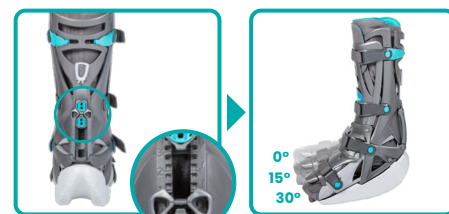


Modern behandling af akillesenerupturer (ATR)

Innovativ
Dynamisk
Funktionel

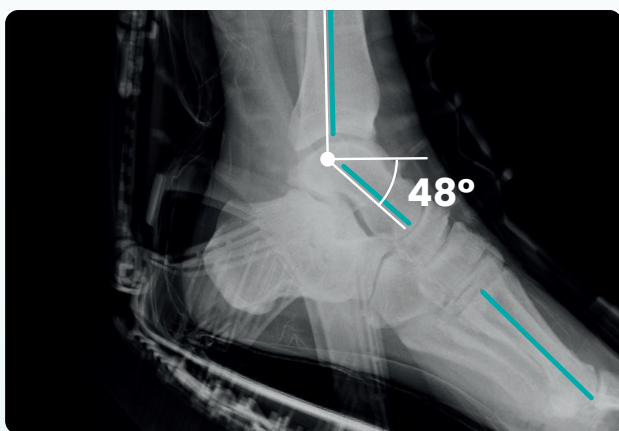
oped-international.com



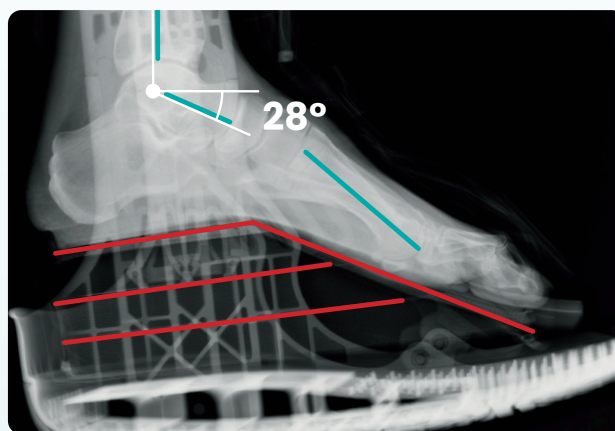
ROM-stang

Ægte equinus i anklen

Ægte equinus i anklen i den indledende fase er en afgørende faktor for gode ATRS-resultater ved både konservativ og kirurgisk behandling. 30° plantarfleksion i tibio-talare vinklen sikrer, at seneenderne samles, selv ved fuld belastning. Dette forhindrer forlængelse af senen og sikrer korrekt heling og bedre funktionelt resultat.^{*2 *3 *4 *6 *7}



VACOped muliggør fuld plantarfleksion i tibio-talare vinklen.^{*1}



Kiler fremmer fleksion i mellemfoden frem for plantarfleksion i anklen, hvilket fører til forlængede sener og utilstrækkelig funktion.^{*1}

Tidlig progressiv rehabilitering

ROM-stangen (bevægeudslag) muliggør gradvis genåbning af ankeldens bevægelse under kontrollerede forhold. Den dynamiske funktionelle rehabilitering gør det muligt at styrke senen under helingsfasen.^{*8} Dette resulterer i genrupturrater på kun 1–2 %.^{*2 *3 *4 *5 *6 *7}

Hurtigere rehabilitering og fremragende resultater

Moderne behandling af akillesenerupturer er dynamisk og funktionel.

Med VACOped og dokumenterede behandlingsprotokoller^{*4 *6 *7}, opnås de bedste ATRS-resultater og laveste genruptur-risiko.

Undgå gips

VACOpeds strukturelle stabilitet og fuldkontakt-liner gør den til en klinisk dokumenteret gips-stabil ortose. Traditionel underbensgips kan derfor undgås til fordel for tidlig anvendelse af VACOped.

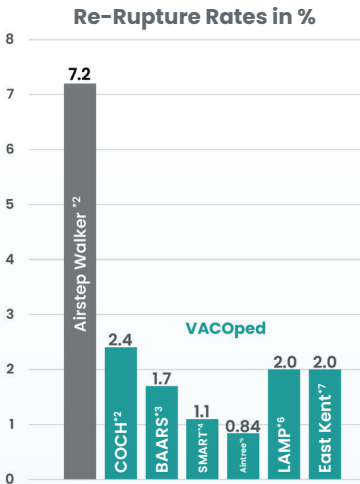
VACOped reducerer omkostninger

SMART-protokollen har vist besparelser på over £91.000 årligt. Lavere genrupturrater (1–2 %) reducerer omkostninger yderligere. Kirurgi er ikke længere den eneste løsning for gode resultater.

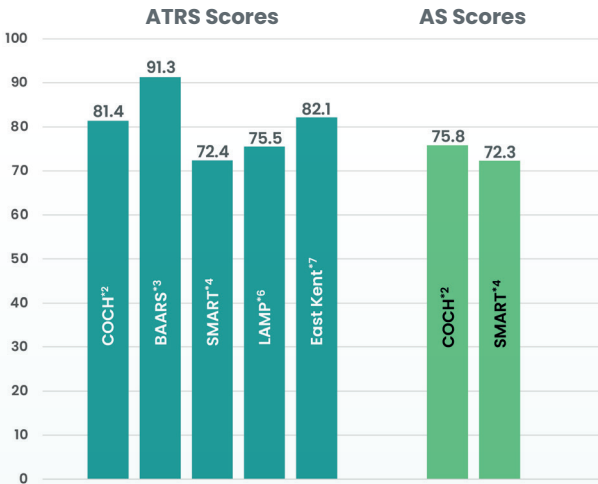
Med 30° ægte equinus og dynamisk behandling opnås samme funktionelle resultat som ved kirurgi.

