

Further information

If you require further information about your ankle fracture, speak to your consultant, GP or physiotherapist.

Produced by: Adult Physiotherapy Department
Loughborough Hospital
Hospital Way (off Epinal Way)
Loughborough
Leicestershire
LE11 5JY

This leaflet is for patients who have had their plaster removed.

The purpose of this leaflet is to support the advice given by your physiotherapist/consultant.

If you would like this information in another language or format, please contact the Patient Information Officer on 0116 295 0903

Visit our website: www.leicspt.nhs.uk

Date implemented: Sept 2010 Review date: Sept 2012 Leaflet No. 71 - Edition 1

Physiotherapy following an Ankle Fracture

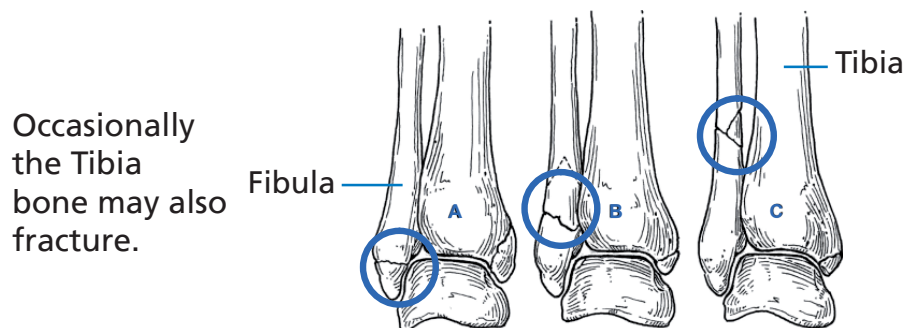


Patient Information Leaflet Physiotherapy Service

Authors: Felicity Norris and Emma Johnson

What is a broken ankle?

- A fracture is the same as a break.
- It normally involves a break to the Fibula bone on the outside of your lower leg and can occur below, at the same level or above your ankle joint (see diagram). This may be referred to as a Weber fracture.



How is it treated?

Plaster of Paris: your ankle may need to be manipulated into the correct position first. You will usually be in plaster for approximately four to six weeks.

Surgery: the ends of the bone are held in place with pins and plates.

Whilst the plaster is on...

It is important to keep your toes and knees moving.

After removal of the plaster

It is normal for your ankle to feel vulnerable once out of plaster 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.

Frequently asked questions (FAQs)

For how long will I experience swelling and/or discomfort in my foot/ankle?

Expect swelling/discomfort for up to one year post fracture. This is normal and does not mean there is anything to worry about.

Why does my ankle look a funny shape?

As a fracture heals new bone is formed which will join the broken ends together. This can result in a lump forming on the side of your ankle. This is normal and will take place over 12-18 months.

When can I start driving?

When you have sufficient movement and strength to be able to control the pedals and feel that you could perform an emergency stop safely. This will vary between individuals but is approximately six-eight weeks after removal of the plaster. Please make sure that you speak to your insurance company.

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

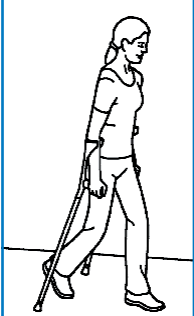
It is normal to expect some increase in swelling or soreness when doing the exercises. Use your pain medication if necessary to enable you to perform the exercises.

How will I know when I can walk without my crutches?

Your consultant will tell you whether you are allowed to put any weight through your foot when your cast is removed. After this period you can begin to gradually put more weight through your foot as pain allows.

Using crutches

Note: Only put as much weight through your foot as you have been advised by your consultant.



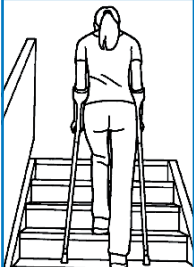
Walking with 2 crutches:

1. Put both crutches forward
 2. Step forward with your bad leg
 3. Step forward with your good leg
- You should try to step in front of your bad leg with your good leg. Put as much weight through your bad leg as advised by your consultant or as pain allows.

NB. You should try to put your heel down first and push off with your toes when walking.

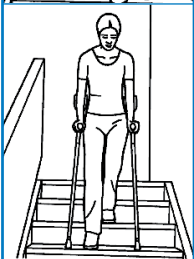
Walking with 1 crutch:

Hold the crutch in the opposite hand to your bad leg. Put the crutch and your bad leg forwards at the same time, then step forwards with your good leg.



