

Ankle Fracture - Weber A

Ankle 2

Fracture Care Team: Shared Care Plan

Trust Switchboard for both sites: 0300 131 4500

Fracture clinic and orthopaedic outpatient appointments:

Eastbourne 0300 131 4788

Conquest 0300 131 4861

Casting Department: Eastbourne 0300 131 5564

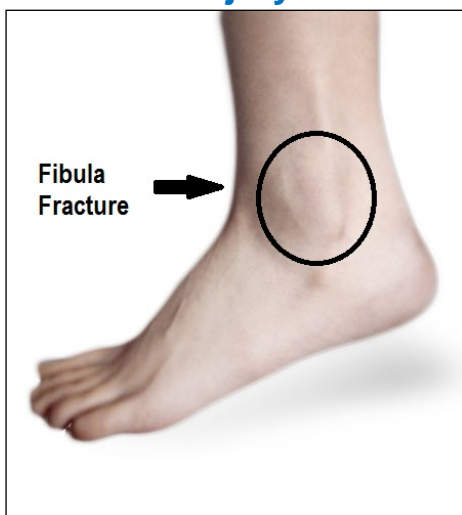
Casting Department: Conquest 0300 131 4860

This leaflet explains the ongoing management of your injury. You have sustained a fracture to your fibula (outside ankle bone) this is classified as a stable Weber A type fracture. Please see the picture below to understand where this injury is.

This normally takes approximately 6 weeks to unite (heal) although pain and swelling can be ongoing for 3 to 6 months. You may walk on the foot as comfort allows although you will find it easier to walk with crutches in the early stages. The swelling is often worse at the end of the day and elevating it will help. The boot you have been given is for your comfort only and is not needed to aid fracture healing.

Take pain killers as prescribed. If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please phone the Fracture Care Team for advice.

Picture of Injury



We do not routinely follow up patients with this type of injury. If after six weeks you are:

- still experiencing significant pain and swelling or
- struggling to wean out of the boot

Please do not hesitate to contact us for a further consultation.

Or, if you are experiencing pain or symptoms, other than at the site of the original injury or surrounding area, please get in touch using the telephone numbers at the top of this leaflet.

Please follow the Management / Rehabilitation plan shown below:

Weeks since injury	Rehabilitation plan
0-4	Wear the boot all of the time when walking. Use the crutches to take some of the weight off of your foot if necessary. It is ok to take the boot off at night and when resting at home. It is also important to perform the exercises below regularly to get the movement back.
4-6	Try and wean yourself out of the boot and walk without the crutches. Try walking around the house at first. You will want to wear it if you go on a long walk. Start the exercises below labelled 'Exercises from 4 weeks onwards'.
6 -12	The fracture is united (healed) and you can begin to resume normal activity but be guided by any pain you are experiencing. You should be able to carry out day to day activities. Arduous tasks, long walks etc., may still cause some discomfort and swelling. Start the exercises below labelled 'Exercises from 6 weeks onwards'.

Initial advice

Cold packs:

A cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short term pain relief. Apply this to the sore area for up to 15 minutes, every few hours ensuring the ice is never in direct contact with the skin.

Rest and Elevation:

Try to rest the foot for the first 24 to 72 hours to allow the early stage of healing to begin. Raise your ankle above the level of your hips to reduce swelling. You can use pillows or a stool to keep your foot up.

Early movement and exercise:

Early movement of the ankle and foot is important to promote circulation and reduce the risk of developing a DVT (blood clot). Follow the exercises below without causing too much pain. This will ensure your ankle and foot do not become too stiff. These exercises will help the healing process.

Early weight bearing (putting weight through your injured foot) helps increase the speed of healing. Try to walk as normally as possible as this will help with your recovery.

Smoking cessation

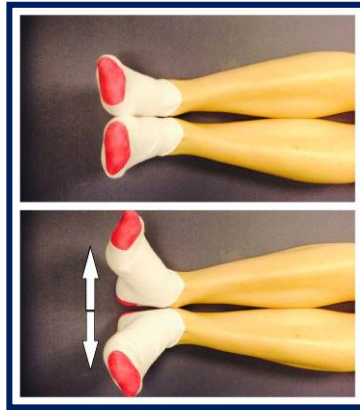
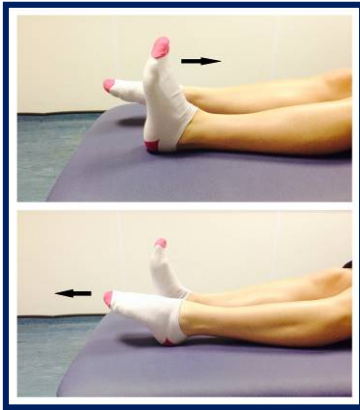
Medical evidence suggests that smoking prolongs fracture healing time. In extreme cases it can stop healing altogether. It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your fracture will help ensure optimal recovery from this injury.

For advice on smoking cessation and local support available, please refer to the following website: <http://smokefree.nhs.uk> or discuss this with your GP.