Oversigt over studieresultater

Genrupturrater i konservativ behandling: Walker vs. VACOped



Resultater ved konservativ behandling med VACOped



Klinikere sparer tid med **58%** færre opfølgingsbesøg^{*3}
Omkostningsbesparelse på over **£91.000** pr. år^{*4}

COCH^{*2}

Countess of Chester Hospital
n = 84 (all conservative)
y: 2023-2025
VACOped vs. Airstep[®] Walker
follow up: 12 months

Aintree^{*5}

Aintree University Hospital Liverpool
n = 238 (all conservative)
y: 2023-2026
VACOped
conservative treatment using SMART protocol
retrospective data analysis

BAARS^{*3}

Bradford Teaching Hospital
Acute-MSK Achilles Rupture Service
n = 128 (117 conservative)
y: 2021-2024
VACOped
conservative vs. operative treatment
follow up: 12 months

LAMP^{*6}

University Hospital
Leicester Achilles Management Protocol
n = 442 (all conservative)
y: 2019
VACOped
Follow up: 12-23 months

SMART^{*4}

Swansea Morriston Achilles Rupture Treatment
n = 273 (221 conservative)
y: 2008-2014
VACOped
conservative & operative treatment
Follow up: 9 months

East Kent^{*7}

University Hospital
n = 41 (all conservative)
y: 2019 - 2020
VACOped
conservative treatment in gaps up to 5 cm
follow up: 12 months

Studiebaserede behandlingsprotokoller

Treatment week	1	2	3	4	5	6	7	8	9	10	11	12
SMART Protocol^{*4} ATR (conservative & operative treatment)												
Equinus POP		VACOped 30°				VACOped 15°-30°		VACOped 0°-30°		VACOped 15°-30°		Wean from orthosis
LAMP Protocol^{*6} ATR (conservative & operative treatment)												
Patient seen in A&E out of hours Equinus POP		VACOped 30°			VACOped 15°-30°		VACOped 0°-30°		VACOped 0°-30° Start using personal footwear indoors, but keep using boot outdoors			Out of boot
East Kent^{*7} University Protocol ATR (conservative & operative treatment)												
		VACOped 30° weight bearing as tolerated			VACOped 15°-30°		VACOped 0°-30°			Boot removed		

Phase 1 non-weightbearing

Phase 2 weightbearing as tolerated

Phase 3 Full weightbearing

Open range of motion for joint mobility

Fixed at 90°

Physiotherapy

Achill-sole

References

^{*1} Early Protected Weightbearing for Acute Ruptures of the Achilles Tendon: Do Commonly Used Orthoses Produce the Required Equinus? P. Ellison, A. Molloy, L. W. Mason; Aintree University Hospital The Journal of Foot & Ankle Surgery 2017; vol. 56, Issue 5, pp. 960-963. DOI: <http://dx.doi.org/10.1053/j.jfas.2017.06.017>

^{*2} Clinical Audit Report: A review of outcome measures following the introduction of VACOped for the management of Achilles tendon repair (COCH) Physiotherapy Department at the Countess of Chester Hospital NHS Foundation Trust

^{*3} Bradford Acute-MSK Achilles Rupture Service (BAARS) Damian Buck, Dr Alistair Jones, Dr Colin Ayre; Bradford Teaching Hospitals NHS Foundation Trust

^{*4} The treatment of a rupture of the Achilles tendon using a dedicated management programme (SMART) A. M. Hutchison, C. Topliss, D. Beard, R. M. Evans, P. Williams - Morriston Hospital Bone Joint J 2015; 97-B:510-15. DOI: [10.1302/0301-620X.97B4.35314](https://doi.org/10.1302/0301-620X.97B4.35314)

^{*5} Protocol for Functional Rehabilitation of Achilles Tendon Ruptures (Aintree) Chiljoke Orji, MBBS, MRCS; Paula Goudie, DPT; Lyndon Mason, MB BCh, MRCS (Eng), FRCS (Tr&Orth), FRCS (Glasg), SFHEA, FFSTEd, PhD Foot & Ankle Clinics; Feb 2026. doi.org/10.1016/j.facl.2025.12.004

^{*6} Non-operative functional treatment for acute Achilles tendon ruptures: The Leicester Achilles Management Protocol (LAMP) Randeep S. Aujla, Shakil Patel, Annette Jones, Maneesh Bhatia Trauma & Orthopaedic Surgery, University Hospitals of Leicester, Leicester, United Kingdom Injury 2019 Apr; 50(4): 995-999. DOI: [10.1016/j.injury.2019.03.007](https://doi.org/10.1016/j.injury.2019.03.007)

^{*7} Functional outcome of early weight bearing for acute Achilles tendon rupture treated conservatively in a weight-bearing orthosis (East Kent) R. Naskar, L. Oliver, P. Velazquez-Ruta, B. Dhinsa, C. Southgate, East Kent Hospital, UK Foot Ankle Surg. 2021 Jul 2; S1268-7731(21)00138-7. DOI: [10.1016/j.fas.2021.06.008](https://doi.org/10.1016/j.fas.2021.06.008)

^{*8} Functional weight-bearing mobilization after Achilles tendon rupture enhances early healing response: a single-blinded randomized controlled trial K.P. Valkering, S. Aufwerber, F. Ranuccio, E. Lunini, G. Edman, P.W. Ackermann Karolinska University Hospital Sweden - Knee Surgery, Sports Traumatology, Arthroscopy; 2016 August 18