

# Nonsurgical repair of achilles tendon may be preferable

December 12 2012

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Although surgical repair of a ruptured Achilles tendon is thought to reduce the risk of rerupture, nonsurgical management shows similar rerupture rates when functional rehabilitation with early range of motion is used, according to research published in the Dec. 5 issue of *The Journal of Bone & Joint Surgery*.

(HealthDay)—Although surgical repair of a ruptured Achilles tendon is thought to reduce the risk of rerupture, nonsurgical management shows similar rerupture rates when functional rehabilitation with early range of motion is used, according to research published in the Dec. 5 issue of *The Journal of Bone & Joint Surgery*.

Alexandra Soroceanu, M.D., M.P.H., from Dalhousie University in Halifax, Canada, and colleagues conducted a literature review and performed a meta-analysis of 10 randomized trials comparing surgical treatment and conservative treatment of acute [Achilles tendon](#) rupture.

The researchers found that the rerupture rate was similar (risk

difference, 1.7 percent;  $P = 0.45$ ) based on functional rehabilitation with early range of motion. Surgery was associated with the following: a significantly lower rerupture rate if early range of motion was not used (absolute risk reduction achieved by surgery, 8.8 percent); a significantly higher rate of complications other than rerupture (absolute risk increase, 15.8 percent); and the ability to return to work significantly sooner (by 19.16 days). The two treatments were found to be similar in terms of calf circumference, strength, and functional outcomes.

"The results of the meta-analysis demonstrate that conservative treatment should be considered at centers using functional rehabilitation," Soroceanu and colleagues conclude. "Surgical repair should be preferred at centers that do not employ early-range-of-motion protocols as it decreased the rerupture risk in such patients."

**More information:** [Abstract](#)  
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Citation: Nonsurgical repair of achilles tendon may be preferable (2012, December 12) retrieved 24 April 2024 from <https://medicalxpress.com/news/2012-12-nonsurgical-achilles-tendon.html>

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