

# Ravens' Terrell Suggs: Earns Pro Bowl honors in 2017

by RotoWire Staff Jan 9, 2018 • 1 min read **UPDATE** Jan 9, 2018, 10:36pm

Suggs recorded 49 tackles, 11 sacks, and four forced fumbles in 2017 and earned the seventh Pro Bowl selection of his career.



To call Suggs' 2017 a bounce-back would be an understatement, as the 35-year-old put up his best campaign since 2013 after some down and injury-filled seasons. Suggs, who missed all but one game in 2015 due to a torn Achilles, looked like he was starting to show his age in 2016 when he was held to eight sacks and 35 total tackles. A fully healthy Suggs in 2017 showed that he still can play and defend the edge at a high level. He said after the season that he intends to play in 2018 and possibly beyond. He is only under contract for one more season according to his current deal, so things will need to be renegotiated down the line if Suggs is to stay in Baltimore for years to come. As for 2018, Suggs will still have a starting role with the Ravens, and his ability to get to the quarterback gives him solid value as an IDP asset.



Terrell Suggs being introduced before a 2014 Thursday-nighter against the Steelers.

PATRICK SMITH/GETTY IMAGES

PARS Case Examples:  
*Isolated Anomaly?*

# Derrick Johnson Injury: Updates on Chiefs LB's Achilles and Return

R. CORY SMITH 

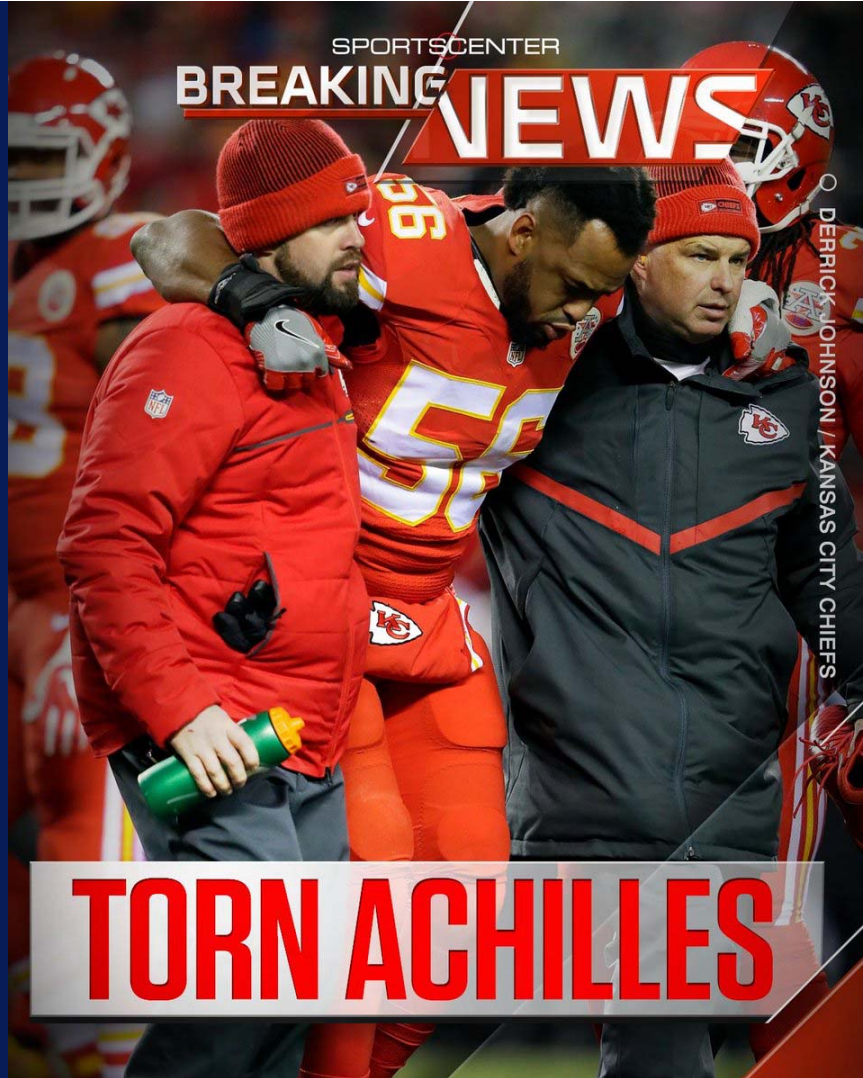
SEPTEMBER 7, 2014



SPORTSCENTER  
**BREAKING NEWS**

DERRICK JOHNSON / KANSAS CITY CHIEFS

**TORN ACHILLES**





# Chiefs' Derrick Johnson back from another Achilles' injury

AP Published 2:11 p.m. ET Aug. 4, 2017

KANSAS CITY, Mo. (AP) — Derrick Johnson has hardly followed the typical path for an NFL linebacker.

