

'Weber A' ankle fracture

Information for patients

Outpatient Fracture Care Team: Shared care plan

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This is a follow-up letter to your recent telephone consultation with the Fracture Care Team explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (bone specialist) and Fracture Care Extended Scope Physiotherapist.

You have sustained a fracture to your fibula (outside ankle bone); this is classified as a stable Weber A type fracture.

Please see the picture below to understand where this injury is. This normally takes approximately six weeks to unite (heal) although pain and swelling can continue for three to six months. You may walk on the foot as comfort allows although you will find it easier to walk with crutches in the early stages. The swelling is often worse at the end of the day; elevating your foot will help.

The boot you may have been given is for your comfort only and is not needed to aid fracture healing. Take pain killers as prescribed. If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please phone the Fracture Care Team for advice.



We do not routinely follow up patients with this type of injury. However, if after six weeks you are

- still experiencing significant pain and swelling or
- struggling to wean out of the boot

please do not hesitate to contact us for a further consultation.

If you are experiencing pain or symptoms, other than at the site of the original injury or surrounding area, please get in touch using the telephone or email details at the top of this letter.

Please follow the management/rehabilitation plan shown below:

Weeks since injury	Rehabilitation plan
0-4	Wear the boot all of the time when walking. Use the crutches to take some of the weight off your foot. It is fine to take the boot off at night and when resting at home. It is also important to perform the exercises below regularly to get the movement back. Begin the 'Initial exercises'
4-6	Try to wean yourself out of the boot and walk without the crutches. Try walking around the house at first. You will want to wear the boot if you go on a long walk. Start the exercises below labelled 'Exercises from four weeks onwards'.
6-12	The fracture should be united (healed) and you can begin to resume normal activity but be guided by any pain you are experiencing. You should be able to carry out day-to-day activities. Arduous tasks, long walks etc., may still cause some discomfort and swelling. Start the exercises below labelled 'Exercises from six weeks onwards'.

Initial advice

Cold packs:

A cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short term pain relief. Apply this to the sore area for up to 15 minutes every few hours, ensuring the ice is never in direct contact with the skin.

Rest and elevation:

Try to rest the foot for the first 24-72 hours to allow the early stage of healing to begin. Raise your ankle above the level of your hips to reduce swelling. You can use pillows or a stool to keep your foot up.

Early movement and exercise:

Early movement of the ankle and foot is important to promote circulation and reduce the risk of developing a DVT (blood clot). Follow the exercises below without causing too much pain. This will ensure your ankle and foot do not become too stiff. These exercises will help the healing process.

Early weight bearing (putting weight through your injured foot) helps increase the speed of healing. Try to walk as normally as possible as this will help with your recovery.

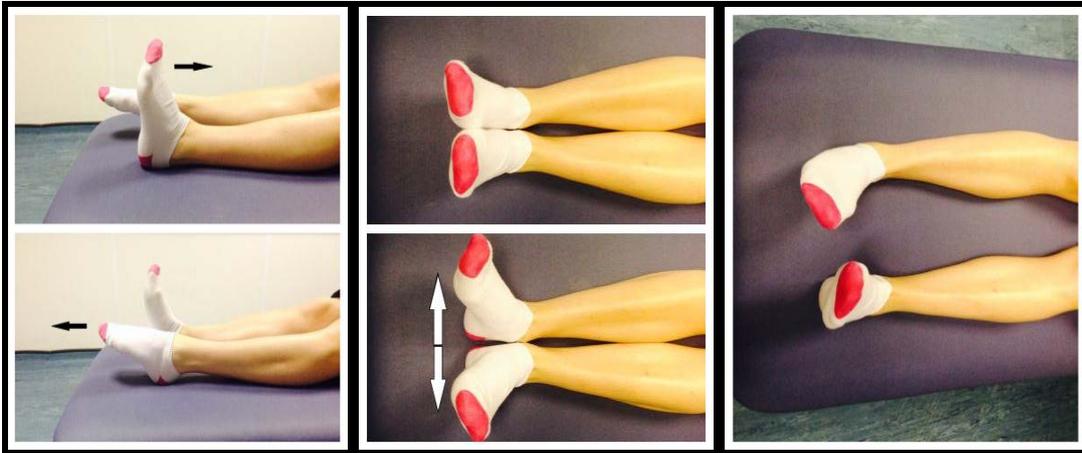
Smoking cessation

Medical evidence suggests that smoking prolongs fracture healing time. In extreme cases it can stop healing altogether. It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your fracture will help ensure optimal recovery from this injury. For advice on smoking cessation and local support available, please refer to the following website: <http://smokefree.nhs.uk> or discuss this with your GP.

