Achilles tendon Rupture is a common problem with an incidence estimated to range from an annual average of 5.5 ruptures to 9.9 ruptures per 100,000 people in North America and values ranging from 6 to 18 ruptures per 100,000 people in Europe.

Achilles tendon rupture is usually a catastrophic event resulting in sudden pain, the inability to bear weight, and noticeable weakness of the affected limb. This immediate disability and a healing period require time away from work and limited athletic activity.

Recently, Evidence Based Medicine (EBM) has been popularized by Wright and others resulting in many leading journals (e.g., JBJS(A) and F&A International) and societies (e.g., AAOS) adopting the widespread and often mandatory use of EBM.

Recently the AAOS has chosen the topic of Achilles tendon rupture for guideline preparation given the high incidence and lack of consensus of treatment.

The AAOS workgroup on Achilles tendon rupture was unable to provide a strong recommendation on how to treat an Achilles tendon rupture and thus concluded that high quality RCTs on the treatment of Achilles tendon ruptures are needed.

One of the highest quality RCTs: “Operative versus Nonoperative Treatment of Acute Achilles Tendon Ruptures: A Multicenter Randomized Trial Using Accelerated Functional Rehabilitation.” has recently been published that randomized 144 patients (72 operative, 72 non-operative) and concluded accelerated functional rehabilitation and non-operative treatment is similar to operative treatment with less complications. Thus, providing further evidence to consider under utilization of non-operative care.

Last, this paper has stimulated the 13 orthopedic surgeons at the QEII HSC/Dalhousie University, Halifax, Nova Scotia Canada to explore their own high quality RCT.
References