He was a first-round draft pick out of Texas, then got benched when he fell out of favor with the Kansas City Chiefs' coaching staff. A new regime and renewed motivation got him back on the field. Rock steady, he has become the franchise's career tackles leader.

All of that while enduring two season-ending injuries to his Achilles tendons.

The first occurred one game into the 2014 season, sidelining the four-time Pro Bowler for the rest of the year. The second happened last December against Oakland, so late in the year that some questioned whether Johnson would be back this season. That was never a question in his mind, though.



# THE KANSAS CITY STAR.

“At some point, you just have to realize maybe it’s not meant to be,” Opara said.



“At some point, you just have to realize maybe it’s not meant to be,” Opara said. “I was just

A He promptly had something he didn’t have on April 11, 2015.

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Hope.



Sporting Kansas City defender Ike Opara (right) ranks in the top 10 among MLS defenders this season in duels won, recoveries, aerials won, interceptions and tackles won. **David Eulitt** - deulitt@kcstar.com

SPORTING KC

APRIL 07, 2017 2:27 PM

## Ike Opara chose retirement. Sporting KC is reaping the rewards of his change of heart

BY SAM MCDOWELL  
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to do the work anyway. That’s the hard part. Let’s wait to see how you feel after that.”

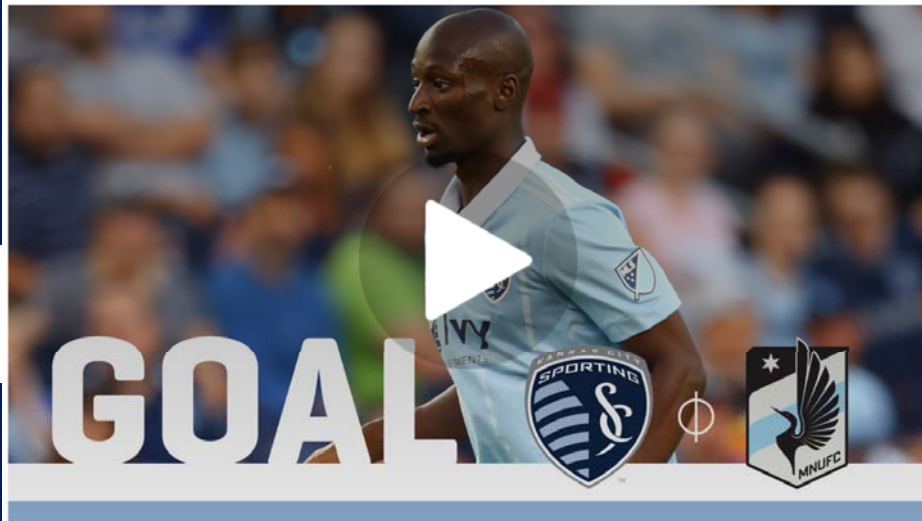
A surgeon told Opara about a new option — a mini-open repair that could hasten the recovery process. NFL defensive end Terrell Suggs had undergone the operation and returned to the field in fewer than six months. A similar timeline would allow Opara to return to practice before the 2015 season concluded.

He promptly had something he didn’t have on April 11, 2015.

Hope.