Initial exercises to start straight away (three to four times a day)

Ankle and foot range of movement exercises. Repeat each exercise 10 times.

1. Point your injured foot up and down within a comfortable range of movement.
2. With your heels together, move your toes apart, as shown in the picture.
3. Make circles with your foot in one direction and then change direction.

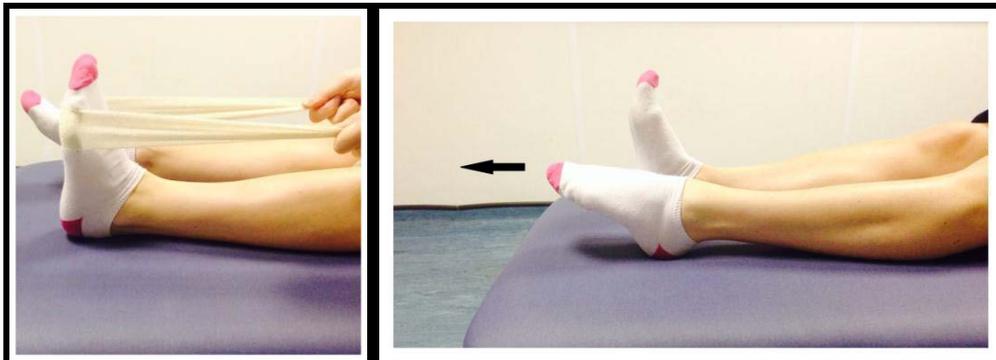


Exercises from four weeks onwards

Ankle stretches

1. Sit with your injured leg straight out in front of you. Put a towel or bandage around your foot and pull it towards you. Feel a stretch in the back of your calf.
2. Point your toes down as far as they go, then use the other foot on top to apply some pressure to create a stretch on the top of your foot.

Hold both stretches for up to 30 seconds and repeat three times.



Exercises from six weeks onwards

Balance strategy exercises

Level 1: For patients who could not stand on one leg before their injury.



- Stand with your feet as close together as possible, using something firm to hold onto. Hold this for 30 seconds. If you can do this, move onto Level 1b.
- As above, but removing your hand so that you are balancing. Hold this for 30 seconds. If you can do this move onto Level 1c.
- Holding onto something firm, put one foot in front of the other as close together as you feel comfortable with. Hold this for 30 seconds. Repeat, switching feet. If you can do this easily you may like to try without holding on, but only if you feel confident to do so.

Level 2: For patients who could stand on one leg before their injury.



- Holding onto a firm surface, attempt to stand on one (your injured) leg. Hold this for 30 seconds, making sure it does not induce any pain. Once you can achieve this pain free, move to Level 2b.
 - As above, but removing your hand so that you are balancing. Hold this for 30 seconds. If you can do this move onto Level 2c.
 - Once confident with your eyes open, progress to attempting this with your eyes closed. Always stand in a safe environment with a firm surface close by should you need it. Hold this for 30 seconds.
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Advanced exercises for sports rehabilitation



Level 1: For patients who would like to develop dynamic ankle control for sports.

- a) Standing on an uneven surface, such as a doubled-over pillow or wobble cushion, attempt to balance for 30 seconds. Once you can achieve this pain free, move to Level 1b.
- b) Once confident with your eyes open, progress to attempting this with your eyes closed. Always stand in a safe environment with a firm surface close by should you need it. Hold this for 30 seconds.



Level 2: For patients who would like to develop dynamic core control for sports.

- a) Stand with one foot in front of the other, with your hands together. Swing your arms in a figure of eight in both directions for one to two minutes, or as able.
 - b) As above, but bring your feet so they are touching toe to heel.
 - c) As a) and b) above, but with your eyes closed.
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Further information and advice can be obtained from:

NHS 111
NHS Choices online

 **111**
www.nhs.uk

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone:  01622 224960 or  01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

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