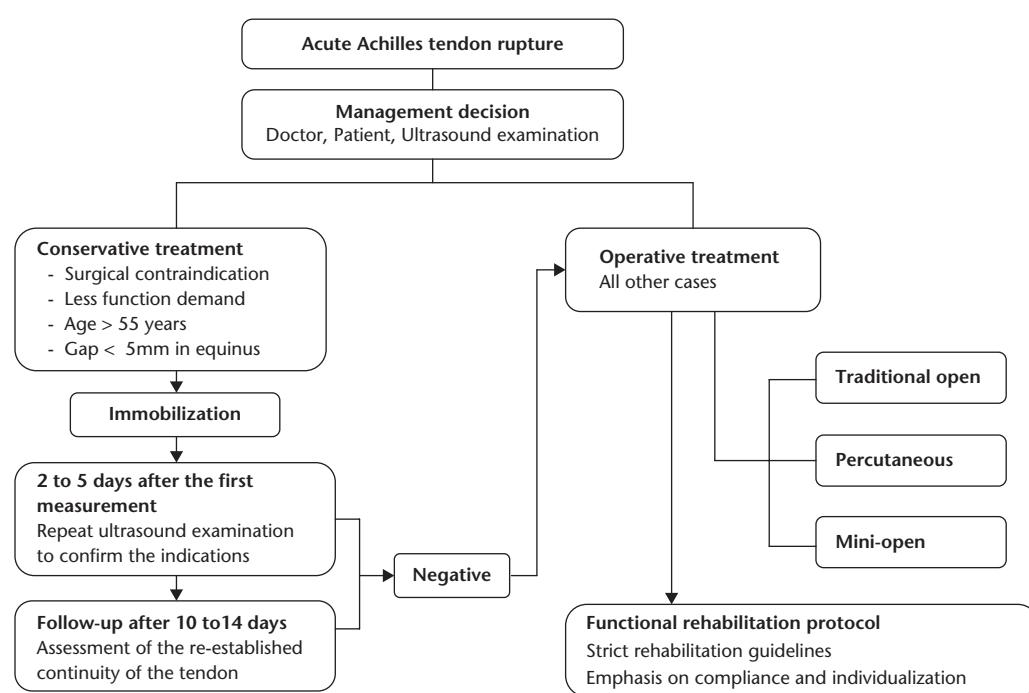
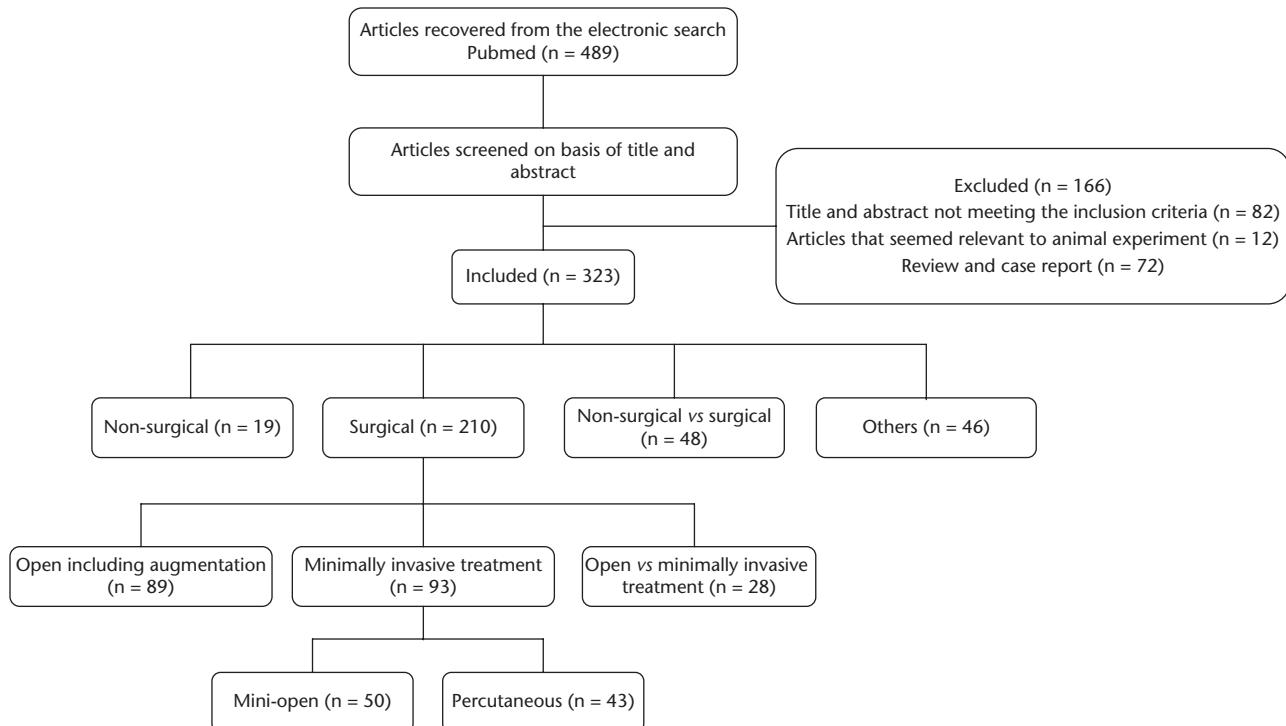


