

Patient information

Ankle or foot fracture

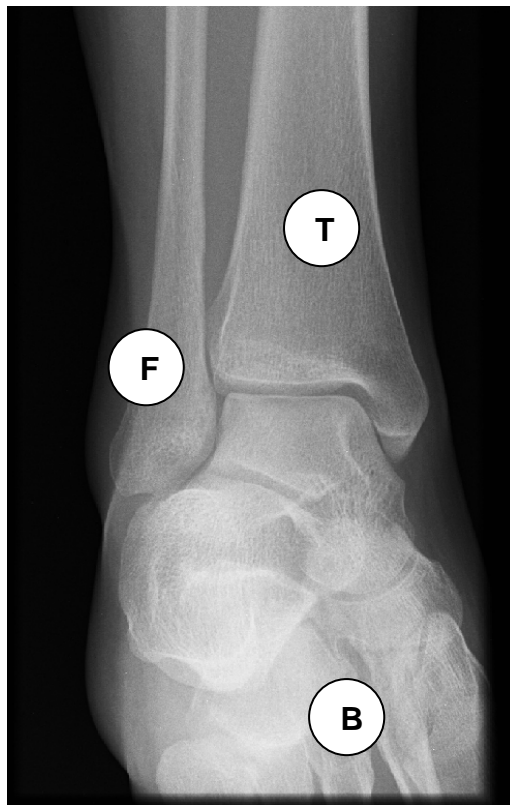
Barts Health Physiotherapy website:

www.bartshealth.nhs.uk/physiotherapy



What has happened to my ankle?

A fracture is a break or divide in a bone, most commonly caused by trauma. The ankle is made up of 2 long shin bones and bones inside the ankle, and some small bones of the foot. The most common trauma is a fall where the foot has turned inwards, or from an impact injury.

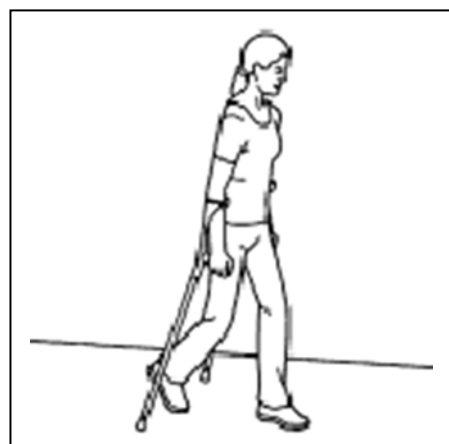


A clinical examination is required, with an X-ray to confirm or rule-out a fracture. A fracture can be in the tibia (T) or the fibula (F) or could involve one of the small bones in the foot (B)

To ensure the bones heal in the correct alignment, you may have been placed in a cast or boot for 4-6 weeks. With more serious fractures, an operation may have been required to hold the bones in place as they heal. This may have used plates or screws which can remain in your ankle.

You may also have used crutches to help with mobility. Your doctor will tell you how much weight, if any, you are allowed to put through your ankle. You will need to use these to help with walking after the cast comes off, but you will need to wean yourself off them. It may be helpful to follow these stages:

- Put the crutches down first, then the heel of your bad foot.
- Take some weight on your hands and some on your foot (depending on the information your doctor gave you), then step through with your good leg
- Try and push off your toes of the bad leg.



Common Symptoms

Pain and stiffness of the ankle and foot.

- The cast or boot will stop the bones moving while they heal, but this will also stop the soft tissue of the foot and ankle moving too. This includes the muscles, skin and connecting tissue. Soft tissue is very elastic, and if it is not kept moving regularly it can get stiff.
- In order to restore the flexibility to the foot and ankle, gentle exercising is essential to get it moving. This will be painful at first, so it is important you take your time. Little and often is a good start. As the flexibility improves, you may have to work harder to regain the full range of movement.
- If you were prescribed painkillers, it may be useful to take these before you exercise. This will make it more comfortable

Dryness of the skin

- This is a normal side-effect of being in a cast. Use moisturiser or cream to reduce the dryness. This can also help with reducing any sensitivity, and get the foot used to being touched and used

Sensitivity of the skin around the ankle

- This is a normal side-effect of being in a cast or boot. This will improve with movement and use, but it is important you force yourself to get it moving.
- Sometimes being worried about your ankle can make it more sensitive. It is important to realise sensitivity will reduce with time, but is more likely to get better if you gradually increase the use of your ankle and foot over time.

Apprehension or fear of movement

- It is very normal to be worried about moving your ankle after it has come out of plaster. The pain and stiffness may be an unpleasant experience, but it is important to try and overcome this to get it moving.
- It is a good idea to try and do a little more each week until you return to normal. Family members may have to help in the first few weeks, but in order to return to normal you must try and do things for yourself. A little pain is normal when you try and do new things, but this is unlikely to be causing damage.
- As your function improves, you may have to work harder to return to normal movement. It can take a number of weeks to return to normal.

