

Ankle fracture – non-weight-bearing



Summary points to remember:

- Ankle fractures may be caused by trauma such as a twisting movement, a fall or car accident
- You should not put any weight on your injured leg for six weeks
- You will be fitted with a plaster cast or CAMboot to support your ankle while the fracture heals
- This brochure provides some information to assist with the management and rehabilitation of your injury. While it contains the recommended information, it does not contain all available information about your injury and is not a substitute for specific advice from the Virtual Fracture Clinic in respect of your injury
- All treatment options have risks and benefits
- If you have any concerns about the progress of your rehabilitation, contact the Virtual Fracture Clinic promptly
- Do not continue the exercises in the brochure if:
 - You experience increasing pain (some discomfort is common)
 - Your condition has deteriorated in any way since you last consulted the Virtual Fracture Clinic
 - You have a new injury or condition and have not consulted the Virtual Fracture Clinic about it
- This information is only designed for patients who are currently being treated by the Virtual Fracture Clinic at the Royal Melbourne Hospital (RMH)
- If you do not understand the information seek clarification from the Virtual Fracture Clinic
- Patients should be aware that the suggested management is not guaranteed to provide any improvement in your condition
- Keep this brochure as you may need to read it again

Virtual Fracture Clinic

The Virtual Fracture Clinic gives fast access to a specialist orthopaedic opinion without having to visit the RMH in person.

An orthopaedic surgeon will review your case and a staff member will contact you to discuss your management plan.

Your diagnosis is: ankle fracture, non-weight-bearing

The bones of the ankle are the fibula (outer side) and tibia (inner side).

Ankle fractures may be caused by trauma such as a twisting movement, a fall or car accident.

Early management: the first 72 hours

It is normal for your ankle to become bruised and swollen. This will settle over a few weeks.

Follow these guidelines to help with any pain and swelling:

Rest: Spend most of your time lying down, resting. Avoid any activity that increases your pain, such as long walks or standing for a long time.

Ice: Ice your ankle for **20 minutes every one to two hours**. Use an ice pack, bag of frozen vegetables or crushed ice wrapped in a towel. Do not place ice directly on your skin. Continue for **three to 10 days** after your injury.

Elevation: Position your ankle higher than your heart (see photo below).



Plaster cast / CAMboot

You will be fitted with a plaster cast or CAMboot to support your ankle while the fracture heals.

Wear the cast/boot for six weeks.

Keep the cast/boot on **at all times**, including when you are sleeping. Wrap your leg in a garbage bag for showers. You can clean your toes with disposable wipes.

When you stop wearing the cast/boot, wear flat, supportive shoes for a further four weeks.



To learn how to fit the boot visit:
fracturecare.co.uk/general-advice/fitting-your-boot

Walking

You should not put any weight on your injured leg for **six weeks**. Use crutches or a walking frame to 'hop'.



Medication

Simple medication such as paracetamol or NSAIDs (non-steroidal anti-inflammatory drugs) may help to control your pain.

Speak with your General Practitioner (GP, also called your local doctor or family doctor) or pharmacist about medication options.

Smoking

Research shows that smoking increases the risk of poor healing in fractures. Stopping smoking will improve the chance of a good outcome.

For further information on quitting smoking visit quitnow.gov.au or speak with your GP.

Rehabilitation exercises: after 48-72 hours

With the cast/boot on, move your toes up and then down. Repeat 20 times, four times a day



Physiotherapy

Most patients will benefit from physiotherapy treatment following an ankle fracture. You should start physiotherapy after your cast/boot is removed (at approximately six weeks after the injury).

Speak with your GP about physiotherapy options in your area, or contact the Virtual Fracture Clinic to arrange physiotherapy at the RMH.

Expected return to daily activities

Different people recover from broken bones at different rates. Most ankle fractures will heal in six to eight weeks.

Return to driving

- Automatic car
 - If your **left** ankle is fractured you may return to driving immediately
 - If your **right** ankle is fractured you may return to driving from six weeks after your injury provided you no longer need the CAMboot **and** your right leg has enough strength to perform an emergency stop
- Manual car
 - You may return to driving six weeks after your injury provided you no longer need the CAMboot **and** your right leg has enough strength to perform an emergency stop

Return to work

The amount of time you will need off work relates to the severity of your injury and work requirements. Discuss your return-to-work plan with your GP and employer. As a guide:

- Manual workers: If you need to walk on uneven ground or climb it may take eight weeks to return to normal duties
- Desk workers: You can return as soon as your pain allows

Return to sport

It is recommended that you see a physiotherapist for a guided return-to-sport program.

Future appointments

If you are wearing a cast, you will have an appointment **six weeks** after your injury to have the cast removed and to see a physiotherapist.

Please contact us if you have not received notification of this appointment.

Longer term recovery and expectations

Most people achieve a normal function after this injury. It is possible that you could have mild ongoing discomfort or limp.

If you still have significant pain or limitation **three to six months** after your injury despite physiotherapy and rehabilitation you may need a review with an orthopaedic specialist. Discuss this with your GP.

Contact

Contact the Virtual Fracture Clinic if:

- You have not heard from us **two working days** after your Emergency Department visit
- Your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help
- You notice increasing pain without a cause after it was improving
- You notice major numbness, pins and needles, or changes in circulation in your foot or ankle
- Your symptoms are still bad after six weeks

Contact

Virtual Fracture Clinic

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Practitioner / Patient notes