# “Hope” becomes *REALITY*

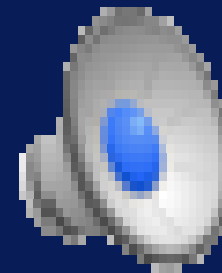


## Team of the Week: Ike Opara puts on shooting boots in shutout win over Minnesota United FC

open play before a 2-0 road loss in Minnesota (with Opara resting on the bench in a DGW). He hasn't missed a runner or fell asleep on a set piece yet this year, and his athleticism in open space is almost unmatched among MLS central defenders. Look for his name on a future USMNT roster if he keeps this up.

in the **best form of his tenure in Kansas City.** He, and he reached his **top career score on** **oning.**

**ason 0** among MLS defenders in duels won, won. He is the **only defender in the league**







**AWARDS**

DEFENDER OF THE YEAR



**IKE**  
OPARA

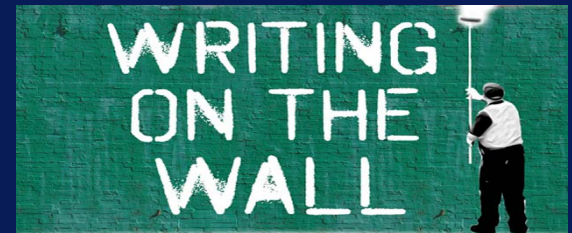


# *Achilles Repair*

## *Where to go from here*

### \*\*\*Opinion Statement\*\*\*

- | Standard open treatment WILL fall out of favor due to unnecessary high complication risk that doesn't outweigh improvements in return to function compared to non-op functional rehab in general patient population
  - | Willits et al, Soroceanu et al



# *Achilles Repair*

## *Where to go from here*

### \*\*\*Opinion Statement\*\*\*

- | Mini-open treatment WILL become standard operative treatment
  - | Already demonstrating improvements in function over standard open
  - | SIGNIFICANTLY less operative-associated risks COMBINED with decreased risk of re-rupture compared with non-op treatments
  - | Ability to regain/redefine muscle-tendon unit RELIABLY compared with non-op functional rehab
  - | Soft tissue techniques I will discuss can facilitate later presentation cases to avoid full open dissection and associated risks
  - | Consideration of proximal PARS – distal SpeedBridge combo
    - | Minimize risk of suture knot irritation/sterile abscess



# *Achilles Repair*

## *Technique Pearls*



# *Achilles Repair*

## *Technique Pearls*

### Wound Closure

- ▮ Meticulous paratenon closure 2-0 vicryl
- ▮ Some advocate deep release (small) of paratenon/FHL fascia as a vent for swelling
- ▮ As incision in natural skin lines, skin sutures not necessary
  - ▮ Deep dermal suture (3-0 vicryl or running monocryl)
  - ▮ Skin glue (DermaBond, Skin Affix) OR steri-strips

# *Achilles Repair*

## *Post-Op Protocol*

- | Soft tissue management paramount
  - | Well padded, plantar flexed splint for 7-10 days with elevation
  - | Passive motion with DF to neutral at 10-14 days
    - | No focused DF stretching for 4 months
  - | PWB at 3 weeks in boot with wedges
  - | FWB at 5-6 weeks in boot
  - | Progressive wean boot to shoe ~8-10 weeks
  - | Running activity at 12 weeks (Alter-G/pool)
  - | Begin on field/court running at 4 mo





# *Achilles Rupture*

## *Conclusions*

- Operative treatment remains mainstay for Achilles rupture in athletes (for now) and active patients
- GOALS:
  - Recreate tension of the muscle-tendon unit = POWER
  - MINIMIZE soft tissue disruption to MAXIMIZE native healing
- Mini-open repair demonstrating success in professional and recreational athletes alike
- Further study needed
  - Non-operative functional rehab vs mini-open techniques

# *Insertional Achilles Pathology*

## *Background*

- | Chronic tendinosis vs Acute Rupture
- | +/- Active Tendinitis/Paratendinitis
- | Haglund's Deformity
- | +/- Calcific changes to tendon



