

# Living to Run Another Day

## *Achilles Tendon Reconstruction Relieves Chronic Injury*



**Wenners** is back to his active lifestyle after an Achilles Tendon Reconstruction.

**E**ver since his glory days as a high school and college athlete, Wenners has dreamed of reliving those moments of triumph. The 56-year-old father of three from Manassas has always been active – jogging, swimming, cycling, and taking long walks with the dog. Last year, he decided the time was right to compete again and entered an Amateur Athletic Union (AAU) track meet in the over-50 age group. “I thought, ‘I can do this. I can run this race one more time,’” he says.

Wenners embarked on an ambitious training regimen. Even a pulled muscle in his left calf did not slow him down. But when the injury failed to improve after a few months, he suspected something else was wrong and consulted Kevin Lutta, MD, a foot and ankle specialist at Commonwealth Orthopaedics.

Dr. Lutta diagnosed a chronic Achilles tendon rupture, a flare-up of an old injury Wenners had suffered in college. Left untreated, the injury results in plantar flexion weakness of the ankle (the downward movement of the foot when pointing the toes away from the body) and gradual onset of progressive aching pain in the Achilles tendon that worsens over time.

“Tendon rupture from progressive tendon degeneration can take a dangerous course, so it’s important patients receive appropriate care,” Dr. Lutta says. “Non-surgical treatment includes a cam walker or boot, braces such as molded ankle-foot orthotics, and physical therapy. Surgical treatment includes end-to-end repair of the tendon if the defect is less than three centimeters and injury is within three months. For larger gaps, a tendon transfer augmentation with transfer of the flexor tendon of the great toe restores normal push off of the ankle.”

Wenners was initially treated with immobilization in a boot but continued to have pain. Dr. Lutta performed an Achilles tendon reconstruction and transfer of the flexor tendon to the great toe. In this procedure, the tendon is harvested in the mid foot and passed through a drill hole in the heel bone. It is then woven through the tendon defect after all scar tissue and unhealthy tendon has been removed. Wenners was immobilized in a cast for six weeks and a walking boot for three months, followed by extensive physical therapy.

One year later, he's returned to an active lifestyle that includes daily walking, cycling, and jogging on a treadmill. The pain is gone and he's more conscious of his activities, avoiding any pounding pressure and taking care to stretch properly before and after exercise.

Wenners has high praise for Dr. Lutta and the care he received at Commonwealth Orthopaedics. "He's the most fabulous doctor I've ever had and went way beyond simply treating my injury," he says. "His staff is so kind and personable. They did everything they could to ensure my comfort. It was just a great experience."

In addition, Dr. Lutta encouraged two of Wenners' children to follow their dreams and pursue medical careers. His oldest son is now at Howard University Medical School, Dr. Lutta's alma mater, and his youngest son is considering a career in medicine as well. "Dr. Lutta has been a wonderful inspiration and role model for my sons, and he cared for my wife when she broke her foot recently," Wenners says. "We really consider him to be a part of our family."



**Kevin Lutta, MD**, graduated with a BA in Biology from Clark University. He earned his medical degree from Howard University College of Medicine, where he was named to Alpha Omega Alpha Medical Honor Society. He completed his residency in orthopaedic surgery at Howard University Hospital and went on to a fellowship in foot and ankle reconstruction at Pennsylvania Hospital, part of the University of Pennsylvania Health System.

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## Protecting the Gains

Restoring function while protecting the surgery site is the goal of rehabilitation after Achilles tendon repair.

"Initially, we work on gentle, non-weight-bearing activities to improve strength and range of motion," says Jennifer White, PT, DPT, a physical therapist in Commonwealth's Reston clinic. "We try to avoid extreme foot flexion or contracting the calf because we don't want to pull on the Achilles and jeopardize the repair."



Jennifer White, PT, DPT

Following surgery, patients spend the first month in a cast and begin physical therapy five or six weeks later when they've graduated to a removable boot. In addition to stretching and strengthening exercises, therapy includes massage and elevation to reduce swelling, and ice and compression for the scar area.

When the boot comes off around the 12-week mark, patients begin working on gait and balance issues. "Patients usually will have a limp and they may have hip and back issues as well because they have been walking with one foot high, in the boot, and with this deviated gait," White explains. "The slowest thing to come back is push off required during normal gait, due to weakness"

Generally, patients continue physical therapy until they are functional in their everyday lives – walking, using the stairs, wearing different kinds of shoes, performing job duties. Upon discharge, therapists might recommend a home exercise program or gym workout to further progress toward high level activities. If patients are unable to progress on their own, they may return to Commonwealth for more rehabilitation.

### Did You Know?

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