

Ankle Fracture - Non-weight bearing

Summary Points to Remember

- Do not put any weight through your ankle for **6 weeks**
- Wear the camboot or plaster for **6 weeks**
- No using the injured foot to drive whilst wearing a camboot/plaster

Virtual Fracture Clinic

Your Emergency Department doctor has referred you to the Virtual Fracture Clinic. This allows fast access to a specialist opinion without having to visit the hospital in person.

A Specialist Orthopaedic Surgeon will review your case, then a staff member will contact you by telephone to discuss your management plan.

Your diagnosis is: Ankle fracture

The bones of the ankle are the fibula (outer side) or tibia (inner side). Ankle fractures may be caused by a twisting movement, a fall or car accident.



Early Management: 0-72 hours after the injury

It is normal for your ankle to become bruised and swollen. This will settle over a few weeks. Follow the 'RICE' guidelines to help pain and swelling:

Rest

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

Ice

In your back slab, ice the ankle for **20 minutes every 1-2 hours**. Use an ice pack or bag of frozen vegetables. Do not get the plaster wet. Continue this for **3-10 days** after your injury

Elevation

Position your foot above the level of your heart

Camboot/Plaster Cast:

- You will be provided with a camboot or a plaster cast to support your ankle while the fracture heals
- Wear the boot/cast for **6 weeks**
- Keep the boot/cast **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 cease wearing the boot/cast, wear supportive shoes until the pain settles



To learn how to fit the boot visit:

www.fracturecare.co.uk/general-advice/fitting-your-boot/

Walking:

You should **not put any weight through your foot for 6 weeks**. You must hop using crutches or a walking frame.



Medication:

Simple medication such as paracetamol or anti-inflammatories may help to control your pain. Speak with your local doctor (GP) or pharmacist about your 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.

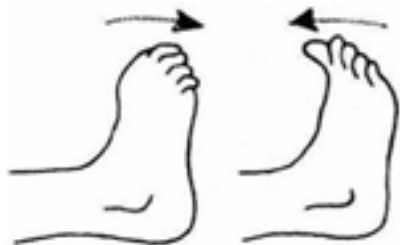
For further information on quitting smoking visit www.quitnow.gov.au or speak with your GP.

Rehabilitation: After 48-72 hours

Exercises:

Perform the following exercises 4 times a day:

- In the boot/cast move your toes up and down – repeat 20 times



Physiotherapy:

Most patients will benefit from physiotherapy treatment following an ankle fracture. You should start physiotherapy **after 6 weeks** when the boot/cast is removed.

- Speak with your local doctor (GP) about physiotherapy options in your area **or**;
- Contact the Virtual Fracture Clinic to arrange physiotherapy at the hospital (Medicare bulk billed)

Expected return to daily activities

It is important to note that different people recover from broken bones at different rates. Most ankle fractures will heal in 6-8 weeks.

Driving:

You can return to driving:

- Automatic car: If your **left** ankle is fractured: immediately. If your **right** ankle is fractured: **6 weeks** after injury, provided you no longer need to wear the boot/plaster AND the right leg has enough strength to safely perform an emergency stop
- Manual car - **6 weeks** after injury, provided you no longer need to wear the boot/plaster AND the right leg has enough strength to safely 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 local doctor and employer.

As a guide:

- Manual workers - If you need to walk on uneven ground or climb it may take **8-10 weeks, or more** 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

Longer term recovery and expectations

Most people achieve a near normal ankle function after this injury, but it may take several months. It is possible that you could have mild ongoing discomfort or limp, but this should not prevent you from functioning at your pre injury level.

If you still have significant pain or limitation 3-6 months after your injury despite physiotherapy and rehabilitation you may need to see an orthopaedic specialist. Discuss this with your local doctor.

When to contact the Virtual Fracture Clinic

- **If you have not heard from us TWO working days after your Emergency Department visit**
- If your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help
- If you notice increasing pain without a cause after it was improving
- If you notice major numbness, pins and needles, or changes in circulation in your foot / ankle
- If your cast becomes loose or damaged (e.g. water damage)
- If you have a plaster cast and are travelling via air – check with the airline if your cast needs to be split
- If your symptoms are still bad after 12 weeks

This brochure provides some information to assist with 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. This advice is of a general nature and is appropriate for the majority of patients with this condition. However, it may not apply your specific injury and circumstances.

If you have any concerns about 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. 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.

If you have any questions or concerns please contact
the Virtual Fracture Clinic

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