Initial exercises to start straight away (3 to 4 times a day)

Ankle and foot range of movement exercises. Repeat these 10 times each.

1. Point your foot up and down within a comfortable range of movement.
2. With your heels together, move your toes apart, as shown in the picture.
3. Make circles with your foot in one direction and then change direction.



Exercises from week 4 onwards

Continue to do the initial exercises and start the following as well -

Ankle stretches

1. Sit with your leg straight out in front of you. Put a towel/bandage around your foot and pull it towards you. Feel a gentle stretch in the back of your calf.
2. Point your toes down as far as they go, then use the other foot on top to apply some pressure to create a stretch on the top of your foot.

Hold both stretches for up to 30 seconds and repeat 3 times.



Exercises from week 6 onwards

Balance strategy exercises

Level 1: For patients who could not stand on one leg before their injury.



- Stand with your feet as close together as possible, using something firm to hold onto. Hold this for 30 seconds. If you can do this move onto Level 1b.
- As above, but removing your hand so that you are balancing. Hold this for 30 seconds. If you can do this move onto Level 1c.
- Holding onto something firm, put one foot in front of each other as close together as you feel comfortable with. Hold this for 30 seconds. If you can do this easily you may like to try without holding on, but only if you feel confident to do so.

Level 2: For patients who could stand on one leg before their injury.



- Holding onto a firm surface, attempt to stand on one leg. Hold this for 30 seconds, making sure it does not induce any pain. Once you can achieve this pain free, move to Level 2b.

- b) As above, but removing your hand so that you are balancing. Hold this for 30 seconds. If you can do this move onto Level 2c.
- c) Once confident with your eyes open, progress to attempting this with your eyes closed. Always stand in a safe environment with a firm surface close by should you need it. Hold this for 30 seconds

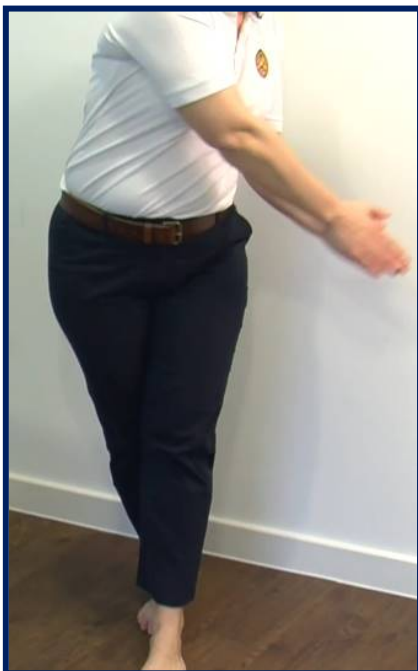
Advanced exercises for sports rehabilitation

Stage 1: For patients who would like to develop dynamic ankle control for sports.



- a) Standing on an uneven surface such as a doubled-over pillow or wobble cushion, attempt to balance for 30 seconds. Once you can achieve this pain free, move to Stage 1b.
- b) Once confident with your eyes open, progress to attempting this with your eyes closed. Always stand in a safe environment with a firm surface close by should you need it. Hold this for 30 seconds.

Stage 2: For patients who would like to develop dynamic core control for sports



- a) Stand with one foot in front of the other, with your hands together. Swing your arms in a figure of eight in both directions for 1 to 2 minutes, or as able.
- b) As above, but bring your feet so they are touching toe to heel.
- c) As a) and b) above, but with your eyes closed.

Some patients wear a sports brace or support on initial return to activities. It is easier to return to activities such as static cycling first, before attempting sports with frequent unpredictable changes of direction.

Sources of information

This information leaflet has been developed by the Fracture Care Team at Brighton and Sussex University Hospitals Fracture Care Team and adapted for use at East Sussex Healthcare NHS Trust. Information been updated during the COVID-19 pandemic to ensure that patients with injuries have information, support and care despite social distancing.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, practitioner or doctor.

Reference

Thank you to the Brighton and Sussex University Hospitals NHS Trust and to Kate Weatherly, Specialist Orthopaedic Practitioner for the first version.

The following clinicians have been consulted and agreed this patient information:

Mr Guy Selmon – Consultant Orthopaedic Surgeon
Mr Andrew Skyrme – Consultant Orthopaedic Surgeon
Mr Michael Dunning – Consultant Orthopaedic Surgeon
Mr Henry Willmott - Consultant Orthopaedic Surgeon
Mr Barry Rose - Consultant Orthopaedic Surgeon
Helen Harper-Smith – Professional Lead Physiotherapist
Hilary Kircher – Clinical / Operational Lead Outpatient Physiotherapist

Next review date: April 2023

Responsible clinician/author: Helen Harper-Smith – Professional Lead Physiotherapist
Mrs Scarlett McNally – Consultant Orthopaedic Surgeon

This leaflet can be found at: www.esht.nhs.uk/leaflet/ankle-fracture-weber-a/