

# The Achilles Heel of Active, Middle-Aged Men

## West End Orthopaedist Ruptures Tendon Playing Soccer

By Norm Miller

Sweat rolled down Dr. Vince Dalton's back as the unattended soccer ball whizzed past him. Maybe it was athletic instinct or the sheer drive to win a third straight championship. Or both. Dr. Dalton immediately launched from his right foot on a quick break to capture the errant ball, when — POP!

"I looked behind me to see who kicked me in the calf, and I expected to hear the ref's whistle, signaling a foul. But instead, everyone was looking at me. They all heard the pop," said Dr. Dalton, surgeon at West End Orthopaedic Clinic, Richmond. "My Achilles tendon ruptured." As he was the volunteer "doctor on call" for his soccer compatriots, Dr. Dalton retrieved and put on an orthopaedic boot from his car trunk.

"That boot was for other players," he said. "I never thought it would be me."

On the sidelines, Dr. Dalton iced his leg and watched his team lose their bid for a repeat championship in the Central Virginia Soccer Association's over-50 league.

"After the game, I shook hands with my competitors and walked off the field on my own," Dr. Dalton said. "I also called John Bowman and asked, 'When can you fix me?'"

"This is a common injury that happens spontaneously among athletically active men in the 40-60 age bracket," said John Bowman, M.D., partner at the clinic with Dr. Dalton and the surgeon who operated on him. "The injury occurs 10 times more frequently in men than in women who are equally active," he added.

The injury is not exclusive to active, middle-aged men. Conditions such as tendonitis, tendinopathy, tendocalcaneal bursitis and tendonosis contribute to the rupture and

exist among a broad age spectrum in both genders, but are common among both active and sedentary middle-aged adults.

These problems cause pain in the calf muscle and may result in a rupture of the Achilles tendon.

Achilles tendon problems occur differently, and it's not entirely clear why it happens to some and not

others. Changes in the normal alignment of the foot and leg may be part of the problem. And, anyone with one leg shorter than the other is at increased risk of Achilles tendon problems. For athletes, sudden increased training contribute to the problem. Runners may add miles or engage in excessive hill training while other athletes increase training intensity. Other risk factors include obesity, diabetes (or other endocrine disorders), aging, exposure to steroids and taking fluoroquinolones (antibiotics).

"We're not sure why this happens. Maybe it's the pursuit of a younger man's sport in an older man's body. However, the problem skyrockets at about age 45 among men who are avid cyclists, runners, soccer players — those who hit these sports hard and generally spend a lot of time on their feet in other pursuits."



Dr. Vince Dalton



Dr. John Bowman,  
West End  
Orthopaedic Clinic

"Misty May, one of the Olympic gold medalists in beach volleyball, ruptured her Achilles tendon on *Dancing with the Stars*," Dr. Dalton told *M.D. News*, noting the seemingly indiscriminate injury.

### THE SURGEON AND HIS SURGERY

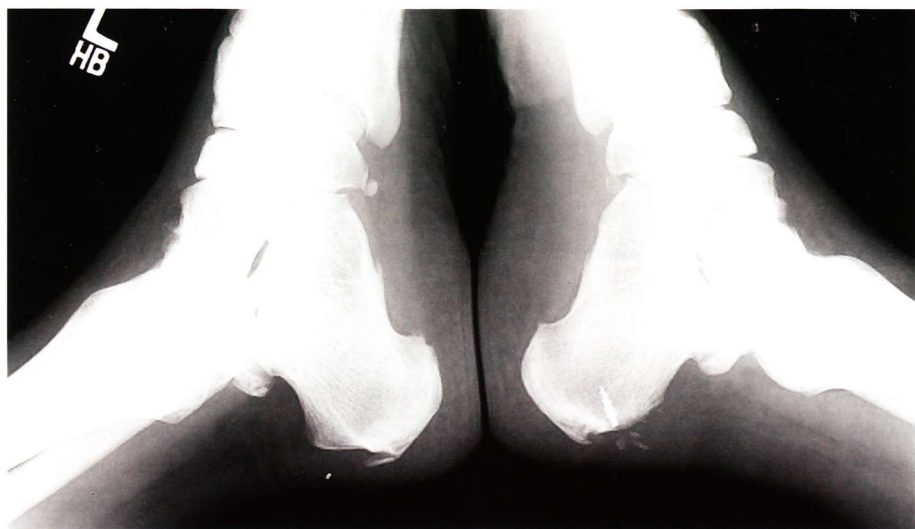
Dr. Dalton called Dr. Bowman the Sunday of the injury to schedule surgery. Tuesday was the answer. A specialist in joint replacement who had six surgeries scheduled the next day, Dr. Dalton cancelled only two of them and completed four while wearing the boot on his foot and a grimace on his face.

