

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 isolated fracture to the top of your fibula which is on the outside of your leg below your knee.

- Healing:** This normally takes approximately 6 weeks to heal although pain and swelling can be ongoing for 3-6 months.
- Pain and swelling:** Take pain killers as prescribed.
The swelling is often worse at the end of the day and elevating it will help.
- Using your leg:** If given a boot, this is for your comfort only and is not needed to aid fracture healing.
You may walk on the leg as comfort allows although you will find it easier to walk with crutches in the early stages.
- Follow up:** We do not routinely follow up patients with this type of injury.
If after six weeks you still have significant pain or swelling, or are struggling to wean out of the boot then please get in touch 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 top 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 a boot has been provided, only wear it for comfort when walking. ✓ You may use crutches to take some of the weight while it is painful. ✓ It is ok to take the boot off at night and when resting at home. ✓ Start the exercises straight away. They will keep your ankle movement.
2-6	<ul style="list-style-type: none"> ✗ Try to stop using the boot and to walk without the crutches. ✓ Start around your house first. ✓ You may want to wear it if you go on a long walk.
6 -12	<ul style="list-style-type: none"> ✓ The fracture is healed. ✓ You can resume normal activity but be guided by any pain you experience. ✓ You should be able to carry out day to day activities. ✗ Heavy tasks or long walks may still cause some discomfort and swelling.

Advice for a new injury:

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 knee 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 within the limits of your pain. These exercises will help the healing process.

Early weight bearing (putting weight through your injured leg) 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 can provide you with a specialist diabetic boot if required.

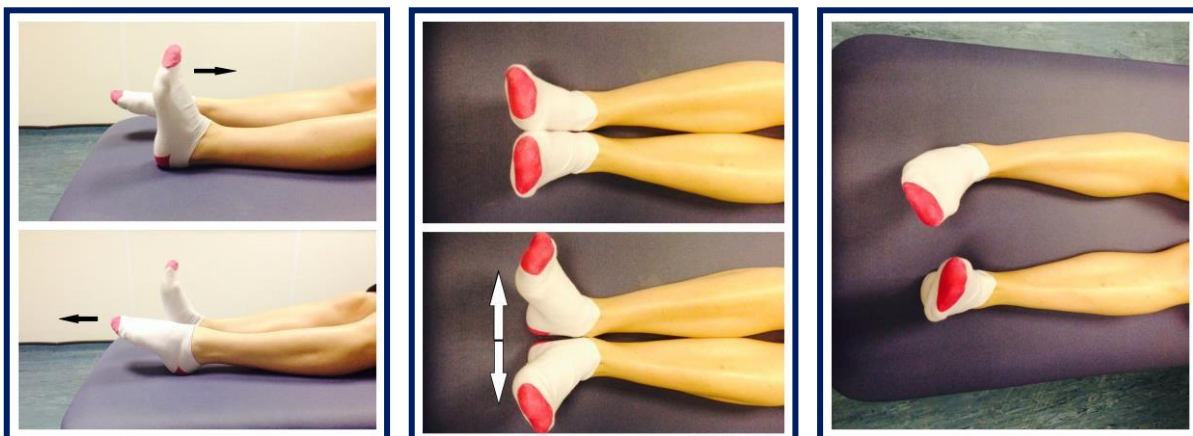
Footwear for your uninjured foot: We would recommend choosing a supportive shoe or trainer with a firm sole for your uninjured foot. You will notice that the boot you have been given has a thicker sole, by matching this height on the uninjured side you will reduce any stress on your other joints.

Exercises:

Initial exercises to do 3-4 times a day

Ankle and Knee 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.



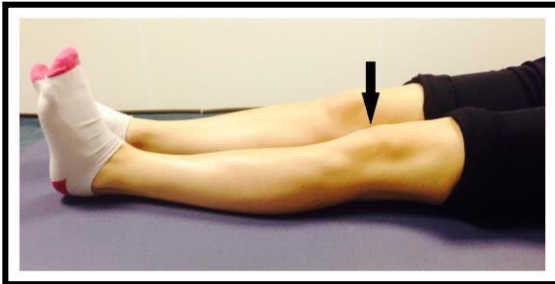
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Static Quads

With your affected leg straight out in front of you, gently tense your thigh muscle and try to flatten your knee further.

Hold for 10 seconds and repete 7-10 times.

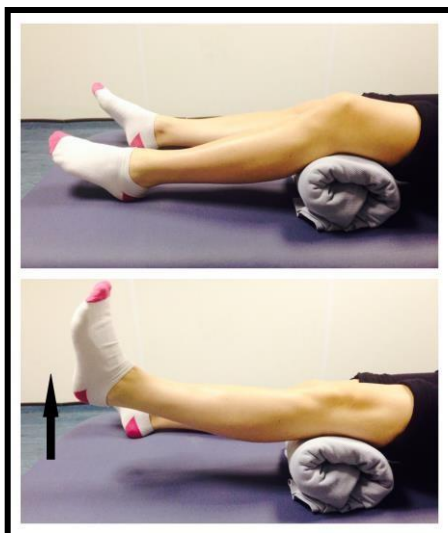


Knee flexion and extension:

Sit in a chair as shown in the picture.

Try to bend and and straighten your knee as your pain allows.

Repeat 10 times, holding your leg straight for up to 5 seconds if able.



Inner range Quads:

Place a rolled up towel or small pillow under your injured knee as shown in the picture.

Tense your thigh muscles and try to straighten your knee.

Keep the back of your knee in contact with the towel/pillow.

Repeat 10 times, holding your leg straight for up to 5 seconds if able.

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