exchanged for a specialised CAM boot and weight bearing can commence 4 weeks after the surgery.
- You will then be required to wear a boot until approximately 10 weeks after the surgery.
- You will have an appointment with Mr Goldbloom 6 weeks and 3 months after 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 NON-INSERTIONAL TENDINOPATHY

REHABILITATION FOLLOWING RECONSTRUCTIVE SURGERY FOR NON-INSERTIONAL TENDINOPATHY

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

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 East Melbourne. Sitting duties can commence at about 3 weeks after surgery.
4-6		CAMBOOT with 10-20mm heel lift or VACOPED (2-1) with wedge	50% weight bearing	
6-8	Start Achilles' strength program. See attached.	CAMBOOT with 0-10mm heel lift or VACOPED (1) with wedge moving towards (0) wedge	Full weight bearing	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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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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