

Patient information

Ankle Avulsion Fracture

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

This leaflet explains the ongoing management of your injury. You have sustained an avulsion fracture to your ankle, which is treated like a soft tissue injury (sprain) to your ankle. This can take approximately 6 weeks to heal, although pain and swelling can be ongoing for 3 to 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 numbers at the top of this leaflet.

Please follow the Management / Rehabilitation plan 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 will want to wear it 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.
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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:

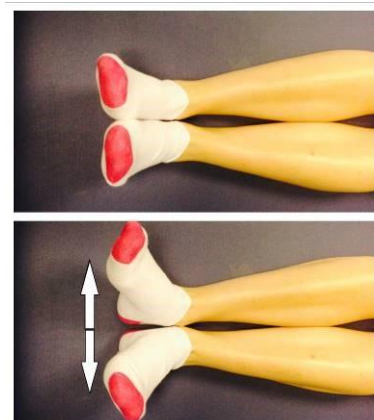
Early movement of the ankle and foot is important to promote circulation and reduce the risk of developing a DVT (blood clot). Follow the exercises below without causing too much pain. This will ensure your ankle and foot do not become too stiff. These exercises will help the healing process.

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.

Initial exercises (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. 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.



Exercises from week 2 onwards

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



Ankle stretch

Sit with your leg straight out in front of you. Put a towel/bandage around your foot and pull it towards you. Feel a stretch in the back of your calf. Hold this for up to 30 seconds and repeat 3 times.



Re-developing your balance:

Level 1: Stand holding onto a chair or firm surface. Practice standing on your previously injured ankle for up to 30 seconds. Once you have achieved this move to level 2.

Level 2: Once standing on one leg attempt to release your grip on the chair/ surface and hold for up to 30 seconds. Once you have achieved this move to level 3.

Level 3: Once standing freely on one leg without support you can attempt to close your eyes for up to 30 seconds.

Advanced exercises for sports rehabilitation

Once you can easily complete the above balance exercises below are some examples of what you can move onto next.



Developing dynamic ankle control required for sports:

Level 1: Walk on the spot on a soft surface e.g. a cushion under a mat. Look straight ahead while staying upright.

Level 2: Attempt to stand on one leg on the uneven surface holding it for up to 30 seconds using your good leg first

Level 3: Attempt level 2 exercises but closing your eyes. Again try the good one first to see how hard it is.

Developing core control required for sports:

Level 1: Stand with one foot in front of the other, with your hands together. Swing your arms in a figure eight in both directions for 1 to 2 mins or as able.

Level 2: As level 1, but bring your feet so they are touching toe to heel.

Level 3: As level 1/2 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.

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.

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: 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

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

Dr Danielle Vidler – Consultant and Clinical lead Emergency Department CQ

Mr Utham Shanker – Consultant and Clinical lead Emergency Department EDGH

The directorate group that has agreed this patient information leaflet:

URGENT CARE

Next review date: December 2027

Responsible clinician/author: Emergency Department Consultants

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