SESSION A

PAPER SESSION 2:
10:40 – 11:30 am

Achilles and Soft Tissue Injury

Moderators:
Keith L. Wapner, MD
Philadelphia, Pennsylvania

Bryan D. Den Hartog, MD
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Session A - 10:40 – 10:47 am

Insertional Achilles Tendinosis: Treatment with Complete Detachment, Haglund’s Resection, Lengthening and Aggressive Post- operative Management

Presenting:
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Summary
Insertional achilles tendinosis is a common problem. We present the largest study available involving surgical management with complete detachment, debridement and repair along with haglund's resection, and volpius lenghtening with aggressive post operative therapy. A total of 58 procedures were performed with a success rate of 94%.

Abstract:

Background:
Insertional achilles tendinosis is a common disabling cause of posterior heel pain. We evaluated our treatment using complete detachment with debridement and repair along with Haglund's resection and volpius lengthening. Post operative management consisted of aggressive advancement of activity and physical therapy.

Methods:
Fifty-five patients (58 achilles) were treated by the same surgeon over a 5 year period. There were a total of 37 females and 16 males. The oldest patient was 74 and the youngest 24. Average followup was 31.4 months. All patients underwent complete achilles detachment with debridement along with haglund’s resection. Fifty-one of 58 also had a volpius lengthening. The achilles repair was performed with 2 suture anchors in all cases. Weight bearing was initiated in all cases at 2 weeks postop in a boot along with physical therapy. Patients were encouraged to remove the boot 6 weeks after surgery with advancement of activity as tolerated. Items evaluated included level of satisfaction, return to sports or work, pain, activity limitations, and complications.
Results:
Good to excellent results were obtained in 94% of the cases with poor results in the remaining 6%. The best results were seen in the most elite runners. Complications occurred in 8 patients. Five of these were minor wound problems that did not require surgery. Two patients developed neuritis but one completely resolved. One patient required re-operation for superficial infection.

Conclusions:
This represents the largest series of complete achilles detachment with debridement, haglund's resection, volpius lengthening, and repair for insertional achilles tendinosis. We found it to be an excellent procedure with 94% good to excellent results when coupled with aggressive postoperative progression of activity and physical therapy.