## SUPPLEMENTARY MATERIAL

**Supplementary material**

**Table i.** Functional recovery steps and the corresponding results of different treatment methods in various randomized controlled trials of Achilles tendon rupture

Category	Open vs non-surgical	Open	Percutaneous	Percutaneous	Percutaneous	Mini-open	Nonoperative
Author (year)	Lantto et al <sup>1</sup> (2016)	Bevoni et al <sup>2</sup> (2014)	Carmont et al <sup>3</sup> (2013)	Lacoste et al <sup>4</sup> (2014)	Chiou et al <sup>5</sup> (2013)	Taşatan et al <sup>6</sup> (2016)	Barfod et al <sup>7</sup> (2014)
Involved cases	60	66	73	75	19	20	60
Operative technique or group	Surgical (n=32) (end to end by Krackow) vs non-surgical (n=28)	End to end by triple bundle	Modified percutaneous method	Tenolig device under intraoperative ultrasound guidance	Endoscopy-assisted percutaneous with modified Bunnell sutures	Achilllon	Weight-bearing group (WG; n=30) vs control group (CG; n=30)
Rehabilitation protocol	Surgical and non-surgical	0 to 2 wks: orthosis, NWB, elevate the leg	0 to 6 wks: functional bracing, FWB, DF forbidden	0 to 3 wks: splint, 30° PF, NWB, ROM passive	0 to 6 wks: Orthosis, 45° PF, PWB	0 to 6 wks: PF 20° to 30°, active ROM (toe, knee, hip joints), muscle strengthening exercises (knee, hip muscles) crutches assist	1 to 2 wks: orthosis with three wedges, WG:WB allowed, crutches recommended CG:NWB
	0 to 1 wks: plaster splint, BKC, maximally PF, NWB	3rd wk: orthosis, neutral position, PWB 15 kg	3 to 6 wks: PWB, orthosis	3 to 6 wks: ROM	6 to 8 wks: ROM	6 to 12 wks: remove cast, stretching and strengthening exercises, DF stretching and PF stretching exercises, heel elevation, stand on tiptoes and walking	3 to 4 wks: orthosis with two wedges, controlled ROM, WG:FVB, CG:NWB
							3 to 4 wks: orthosis with two wedges, controlled ROM, WG:FVB, CG:NWB
							5 to 6 wks: orthosis with one wedge, controlled ROM, WG:FNB, CG:NWB
							7 to 8 wks: orthosis daytime, controlled ROM, WG:FVB, CG:FVB
							9 to 16 wks: individualized protocol
Mean follow-up, 18 mths	The mean Leppilahti scores were 79.5 (surgical) vs 75.7 (non-surgical).	36	12	20.7	24	58.5	12
Results	The mean peak torque 110.3 Nm (surgical) vs 96.5 Nm (non-surgical). SF-36 indicated better results in the domains of physical functioning and bodily pain in surgical group.	Mean AOFAS score was 93.9.	Median ATRS score was 89	Mean AOFAS score was 95.	Preoperative and postoperative Tegner Activity Level Scale scores were 3.6 and 6.8, respectively.	The mean AOFAS score was 91.3.	Mean ATRS scores: 73.4 (WG) vs 74.4 (CG).
		Mean Leppilahti score was 91.8.	Median ATRS score was 91.3.	The mean AOFAS score was 92.	The mean AOFAS score was 92.	73.3% were able to return to their previous sport.	The total heel raise work relative to uninjured limb was 53% (WG) and 58% (CG).
		The mean differences in DF and PF between the healthy side and the operated side were 4.38° and 6.98°, respectively.					
		80.3% of the patients resumed their previous level of sport.					
							Final DF was 16° and PF 26°.
							95% of the patients returned to their previous level of sporting activity.