# *Insertional Achilles*

## *Treatment*

- | Conservative modalities
  - | PT for flexibility, PM splint
  - | Oral/Topical NSAIDs
  - | Shoewear modifications
  - | Iontophoresis
- | Transcutaneous/Percutaneous
  - | Shockwave
  - | Tenex



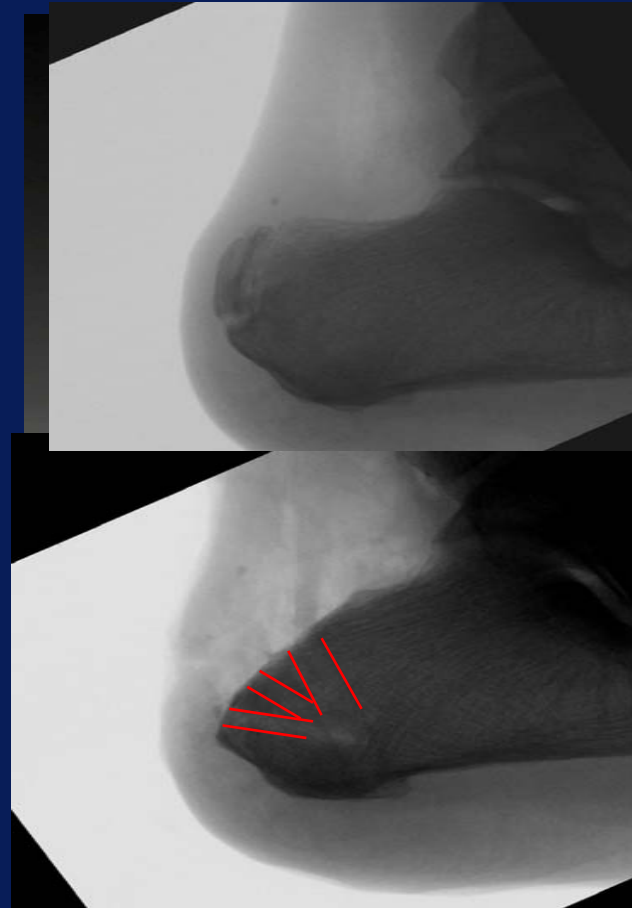
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# *Insertional Achilles*

## *Treatment*

### Operative

- | Central midline split
  - | Complete access
    - | Med/Lateral, FHL, etc.
- | Haglund decompression/excision
- | Calcific/tendinosis debridment
- | FHL transfer
  - | Calder J, Saxby T – FAI 2003 Feb
  - | If > 50% tendon debridement/compromise
- | Comorbidities
  - | Diabetes, Renal disease, RA, etc



