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CORD 1K

**FOOT & ANKLE**

# Surgical Treatment for Achilles Tendinopathy

**AS DESCRIBED BY TERRENCE M. PHILBIN, D.O.**
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## TECHNOLOGY PLATFORM

CLARIX®CORD 1K Regenerative Matrix is cryopreserved human Amniotic Membrane and Umbilical Cord (hAMUC). Amniox Medical's proprietary CRYOTEK® preservation process retains the relevant natural structural and biological characteristics of the hAMUC tissue while devitalizing the living cells. CLARIX®CORD 1K Regenerative Matrix is used as a surgical covering, wrap or barrier.

## CLINICAL HISTORY

42-year-old, female diagnosed with Achilles tendinosis with a partial tear. Patient presented with symptoms including pain and swelling over Achilles for 4 months. Patient was unable to exercise secondary to pain. Patient failed conservative care including rest, physical therapy, and immobilization for a period of 3 months without pain relief.

## PROCEDURE

Map a longitudinal incision just medial to Achilles tendon. Carry incision down and dissect through the paratenon to expose the nodularity of the Achilles tendon. Inspect Achilles tendon for tears and defects such as nodules, fibrous tissue, or thickening of the soft tissue (**FIG. 1**). Create a longitudinal incision in the Achilles to resect tendinosis and mucinous tissue (**FIG. 2**). Repair the Achilles tendon following removal of pathologic tissue.

In this case, a CLARIX®CORD 1K 4.0 x 3.0 cm was used as a soft-tissue adhesion barrier following primary surgical repair. Place CLARIX®CORD 1K Matrix over the repair and secure in position with suture (**FIG. 3**). Re-approximate the subcutaneous tissue. Suture superficial skin with nylon suture and a no touch technique.

Advise standard post-operative instructions with non-weight bearing cast. At 3 weeks, remove suture and initiate weight-bearing in an Achilles walker boot. Initiate physical therapy including Achilles gliding and strengthening without passive dorsiflexion.

## OUTCOME

At six weeks, the patient weaned out of the Achilles walker boot, progressed in therapy and gradually returned to activities. The patient has returned to all activities without pain.

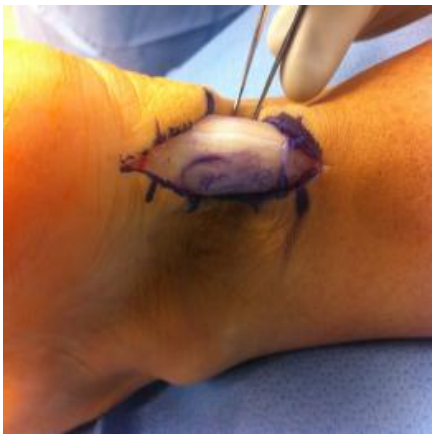

**FIG. 1: NODULARITY OF ACHILLES TENDINOSIS**

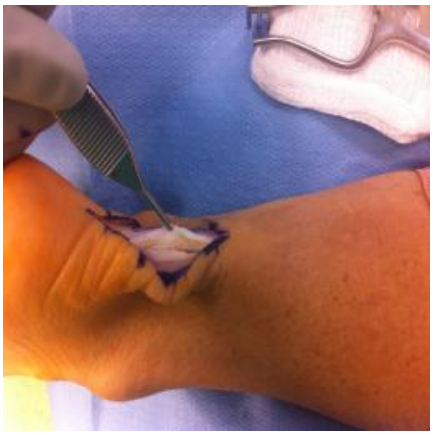

**FIG. 2: REMOVAL OF TENDINOSIS**

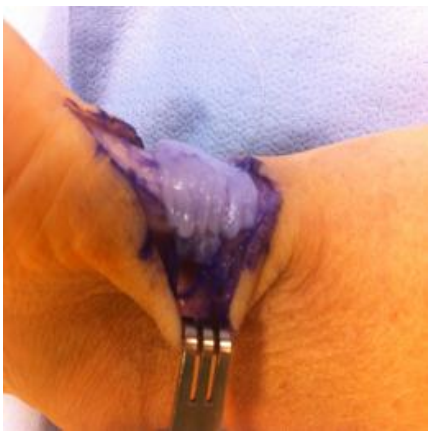

**FIG. 3: PLACEMENT**

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