

# Soft Tissue Injury of the Foot

Foot 10

Fracture Care Team: Shared Care Plan

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This information leaflet follows up your recent telephone conversation with the Fracture Care Team explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (Bone Specialist) and Fracture Care Specialist.

**You have sustained a soft tissue injury (sprain) to your foot.** This can take approximately 6 weeks to heal although pain and swelling can be ongoing for 3-6 months. You may walk on the foot as comfort allows although you may 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. If you have been given a boot to wear it is for your comfort only and is not needed to aid 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.

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 or e-mail details at the top of this leaflet.

**Please follow the management / rehabilitation plan as shown below:**

Weeks since injury	Rehabilitation plan
0-2	If supplied, wear the boot for comfort when walking. You do not need to wear the boot at night but may do so for comfort if you prefer. It is fine to remove the boot to wash and air the foot when not walking. Begin the 'Initial Exercises'. If necessary wean yourself off the crutches as able.
2-6	Try and wean yourself out of the boot and walk without the crutches if you can do so without limping. Try walking around the house at first. You may want to wear the boot if you go on a long walk. Start the exercises below labelled 'Exercises from 2 weeks onwards'.
6 -12	The sprain is healed and you can resume normal activity but be governed by any pain and swelling you are experiencing. You should be able to carry out day to day activities although arduous tasks/long walks may cause discomfort and swelling. Begin the 'Advanced exercises for sports rehabilitation' exercises.

## 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 24-72 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:

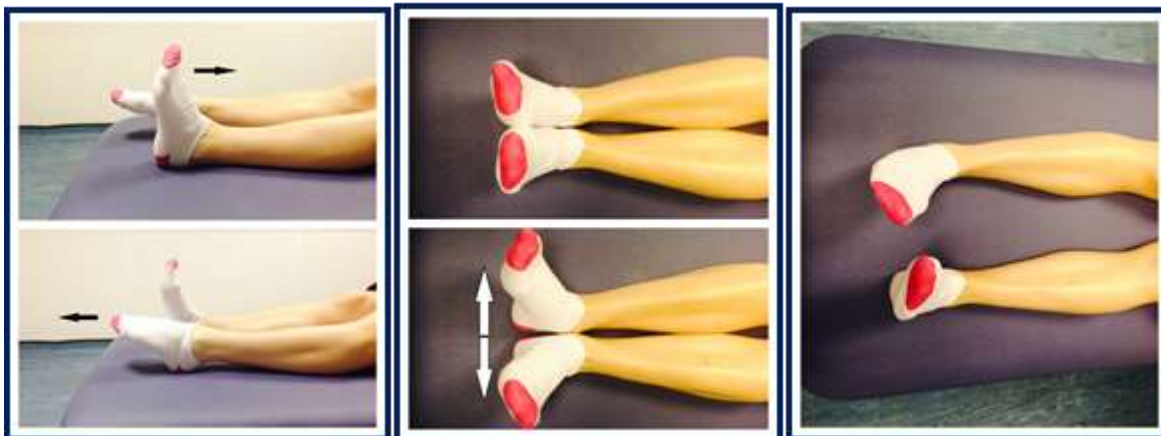
Early movement of the ankle and foot is important to promote circulation and reduce the risk of developing a DVT (blood clot). Follow the exercises below without causing too much pain. This will ensure your ankle and foot do not become too stiff. These exercises will help the healing process.

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.

## Initial exercises to start straight away (3-4 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.

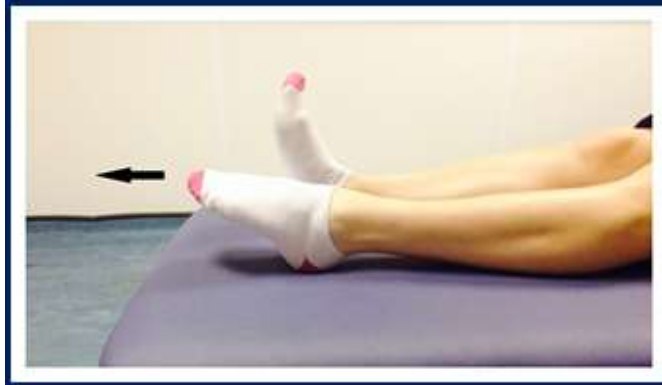


## Exercises from week 2 onwards

### Ankle stretches

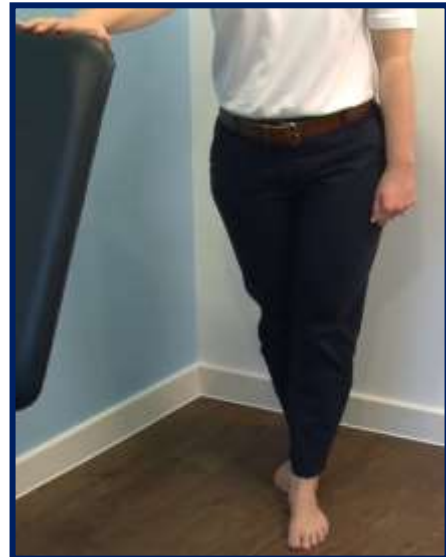
1. Sit with your leg straight out in front of you. Put a towel/bandage around your foot and pull it towards you. Feel a gentle stretch in the back of your calf.
2. Point your toes down as far as they go, then use the other foot on top to apply some pressure to create a gentle stretch on the top of your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

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



## 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.



- a) 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.

## 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.

## 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: (01323) 417400 Ext: 5860 or by email at: [esh-tr.patientexperience@nhs.net](mailto: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: (01424) 755255 Ext: 2620**

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

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## Reference

Thank you to the Brighton and Sussex University Hospitals NHS Trust

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

The Clinical Specialty/Unit that have agreed this patient information leaflet:

Department of Trauma and Orthopaedics

Next review date: March 2020

Responsible clinician/author: Helen Harper-Smith / Kate Weatherly – Specialist Orthopaedic Physiotherapist

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