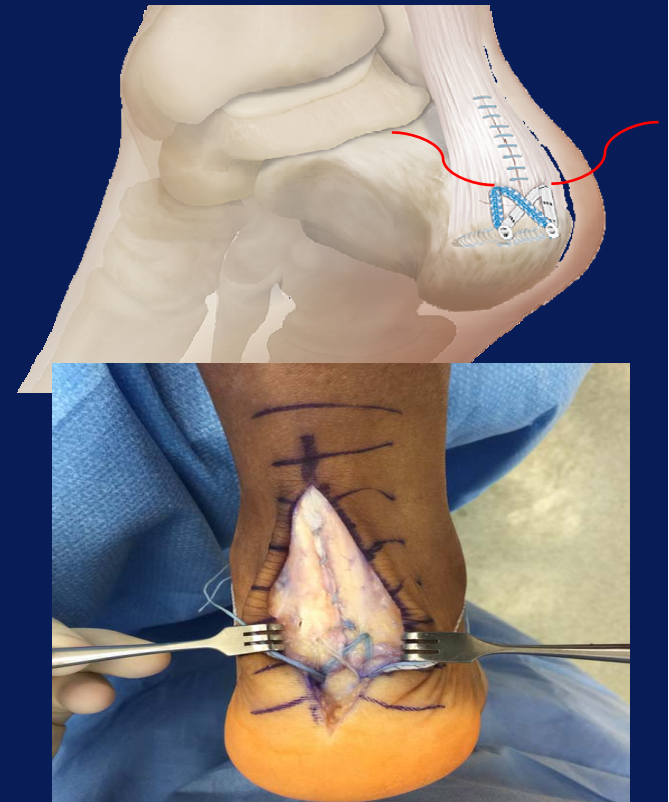


# *Insertional Achilles*

## *Treatment*

### Operative

- | SpeedBridge Repair
  - | Double Row
    - | Biomechanically superior WITH TAPES
  - | Proximal row
    - | Utilize free fiberwire limbs
      - | Initial tension/tie down
      - | Proximal split re-approximation
      - | “Trailer safety chain” backup
  - | Distal row
    - | Can utilize free fiberwire for “dog ear”
      - | Rarely necessary



# *Insertional Achilles*

## *Treatment*

- | Post Op Rehab
  - | Soft tissue management paramount
    - | Well padded, plantar flexed splint for 7-10 days with elevation
    - | Passive motion with DF to neutral at 10-14 days
    - | PWB at 3 weeks in boot with wedges
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    - | Progressive wean boot to shoe ~8 weeks

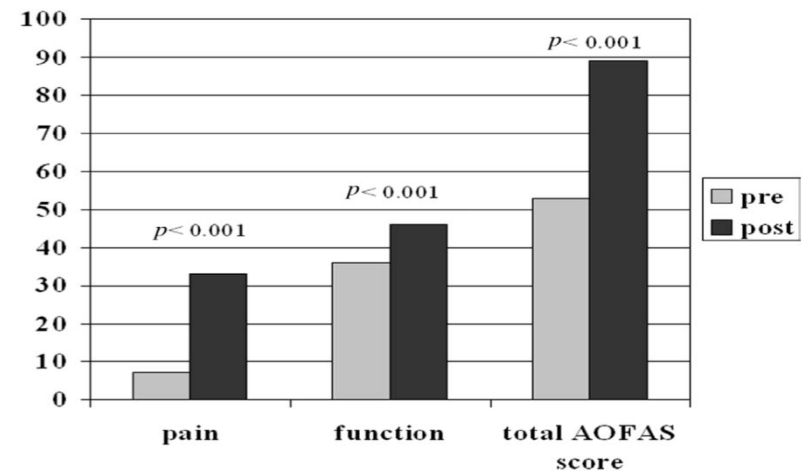
# Surgical Management of Insertional Calcific Achilles Tendinosis With a Central Tendon Splitting Approach

Keith W. Johnson, M.D.; Charalampos Zalavras, M.D., Ph.D.; David B. Thordarson, M.D.  
Los Angeles, CA

FAI FOOT & ANKLE  
INTERNATIONAL



- | FAI - April 2006
- | 22 pts
- | Avg f/u 34 months
- | AOFAS hindfoot score, shoe wear
  - | Improved pain, functional, HF score
  - | Age older/younger than 50 – NO
  - | Proposed post-op
    - | 3 weeks NWB, 3 weeks PWB



**Fig. 3:** Preoperative and postoperative pain, function, and AOFAS Hindfoot Score.

# *Insertional Achilles*

## *Why Does it Matter in the Athlete?*

- | Anderson et al (unpublished)
  - | Achilles rupture 2/2 insertional disease
  - | 14 pro athletes (9 NFL) from 2001-14
  - | All w/ distal sleeve avulsion (2 small bony component)
  - | 10/11 with insertional symptoms > 9 months
    - | 1 w/ symptoms for 5 months
    - | No steroid injections
  - | Avg age 27.9 yrs
  - | Surgical repair to bone (suture anchors); 1 FHL transfer
  - | All RTP @ avg of 13.4 months
    - | Approximately 2.5x that of elective debridement/repair w/o rupture

# *Insertional Achilles*

## *Treatment*

- | Why Achilles SpeedBridge
  - | Midline split gives me access to all pathology
  - | Stronger, KNOTLESS distal construct
    - | Early rehab and weightbearing
    - | Less risk of post-op soft tissue irritation
    - | Future – SUTURE TAPE



# **Chronic Achilles Pathology Cases**