Use: Repair a noninsertional Achilles tendon rupture.

Technique
1. Place the incision about 1 cm proximal to the rupture of the tendon.
2. Grasp the proximal portion of the tendon with an Alice Clamp.
3. Place the inner arms of the jig within the paratenon and advance the jig proximally until the inner arms are surrounding viable tendon.
4. Pass the guide pin with Nitinol loop through holes #1, 2, 3, 4, and 5.
5. Pull the Fiberwire on each guide pin through the leg, leaving tails on both sites.
6. Pull the jig out slowly until the entire suture is out of the wound.
7. Pass the #2 blue suture under the #3 and #4 looped sutures and then through the loops.
8. Pull the nonlooped sides of sutures #3 and #4 to pull the #2 suture through the tendon. (this will create a locking stitch)
9. Pull on the #2 suture to lock the stitch in place.
10. Place the jig in the distal part of the incision and perform steps 2-9 with the distal part of the tendon.
11. With the foot in maximum plantarflexion, tie the black/white suture with 3-4 knots, then tie the blue suture with 6-8 knots, lastly tie the white suture with 6-8 knots.
12. Close the incision.

Advantages of PARS
- Minimal incision → reduced risk of wound complications → Accelerated healing time
- Reusable device
- Transverse and locked fixation
- Minimal scar

Metzl, J. Retrospective Review of a Minimally Invasive Technique of a Novel Locking Device for Achilles Tendon Repair (2014)
- Retrospective Review: 45/46 patients satisfied at 6 months
- Average time to return to previous level of activity was 16.2 weeks.
- No re-ruptures, sural nerve injuries, or wound dehiscence
- 7 cases in elite athletes, with average return to full activity in 6.1 months

Achillon Device (Integra)
- Mini Open Repair of Achilles Tendon
- Requires a much bigger longitudinal incision
- Expensive (disposable device)
- Single plane sutures

Metzl, Joshua. A Retrospective Review of a Minimally Invasive Technique of a Novel Locking Device for Achilles Tendon Repair.