

Toe Fractures

Summary Points to Remember

- It is safe to put full weight as tolerated on your foot
- Wear sturdy shoes with a stiff sole
- You can drive when you have adequate pain control and enough strength to perform an emergency stop

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: Toe fracture

A broken toe can be very painful but, in most cases, it will not need surgery. Broken toes are usually caused by trauma such as kicking an object or dropping something heavy on the foot.



Early Management: 0-72 hours after the injury

It is normal for your foot 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

Ice the foot for **20 minutes every 1-2 hours**. Use crushed ice in a damp towel or an ice pack (do not place ice directly on the skin). Continue this for **3-10 days** after your injury

Compression

You can wear a compression bandage or Tubigrip (elastic stocking you can buy at the pharmacy) on the foot and ankle. If you experience pins and needles, numbness, or colour changes in the toes loosen the compression as it may be too tight

Elevation

Position your foot above the level of your heart



Buddy Strapping:

You may be advised to 'buddy strap' your injured toe to the next toe to provide support. This should **continue for 2-4 weeks** to be effective. **If the injured toe hurts more when strapped, remove the tape.**

- Place a small piece of gauze or cotton wool between the toes – this protects the skin
- Loosely wrap the two toes with a rigid tape – do not pull the tape too tight, the injured toe should remain straight
- The tape can be removed to wash the toe. You can purchase new tape from a pharmacy to re-apply the strapping



Footwear:

- Wear sturdy shoes with a stiff sole and wide 'toe box' (the front section of the shoe) i.e.: boots or sneakers, for **4 weeks** (or up to 8 weeks if you have ongoing pain).
- Avoid shoes that bend or squash your broken toe.
- For fractures of the big toe you may be provided with a special stiff soled shoe or camboot. You can remove this boot for showers and sleeping if comfortable.



To learn how to fit the boot visit:

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

Walking:

It is safe to put full weight on your foot (the medical term for this is 'weight bear as tolerated'). If you are experiencing a lot of pain try walking on your heel or using crutches.



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:

Remove the boot and gently perform the following exercises **4 times a day**:

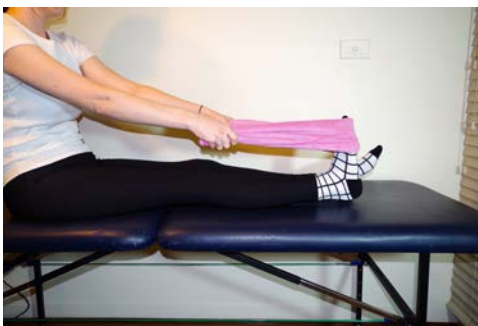
- Point your foot up and down within a comfortable range of movement – repeat 10 times



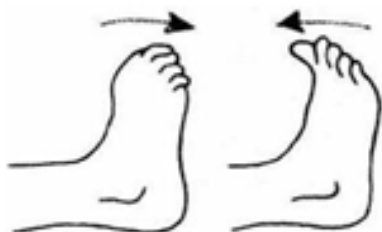
- Keeping your leg still, turn your feet towards each other, then away from each other – repeat 10 times



- Using a towel or scarf gently stretch the foot back towards you – hold for 10 seconds, repeat 5 times



- Move your toes up and down 20 times



Physiotherapy:

If **after 6 weeks** you are having trouble walking or still need to wear the boot you may benefit from physiotherapy treatment

- 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 foot fractures will heal in 6-8 weeks.

Driving:

You can return to driving:

- Automatic car: If your **left** foot is fractured: immediately. If your **right** foot is fractured: once the right leg has enough strength to perform an emergency stop.
- Manual car – Once the 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 your 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 **3-4 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.

Longer term recovery and expectations

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

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 symptoms are still bad after 6 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, contact the
Virtual Fracture Clinic

Department of Orthopaedic Surgery | iPolicy Number [ORT03.01B](#) | Virtual Fracture Clinic Coordinator | Reviewed March 2020



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