

Avulsion Fractures of the Foot & Ankle

Patient Information

Fracture Clinic

Author ID: JD & LV
Leaflet Ref: Musc 070
Version: 2
Leaflet title: Avulsion Fracture of the Foot & Ankle
Last reviewed: February 2022
Review Date: February 2024



Disclaimer

Not all exercises are suitable for everyone and while every precaution was taken in selecting these exercises, they do not come without risks. If you have any concerns regarding injury, or whether or not you should partake in the exercises, then you should consult your GP or Physiotherapist prior to commencing any exercises shown here.

It is quite normal to feel some discomfort following exercise, but it is important that this discomfort eases within 2 hours of finishing the exercise and doesn't have an overall negative effect on your symptoms.

The exercise plans shown here are designed to be used as a guide and a point of reference, they are not exhaustive and can be modified and progressed under the supervision of your physiotherapist.

Introduction

There are several small bones in the foot these include the talus, navicular, calcaneus, cuboid, cuneiforms and metatarsals and it is common for a fracture to occur in one of these bones. An avulsion fracture is an injury to the bone which occurs near where the bone attaches to a tendon or ligament. The fracture happens when the tendon or ligament pulls away, and a small piece of bone pulls away with it.



Healing

This injury will take around 6-12 weeks to heal. Smoking slows down the healing process. We advise that you stop or cut down whilst recovering from your injury speak to your GP or you can go online at <https://www.nhs.uk/smokefree>.

Pain and swelling

Be guided by how your injury feels during your recovery. Taking regular seated rests can help to keep you comfortable when your ankle swells, feels very tight or painful.

You can use simple over the counter painkillers to help with the pain. Some patients find that ice packs help with the pain and swelling.

It is normal for symptoms of pain, swelling and stiffness to come and go, as you improve. The swelling may last up to a year after your injury and is often worse at the end of the day.

Walking and your boot

The boot you have been provided with is to help keep you comfortable. Your ankle does not need to be kept still in a plaster cast.

You are allowed to put your full weight on the ankle, even if it is painful.

Use the boot whenever you are up standing on your ankle for the first four weeks. You may also need crutches in the early stages if your ankle is very sore. You can take the boot off when you are resting and at night, to sleep.

Exercise

It is important to start moving the ankle straight away. Follow the instructions in this booklet.

Please ask the team looking after you about any other exercise or hobbies you have, and about getting back to work.

Follow up

We do not routinely bring you back to the hospital as these injuries recover well with self-management. Please contact the team if after 12 weeks you still have significant pain or if you are still using the boot at six weeks.

Any questions

If you are worried about your symptoms, feel unable to follow the plan in this booklet or have pain other than at your ankle, please contact the team.

Caring for your injury week 1-4

Remember to wear your boot when standing or walking for the first four weeks. You can take the boot off to sleep at night and when resting.

Using ice can help with your pain and swelling. Wrap a damp tea towel around a bag of frozen peas and place on your foot and ankle for up to 15 minutes, each hour, as needed.

Make sure the ice doesn't directly touch your skin. Do not use ice if the feeling in your foot or ankle is reduced or you have skin problems.

Rest your ankle for the first 24 – 72 hours after your injury. Sit more than usual and keep your foot lifted (elevated) up off the floor on a stool or cushions. This will help to reduce the swelling.

Ankle exercises

Movement of your foot and ankle is important to help your circulation and reduce the risk of developing a blood clot (deep vein thrombosis or DVT).

Start this exercise now, moving as far as you can comfortably. Repeat 3-4 times a day.



1. Point your toes down as far as you can.
2. Pull them up toward you.

Repeat for 15-30 seconds



Add this exercise **two weeks after your injury**

1. Make gentle circles with your foot in one direction.
2. Make gentle circles with your foot in the opposite direction.

Repeat for 15-30 seconds.

Caring for your injury week 4-6...

It is normal to still have some swelling and discomfort. This may continue up to a year after your injury.

You can now stop using your boot. To start with, try this for short periods around the house. Build up to longer amounts of time in one go and walking outdoors. You should not be using your boot after six weeks.

Gradually increase the amount of time you spend up on your feet along with your general, day to day activity levels. You should avoid any impact activity for 3 months; this includes running, jumping and dancing.

...Caring for your injury week 4-6

Start the following exercises now:


<p>Seated Ankle Glides</p> 	<ol style="list-style-type: none"> 1. Sit on a Chair; keep your heel in contact with the floor throughout. Slide your foot out. 2. Slide your foot back as far as you are able. Aim for FULL movement. <p>Repeat 12-15 times.</p>
<p>Calf stretch (assisted)</p> 	<ol style="list-style-type: none"> 1. Sit with legs out straight and hook a towel around your foot and pull back toward you. 2. Keep your leg straight, feel the stretch in your calf. <p>Hold 20-30 seconds.</p> <p>Repeat 3 times.</p>



Caring for your injury week 6-12

It is normal to still have some swelling and discomfort. This may continue up to a year after your injury.

You should no longer be using your boot or crutches. You are now ready to start to challenge your foot and ankle more, with harder exercises. This last stage of rehabilitation is important to improve your balance and reduce the risk of you injuring your ankle again.

Now start these exercises to improve your muscle strength and balance:

<p>Seated Heel Raise</p> 	<ol style="list-style-type: none"> 1. Sitting towards the edge of a Chair with your foot flat on the floor. Lift your heel up, until only your toes remain in contact with the ground. 2. Then slowly lower back down. <p>Repeat x 10</p>
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<p>Sit – Stand (Chair Squat)</p> 	<ol style="list-style-type: none"> 1. Start by sitting on the edge of a chair with feet shoulder width apart. Bend from the hips, lean forward and drive up into a standing position; ensuring your bodyweight is directed through your heels. 2. Stand up, without using your hands if you can. <p>Repeat x 10</p>
<p>Single Leg Balance</p> 	<ol style="list-style-type: none"> 1. Hold onto your kitchen worktops or the back of a chair. Stand on your injured leg and balance. Gradually reduce the amount of weight you put through your arms. 2. Closing your eyes makes the exercise harder. 3. Standing on something wobbly (like a cushion) makes this harder still. <p>Aim for 20-30 seconds of balancing</p>

Frequently asked questions

What if I struggle with the boot?

The boot has a ‘rocker’ on the bottom and a thick sole. This can initially make you feel unsteady. Wearing a shoe on your good leg, with a thicker sole like a trainer can help. Your boot comes with an instruction leaflet. If you need more advice please contact the team.

When can I drive?

You must not drive with the boot on. It is your own responsibility to make sure you are able to safely control the car.

You are allowed to drive when:

- You are no longer using the boot
- You are walking normally
- You can perform an emergency stop.

When can I go back to work?

This depends on your individual situation. Ask the team during your visit to the Emergency Department or the Fracture Clinic. Your GP can also advise you further.

What do I do with my boot and crutches once I have finished with them?

Your boot cannot be re-used and should not be returned to the hospital. Please dispose of it with your normal household waste.

Your crutches can be returned to Fracture Clinic or Emergency Department.

Further Advice

If you have any concerns regarding your ankle.

Fracture Clinic: 01942 822109 Monday to Friday 8.30am until 5pm.

If you are struggling to regain your movement or get back to normal activities, you can self-refer to Physiotherapy. Referral form can be found on the link below.

<https://www.wvl.nhs.uk/adult-msk-physiotherapy-self-referral>

If you have any urgent concerns out of hours, please call 111.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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