"There's a split of about 50-50 among orthopaedic surgeons as to whether an operation is required to fix this problem, or to use a boot to immobilize a patient's foot in a downward position so healing can occur naturally," Dr. Bowman said.

An Achilles tendon can rupture in two ways: either cleanly and relatively uniformly near the heel bone, or it can appear to be shattered in what is called a "mop handle tear," where the tendon explodes and is shredded and torn, leaving no substance to anchor the stitches for repair, Dr. Bowman explained.

"Fortunately, Vince's injury was not the mop handle tear. It was a nice, clean avulsion. The tendon came off cleanly, and the repair was routine," Dr. Bowman said.

"Surgery was a wonderful experience," Dr. Dalton said. The regional anesthetic began to dissipate on the evening of the outpatient surgery, so Dr. Dalton used ibuprofen supplemented by Percocet on that first night. Then, he kept his leg propped up for a few days. In terms of time off from work, "I lost one week in the office and had



two weeks off from surgery,” he said. “I’m still not back to running, but I hope to be playing soccer again this summer.”

## REHAB AND A SECOND SURGERY

Reflecting on the unusual experience of operating on another surgeon, Dr. Bowman said Dr. Dalton was a good patient. “He had his own mindset as to how his body would respond, and was always ready to go to the next step in rehab. But from my perspective, he’s my friend and surgical partner, so I wanted to give him the best care. I think he could’ve taken a couple more weeks off.”

“I was in a cast for 10 days and began



Before-and-after heel pictures

exercising my ankle when the cast came off,” said Dr. Dalton, who was soon able to “full-weight bear” on the repaired leg.

Dr. Dalton underwent the usual rehab procedures, rebuilding strength in his leg with progressively resistant exercises. “I

have full range of motion now,” he said, but a residual stiffness remains.

Concerned that his other tendon might let go, Dr. Dalton underwent X-rays to confirm something he already knew: “I had pain in both my heels due to calcific tendonitis.”

That wasn’t Dr. Dalton’s only problem. “Vince also had Haglund’s deformity,” Dr. Bowman said. Most common in women who wear pump-style shoes, the condition is sometimes called “pump bump.” Haglund’s deformity is a bony enlargement on the back of the heel that most often leads to painful bursitis, which is an inflammation of the bursa, a friction-easing, fluid-filled sac between the tendon and bone. Among the treatments for the condition is surgery. So, three weeks after the first surgery to repair his ruptured tendon, Dr. Dalton had Dr. Bowman perform pre-emptive surgery on his other heel.

“The recuperative time for the pre-emptive surgery is far more desirable than the other,” said Dr. Bowman, who noted that about 20% of his patients who rupture one Achilles tendon will also rupture the other.

## PREVENTATIVE MEASURES AND FUTURE INJURIES

An advocate of the recommended stretching too many active people neglect, Dr. Dalton urges those in his age bracket especially to stretch their calves before undertaking activities that may strain those muscles. “Lots and lots of stretching in addition to other stretching exercises,” he advised.

“In our eternal-youth-oriented culture, seniors are becoming much more active than they were just a few years ago,” said Dr. Bowman. “We’re going to see an increasing number of fitness-related injuries as we pursue more aggressive activities with aging biological equipment. There’s already a trend here, and there’s a growing focus on seniors with sports injuries.”

*To learn more about Drs. Dalton and Bowman, the West End Orthopaedic Clinic and orthopaedic topics, log on to [www.weoc.com](http://www.weoc.com). ■*

