

INFORMATION FOR PATIENTS

Ankle fractures

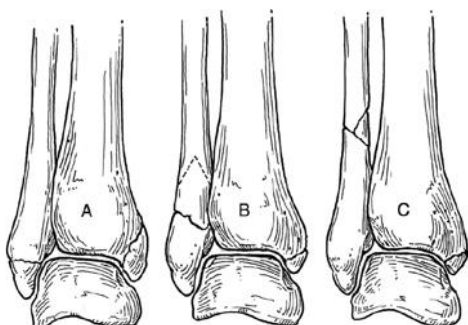
This leaflet intends to educate you on the immediate management of your ankle fracture. It also contains exercises to prevent stiffening of your ankle, whilst your fracture heals.

What has happened to my ankle?

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

The broken bone often occurs in just the fibula (the thinner shin bone on the outside of your lower leg). The break may be below, at the same level or above your ankle joint. These fractures may be referred to as a Weber fracture and are classified as A, B or C dependent on the site of the break (see below).

Occasionally the tibia (the thicker shin bone in your lower leg) may also be involved.



How is it treated?

Most fractures will heal themselves but do need a period of protected immobilisation to allow this healing to occur.

Occasionally your ankle may need to be manipulated prior to being immobilised to ensure it heals in the correct position.

Your ankle may be immobilised in a Plaster of Paris (POP) cast or a boot. This usually lasts for up to six weeks but may differ depending how well healing occurs. While the plaster is on, it is important to keep your toes and knees moving to prevent them becoming stiff. When your consultant thinks you are ready the plaster cast will be removed and you can then start to move your ankle.

In some circumstances, your ankle may require surgery to stabilise the fracture with pins and plates (ORIF).

After removal of the plaster

Occasionally you will be told to reduce the amount of weight you put through your foot and ankle, or to avoid certain activities initially.

If you are not advised of any restrictions you should use your ankle as pain allows.

Your ankle may feel quite uncomfortable when the plaster is initially removed, along with apprehension around moving it, but this is normal. It is normal for your ankle to feel vulnerable once the plaster has been removed because it hasn't been moved for a long time.

It is important that swelling, pain, strength and stiffness are addressed following the removal of the plaster. You will be referred to our physiotherapy department for a graded exercise programme to help with this.

What should I expect after removal of my plaster?

Pain or discomfort

It is normal to get some pain and discomfort after your fracture. If you have been given painkillers you should take them as prescribed. By managing your pain it will allow you to complete your exercises and walk more comfortably.

If your pain is severe or continuous or you develop a painful, swollen calf you should contact your GP.

Dry, sensitive skin

Your skin may be dry and flaky. You may find that soaking your foot and ankle in warm water helps to reduce the pain and makes moving your ankle easier.

Exercising in water may therefore be a comfortable way of doing your exercises.

Increased sensitivity of the skin around the ankle is a normal side-effect of being in plaster.

Massaging your foot and ankle with plain moisturiser or body lotion may also help with the flaky skin, desensitise and make your foot more comfortable to complete your exercises

Swelling

It is normal for your ankle to swell after breaking your ankle and this may remain for up to one year after the fracture. This is normal and does not mean there is anything wrong with your ankle.

Swelling can reduce your ability to move your ankle and make it uncomfortable.

Try the following to minimise the swelling:

- When you are resting, sit with your leg up to elevate your foot.
- At night rest your foot on some pillows so that it is above the level of your heart.
- You may also wish to use ice to help manage your pain and swelling.
- Application of ice: Place a wet tea towel directly over your skin, and then place a bag of frozen peas on top of the towel. Keep the peas in place for 10- 15 minutes, checking to make sure that your skin has not become very red; repeat this up to 3 times a day.

Stiffness

It is important to try to move your ankle as much as possible after your fracture has healed to allow you to regain full function.

Completing your exercises and walking will help to reduce stiffness

Power

Your ankle will feel weak and wobbly after your plaster has been removed as you haven't used it properly whilst you have been in plaster.

You should gradually increase how much you use your ankle and how much you walk and be guided by your pain.

Pain management

Your ankle will be swollen and very painful in the first few days, which is to be expected as part of the healing process. Utilising an ice pack or frozen bag of vegetables can aid with relieving these symptoms. Use a towel to avoid applying directly to the skin, and do this for 20 minutes a time, 5 times a day. Elevating your ankle and leg will also assist in reducing the swelling.

Over-the-counter analgesia, such as paracetamol and ibuprofen, will also reduce your symptoms. If you require further information on pain relief, speak to your GP or pharmacist. Ensuring pain is to a minimum, allowing you to move your ankle, is vitally important.

Frequently asked questions

Why does my ankle look a funny shape?

As a fracture heals, new bone is formed at the site of the break in the bone (callus). This can result in a lump forming on the side of your ankle. This is normal and your ankle may change shape again over 12- 18 months as the bone remodels itself.

When can I start driving?

You can start driving once you have sufficient movement and strength to be able to control the pedals. You must be able to perform an emergency stop safely and pain free. This will vary between individuals but is usually six to eight weeks after removal of the plaster. You may wish to seek guidance from your insurance company.

