

Toe fracture



Summary points to remember:

- Use this link or QR code to watch a video about a toe fracture: thermh.org.au/vfc
- A broken toe can be very painful but in most cases it will not need surgery
- It is safe to put your full weight on your foot while wearing a supportive shoe or a CAMboot
- 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: 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: the first 72 hours

It is normal for your toe to become bruised and swollen. This will settle over a few weeks. Follow the RICE (rest, ice, compression, elevation) 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 foot 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.

Compression: Wear a compression bandage or Tubigrip (an elastic stocking you can buy at the pharmacy) on your foot and ankle. If you experience pins and needles, numbness or skin colour changes, loosen the compression as it may be too tight.

Elevation: Position your foot higher than your heart (see photo to the right).



Buddy strapping

You may be advised to 'buddy strap' your injured toe to the next toe to provide support. This should continue for two to four 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 strapping.



Footwear

Wear sturdy shoes with a stiff sole and wide 'toe box' (front of the shoe) for four weeks, such as boots or sneakers. Avoid shoes that bend or squash your injured toe.

For fractures of the big toe you may be provided with an orthopaedic shoe or CAMboot. These can be removed for showers and sleeping if comfortable.



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

Walking

It is safe to put your full weight on your foot while wearing a supportive shoe or the CAMboot (the medical term for this is 'weight bear as tolerated').

If walking is painful, try weight-bearing on your heel, or use crutches.



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 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

Perform these exercises **four times a day**:

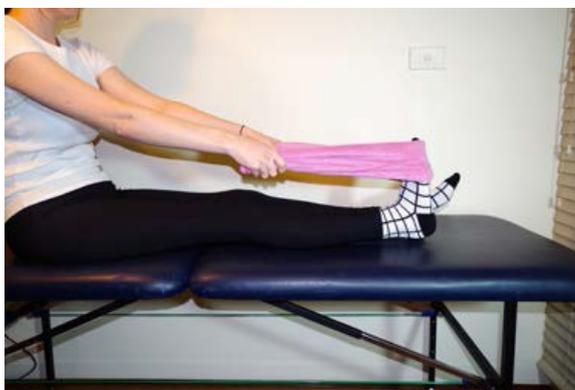
- Point your foot up and then down. Repeat 10 times



- Turn your feet towards each other and then away from each other. Repeat 10 times



- Use a towel to gently stretch your foot back towards you. Hold for 10 seconds. Repeat five times



Physiotherapy

If you are having trouble walking after six to eight weeks a physiotherapist may be able to help. 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 toe fractures will heal in six to eight weeks.

Return to driving

- Automatic car
 - If your **left** foot is fractured you may return to driving immediately
 - If your **right** foot is fractured you may return to driving provided you are not using a CAMboot **and** your right leg has enough strength to perform an emergency stop
- Manual car
 - You may return to driving provided you are not using a 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 three to four 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 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