Going up stairs with crutches:

Step up with your good leg. Then step up with your bad leg and bring the crutches up too. If you prefer you can hold a banister with one hand and use 1 crutch. The method is the same as using 2 crutches.



Going down stairs with crutches:

Put your crutches down and step down with your bad leg. Then step down with your good leg. If you prefer you can hold a banister with one hand and use 1 crutch. The method is the same as using 2 crutches.

For the purposes of the images on this page: 'bad leg' is the right leg.

What should I expect when my plaster is taken off, and what can I do?

Pain or discomfort

It is normal to get some pain after your fracture. If you have been given pain killers you should take them as prescribed, this will allow you to do your exercises and walk more. **Always** check instructions or ask your pharmacist or GP about over the counter pain killers. However, **if your pain is severe or continuous you should contact your GP.**

Swelling

Swelling can reduce your ability to move your ankle and inhibit movement.

Try the following to minimise 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 lies above the level of your heart.
- An ice pack is very good at helping to reduce swelling. To apply an ice pack; sit with your foot up, wrap a bag of frozen peas in a wet tea-towel and put this onto your ankle. Leave it on for 10-15 minutes. You should check your skin regularly for any sign of ice burns. Your physiotherapist will advise on how often you should do this.


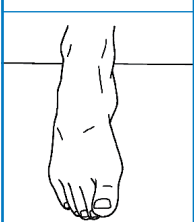
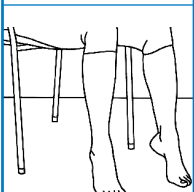

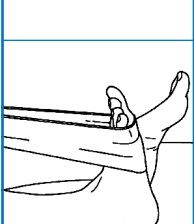
Stiffness

It is important to try and get as much movement as possible in your ankle after the fracture has healed. Exercising and walking will help to reduce stiffness.

Strength

You will have decreased strength in your ankle because it hasn't been used while in the plaster. You should gradually increase how much you use your ankle and how much you walk and be guided by your pain.

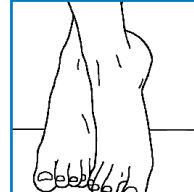
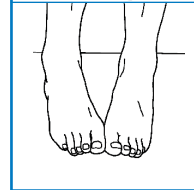
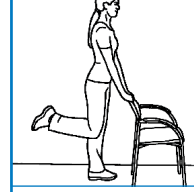
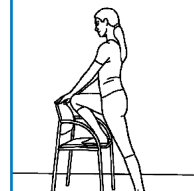
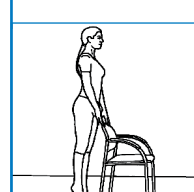
Early exercises - Designed to improve movement and function. To be started as soon as your cast is removed and carried out four or five times a day.

	Lying on your back or sitting. Bend and straighten your ankles. Hold for 10 seconds in each position. Keep your knees straight. Repeat 10 times
	Sitting or lying. Move your ankle around slowly in a large circle. Repeat in opposite direction. Repeat 10 times
	Sitting on a chair. Alternately raise your toes and heels. Repeat 10 times
	Sitting on a chair. Cross the ankle to be stretched over the other knee. Place your hand on the top of your foot and stretch your ankle (point toes). Feel the stretch in your shin. Hold for approximately 10 seconds
	Sit with one leg straight out in front of you. Put a towel around your foot. Gently pull the towel and feel the stretch in your calf. Hold for approximately 10 seconds

All images on pages 4, 5 and 6 are © PhysioTools Ltd.

Intermediate exercises

Note: Only start these exercises if your consultant is happy for you to put full weight on your foot.

	Sitting. Cross your feet and put the outer edges of your little toes together. Press the outer edges of your little toes together. Hold for 5 seconds. Repeat 10 times
	Sitting. Put the inner edges of your big toes together. Press the inner edges of your big toes together. Hold for 5 seconds. Repeat 10 times
	Stand holding on to a support. Transfer your weight onto your bad leg, lifting the good leg off the floor. Repeat 10 times
	Place your foot on a chair and hold the back to balance. Line your heel up with the front edge of the chair. Gradually move your knee towards the back of the chair keeping your whole foot in contact with the chair. Hold for 10 seconds
	Stand holding onto a support. Push up onto your toes. Repeat 10 times

Please note: Exercise, like medication, requires a specific dose; not enough will be of no benefit, too much may do harm. Only exercise to a comfortable level. Mild discomfort during exercise is acceptable and is normal as long as it settles throughout the day.