Should I stop my exercises if my ankle swells or aches?

You should expect slight increase in discomfort and swelling initially when doing your exercises. This should settle however within a short time of finishing your exercises. You may need to take your painkillers initially to allow you to do your exercises comfortably.

How will I know when to stop using my crutches?

If you have had no restrictions to your weight bearing status, you should slowly increase the amount of weight you put through your foot as pain allows. You can wean yourself onto one crutch (using the crutch in the opposite hand to your injury) as pain and ankle movement allows. Some people then progress on to a stick or discard their crutches completely.

Exercises

It is very important to start the following exercises as soon as possible to prevent stiffening and losing range of motion within your ankle. They should be done as pain allows, with some discomfort being acceptable. If a sharp shooting pain is provoked then ease off. However, gently moving your ankle should begin to decrease the pain and not cause further damage. It is important to move your knee as well, if it isn't injured, as it too can become stiff.

If you have been given an airboot or ankle support, try to wean out of it as advised and remove initially for your exercises. It may be beneficial to remove it at night time to begin with and progress to only wearing it in busy places before discarding it altogether.

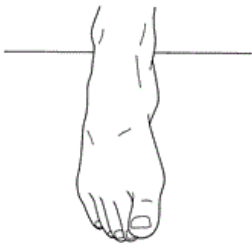
Doing the following exercises consistently is essential to prevent stiffening, and we recommend doing them little and often throughout the day.

The exercises

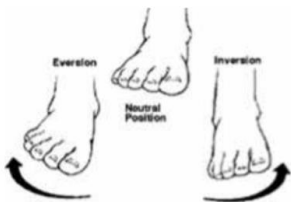
Early exercises: Movement



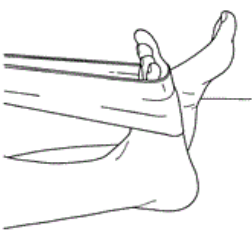
- 1) Gently move your ankles up and down to bend the ankle joint and point your toes.



- 2) Gently move your ankle round in circles, both clockwise and anticlockwise or write the alphabet.



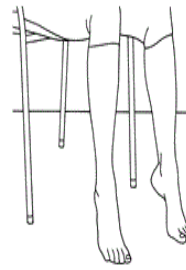
- 3) Gently move your ankle from side to side, ensuring you keep the knee still.



- 4) Use a towel around the bottom of your foot. Gently pull on the towel to bend your ankle. Hold the stretch for 10 seconds.



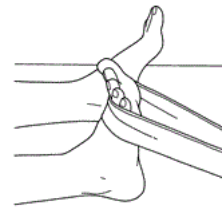
- 5) Sitting with your affected ankle crossed over the opposite knee. Point your toes and add pressure with your hand to stretch the top of your ankle



- 6) Sitting with your feet on the floor. Push up onto your toes and then roll back through your feet and onto your heels.



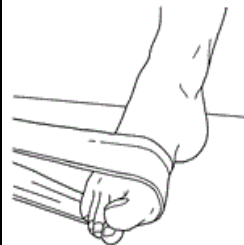
Exercise progressions: Strength and balance



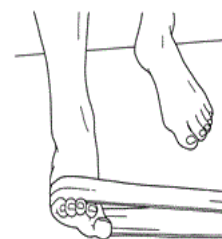
- 1) Place the theraband around the top of your foot and to a stable surface. Pull your toes up towards you against the band.



- 2) Place the theraband under your foot. Point your toes against the band. Relax.



- 3) Place the theraband on the inside of your foot and hold in the opposite hand. Do not allow your knee to move and pull your foot inwards. Relax.



- 4) Place the theraband on the outside of your foot and hold in the opposite hand. Do not allow your knee to move and pull your foot outwards. Relax.



- 5) Try to balance on your affected foot. Start with some support and gently wean this as able.



- 6) Stand holding a stable surface. Roll through your feet and push up onto your toes. Slowly lower.

Factors that influence healing

Staying on top of the following factors can help move the healing process along and give your ankle the best chance of a swift recovery:

Stress relief – utilise techniques such as mindfulness, meditation and deep breathing cycles. Speak to your health care professional for more information.

Sleep hygiene – consistently getting 6-9 hours is recommended by the NHS. Only use your bedroom for sleep, e.g. not TV.

Nutrition – make sure you have a balanced diet. Vitamin D has been correlated with reduction in joint pain.

Alcohol – avoid alcohol in the early stages of healing (first three days). Evidence has shown this can slow down recovery and increase the chances of re-injury.

Smoking – this has been linked with musculoskeletal pain and delayed healing. For more advice see smoking cessation or ask your therapist for more information.

General exercise – general cardiovascular exercise, such as a brisk walk each day, stimulates blood flow to the area.

You may require one-to-one physiotherapy if you are still struggling with your ankle after a few weeks of following this advice. If so, please contact us as below.

Clinic 10, Physiotherapy Department
Telephone: 01623 672384

King's Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL

Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service:

King's Mill Hospital: 01623 622515

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references for this leaflet (if relevant) please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

To be completed by the Communications office
Leaflet code: PIL202204-02-ANF
Created: May 2020 / Revised: April 2022 /
Review Date: April 2024