

Orthopaedic Department
York Teaching Hospital

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 Physiotherapist.

You have sustained an avulsion fracture to your foot, which is treated like a soft tissue injury (sprain) to your foot.

Healing: It normally takes 6 weeks for this injury to heal.

Pain & swelling: Take pain killers as prescribed.
Swelling is often worse at the end of the day and elevating it will help.

Walking: You may walk on the foot as comfort allows. You may find it easier to walk on your heel to start with.
If you have been given a boot to wear, it is for comfort only and is not needed to aid fracture healing.

Follow up: We do not routinely follow up patients with this type of injury.
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 worried that you are unable to follow this rehabilitation plan, or have any questions, then please phone the Fracture Care Team for advice.

Or, 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 e-mail details at the bottom of this letter.

York Virtual Fracture Clinic Contact details:

Phone: 01904 726575

**Scarborough Trauma Assessment and
Treatment Unit (TATU):**

Phone: 01723 342021 / 07385 463781

Email: virtualfractclinic@york.nhs.uk

Please follow the management plan below.

What to expect:

Weeks since injury	Rehabilitation plan
0-2	<ul style="list-style-type: none"> ✓ If supplied, wear the boot for comfort when walking. ✓ Take the boot off at night and when resting at home. ✓ If you are using crutches, try to stop using them as soon as you are able. ✓ Begin the 'Initial Exercises'.
2-6	<ul style="list-style-type: none"> ✗ Try to stop using the boot and try to walk without the crutches. ✓ Start around your home first. ✓ You may want to wear the boot if you go on a longer walk. ✓ Start the exercises below labelled 'Exercises from 2 weeks onwards'.
6 -12	<ul style="list-style-type: none"> ✓ Your injury is healed. You may have mild pain and swelling for 3-6 months. ✓ Begin to resume normal activity - be guided by any pain you experience. ✓ You should be able to carry out day to day activities. ✓ If appropriate, start the 'Advanced exercises for sports rehabilitation' below. ✗ Arduous tasks and long walks may still cause some discomfort and swelling.
12	If you are still experiencing pain and swelling then please contact the Fracture Care Team for advice.

Advice for new injuries:

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.

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Smoking advice:

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.

Boot advice:

Diabetic patients: If you are diabetic please contact us to discuss your boot. This is particularly important if you have problems with your skin. We may provide you with a specialist diabetic boot.

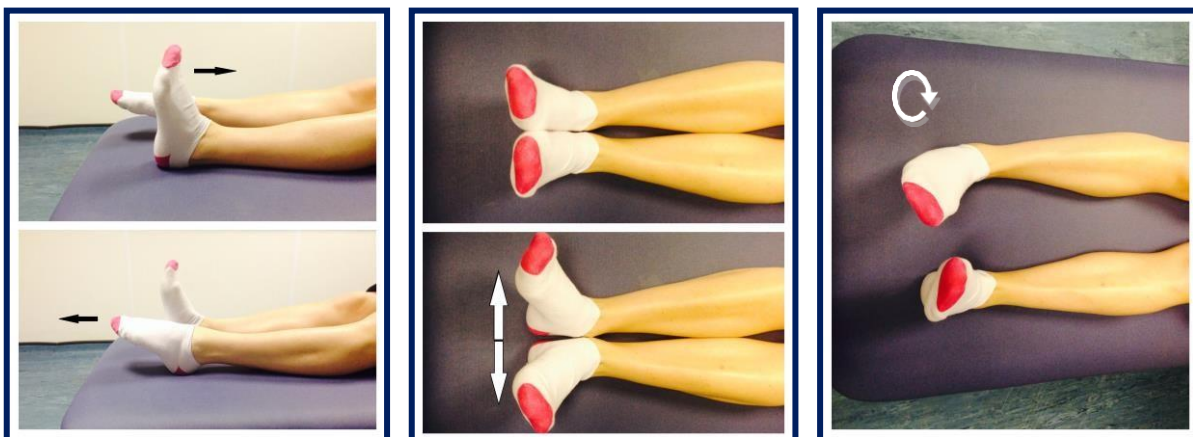
Footwear for your uninjured foot: We would recommend choosing a supportive shoe or trainer with a firm sole for your uninjured foot. You will notice that the boot you have been given has a thicker sole, by matching this height on the uninjured side you will reduce stress on other joints.

Exercises

Initial exercises to do 3-4 times a day

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

1. Point your 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.



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Exercises from week 2 onwards

Ankle stretches

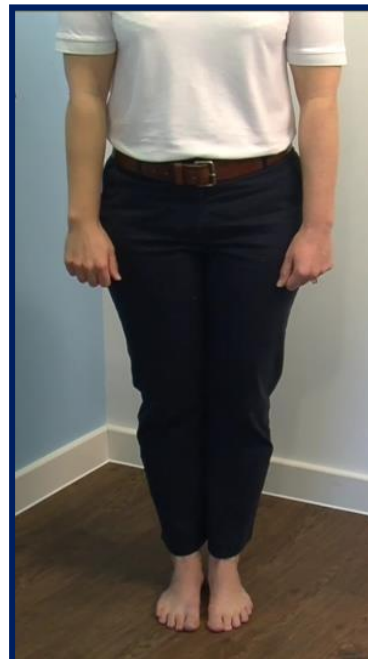
1. Sit with your leg straight out in front of you. Put a towel/bandage around your foot and pull it towards you. Feel a stretch in the back of your calf.
2. Point your toes down as far as they go, then use the other foot on top to apply some pressure to create a stretch on the top of your foot.

Hold both stretches for up to 30 seconds and repeat 3 times.



Balance strategy exercises

Level 1: Only for patients who could not stand on one leg before their injury



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- a) 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.
- b) 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.
- c) Holding onto something firm, put one foot in front of each other as close together as you feel comfortable with. Hold this for 30 seconds. 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: Only for patients who could stand on one leg before their injury



- a) Holding onto a firm surface, attempt to stand on one 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.
- b) 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.
- c) 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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