

## Toe fracture or dislocation

Foot 11

### 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 information leaflet explains the ongoing management of your injury.

You have sustained a fracture or dislocation to one of your toes. You may walk on the foot as comfort allows, but you may find it easier to walk on your heel in the early stages. The swelling is often worse at the end of the day and elevating it will help. If you have been provided with a boot, this is for your comfort only and is not needed to aid healing. Take painkillers as required. 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 buddy strapping



We do not routinely follow up patients with this type of injury. If after six weeks you are still experiencing pain and swelling, 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 number at the top of this letter.

## Please follow the management / rehabilitation plan shown below:

Weeks since injury	Rehabilitation plan
0-3	If your toes have been buddy strapped you should remove this after 3 weeks. If supplied, wear the boot for comfort when walking. You do not need to wear the boot at night. It is fine to remove it to wash and air the foot. Begin gentle movement exercises.
3-6	Try and wean yourself out of the boot and walk without the crutches (if you were using them and can walk without limping). Try walking around the house at first. Continue with the exercises to regain flexibility in your foot and ankle.
6 -12	The fracture / dislocation (soft tissues) are 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.
12	<b>If you are still experiencing significant pain and swelling then please contact the Fracture Care Team for advice.</b>

### 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.

### Smoking cessation

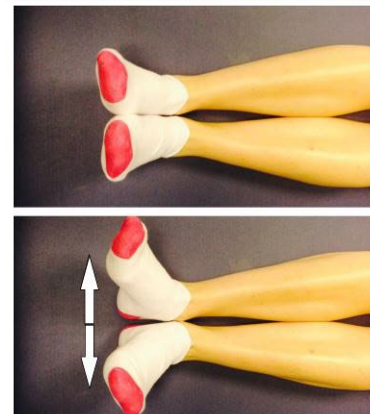
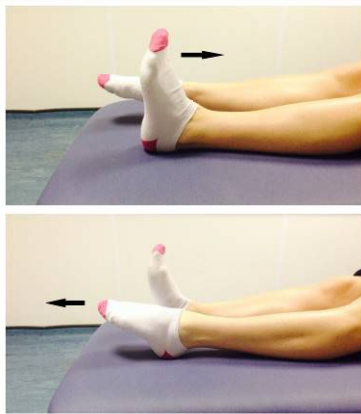
Medical evidence suggests that smoking prolongs fracture healing time. In extreme cases it can stop healing altogether. It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your fracture will help ensure optimal recovery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

## Exercises (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. Make circles with your foot in one direction and then change direction.
3. With your heels together, move your toes apart, as shown in the picture.



## 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 updated during the COVID-19 pandemic to ensure that patients with injuries have information, support and care despite social distancing.

## Important information

The information in this leaflet 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 on 0300 131 4784 or [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net).

## Hand hygiene

We are 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 our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or [esh-tr.AccessibleInformation@nhs.net](mailto: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.

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## Reference

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

**This leaflet can also be found at: [www.esht.nhs.uk/leaflet/toe-fracture-or-dislocation/](http://www.esht.nhs.uk/leaflet/toe-fracture-or-dislocation/)**

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

Mr Guy Selmon – 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:  
Diagnostic, Anaesthetic and Surgery - Department of Trauma and Orthopaedics

Next review date: September 2025  
Responsible clinician/author: Helen Harper-Smith – Professional Lead Physiotherapist  
Prof Scarlett McNally – Consultant Orthopaedic Surgeon

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