Weakness of the ankle and foot muscles.

- As the muscles of the ankle and foot were kept in a cast or boot, they will have lost strength. In order to return this, the muscles must be challenged through gentle exercise.
- As the strength improves, the exercises will have to be more challenging. This will increase the strength further.
- Some pain when you put more demands on the ankle and foot is normal, but ensure the increase in force or weight is gradual.

What can I do to help recover from my fracture?

Exercise is essential for getting the bones of your ankle and foot moving normal. You may be required to see a physiotherapist which the Doctor can arrange. Here are some exercises to get started:

Remember

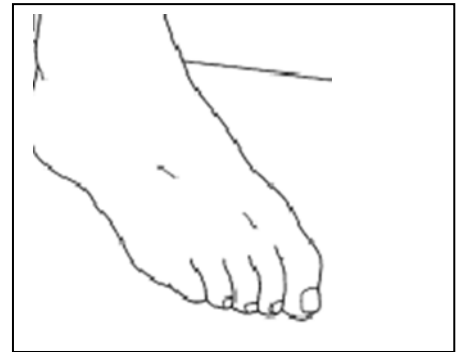
- Some pain when you encourage the stiff parts of your ankle and foot is normal, but this will get better with exercise.
- Take your time, try and do the exercises regularly and try and keep pushing a bit further each time

- An ice pack after exercise can help with any post-exercise soreness
- Try and do the exercises every 1-2 hours and move onto the advanced exercises within 2 weeks of plaster removal. As the stiffness reduces, you may be able to reduce how frequently you do them.

Specific Exercises

Toes/foot

1. Practice bending your toes up and down. With your hand, apply gentle pressure until you feel some stretching. Hold for 5 seconds, 5 times each.

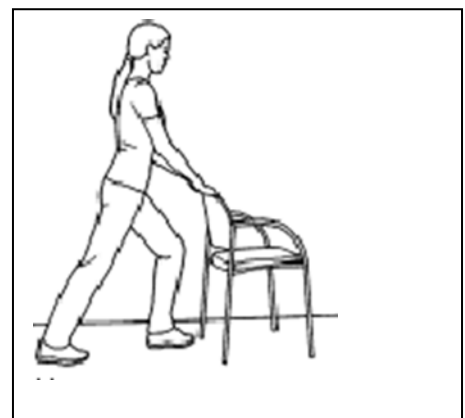


2. Hold of your foot with your hand and practice bending it inwards and outwards. You will feel stretching inside the ankle and foot. Hold for 5 seconds, repeat 5 times each.



Ankle

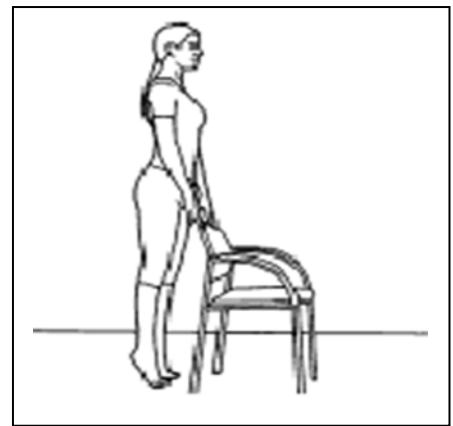
1. Place your bad foot behind you with the heel down and knee straight, feeling stretching in your calf. Hold for 20 seconds, repeat 3 times.



2. Place the bad foot on a chair, keeping the heel down. Push the knee over the toes, feeling a stretch in the heel. Hold for 20 seconds, repeat 3 times.



3. Slowly push up on your toes, keeping the knees straight and slowly lower down. Try and do this 10 times. When this is easy, try this on the bad leg.



4. Stand on one leg without support. Hold for 5 seconds, repeat 5 times.



5. When going up stairs, try and use your bad foot to push up – this will help the muscles get stronger.

Walking

1. Try walking around your house without the crutches. When you are comfortable with this, try short journeys outside.
2. As you get more comfortable, try uneven surfaces or increasing your speed.

Advanced exercises

1. Use support from a chair or table. Practice jumping and landing equally on both legs. When you can do this comfortably, you can try gentle jogging, then running.
2. Progress to hopping on one leg. Make sure you can land in a controlled way, keeping your balance. Try not to look at your foot when you do this.
3. If you want to return to sport, gradually increase directional changes into your running as pain allows. Return to non-contact training before you return to contact training.

What if my symptoms do not improve?

If your pain does not improve with the exercises or your pain and symptoms increase, please consult your GP for further management.

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For patient information leaflets on other conditions please visit:
www.bartshealth.nhs.uk/physiotherapy

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