**Table i.** (Continued)

Category	<b>Open vs non-surgical</b>	<b>Open</b>	<b>Percutaneous</b>	<b>Percutaneous</b>	<b>Mini-open</b>	<b>Nonoperative</b>
<b>RTW and RTS</b>	Not reported	Not reported	Not reported	Mean time RTW: 54 days wks Mean time RTS: 8.6 mths	Mean time RTW: 11.7	Not reported
<b>Complications</b>	Deep wound infection (surgical) (n=1)	0	Superficial infection (n=2) DVT (n=2) Distal skin ulcers (n=8)	Superficial infection (n=3) (n=3) Distal skin ulcers (n=8)	Superficial infection 0	Mean time RTW: 52 days (WG) vs 58 days (CG) Mean time RTS: 143 days (WG) vs 181 days (CG) 0
<b>Re-rupture</b>	Surgical, n=1 vs non-surgical, n=4	0	Prominent suture knot (n=1) Adhesion (n=1)	1	0	0
<b>Nerve injury</b>	0	0	4	Paresthesia (n=2) resolved spontaneously	2	0
						3 (WG) vs 2 (CG)
						0

NWB, non-weight-bearing; FWB, full weight-bearing; DF, dorsiflexion; PF, plantar flexion; ROM, range of movement; PWB, partial weight-bearing; WB, weight-bearing; BKC, below-knee cast; AOFS, American Orthopaedic Foot and Ankle Society; ATRS, Achilles Tendon Total Rupture Score; SF-36, 36-Item Short-Form Health Survey; RTW, return to work; RTS, return to sports; DVT, deep vein thrombosis

## References

1. Lantto I, Heikkinen J, Flinkkila T, et al. A prospective randomized trial comparing surgical and nonsurgical treatments of acute Achilles tendon ruptures. *Am J Sports Med* 2016;44:2406-2414.
2. Bevoni R, Angelini A, D'Apote G, et al. Long term results of acute Achilles repair with triple-bundle technique and early rehabilitation protocol. *Injury* 2014;45:1268-1274.
3. Carmont MR, Silbernagel KG, Edge A, et al. Functional outcome of percutaneous Achilles repair: improvements in Achilles tendon total rupture score during the first year. *Orthop J Sports Med* 2013;1:2325967113494584.
4. Lacoste S, Féron JM, Cherrier B. Percutaneous Tenolig(R) repair under intra-operative ultrasonography guidance in acute Achilles tendon rupture. *Orthop Traumatol Surg Res* 2014;100:925-930.
5. Chiu CH, Yeh WL, Tsai MC, et al. Endoscopy-assisted percutaneous repair of acute Achilles tendon tears. *Foot Ankle Int* 2013;34:1168-1176.
6. Taşatan E, Emre TY, Demircioğlu DT, Demiralp B, Kirdemir V. Long-term results of mini-open repair technique in the treatment of acute Achilles tendon rupture: a prospective study. *J Foot Ankle Surg* 2016;55:971-975.
7. Barfod KW, Bencke J, Lauridsen HB, et al. Nonoperative dynamic treatment of acute Achilles tendon rupture: the influence of early weight-bearing on clinical outcome: a blinded, randomized controlled trial. *J Bone Joint Surg [Am]* 2014;96-A:1497-1503.