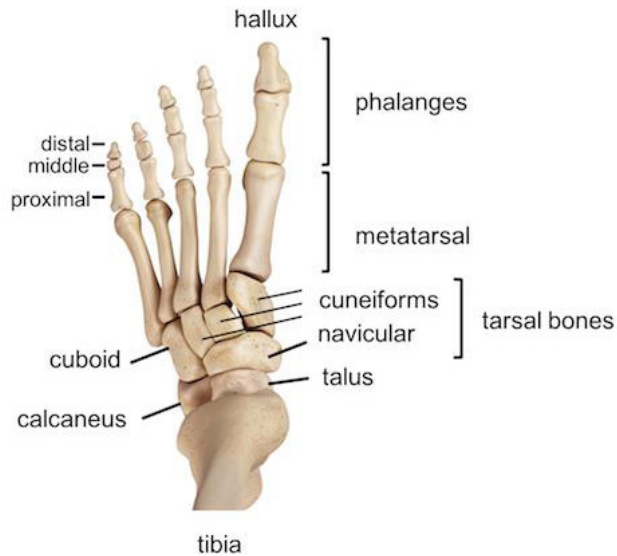




# Virtual Fracture Clinic

## Patient information

### Foot Fracture



### Specialist Support

This leaflet can be made available in another language, large print or another format. Please speak to the Virtual Fracture Clinic who can advise you





**This information leaflet follows up your recent conversation with the Fracture Clinic, where your case was reviewed by an orthopaedic Consultant (Bone specialist).**

You have a fracture to one (or more) of the bones within your foot. The letter from the Virtual Fracture Clinic will advise you where your fracture is.

You may walk on your foot as pain allows. If you have been provided with a boot you should use this when mobilising. It is for comfort only and is not needed to aid healing. If you have not been given a boot, you should wear supportive footwear instead, such as trainers or walking boots.

The swelling is often worse at the end of the day. Elevating your foot above the height of your heart will help. Ice therapy will also help to reduce the swelling initially.

Painkillers are important to aid your recovery and should be used as required.

If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please contact us by using the contact numbers on this leaflet.

**Healing:** This normally takes approximately 6 weeks for the fracture to be healed.

**Pain and swelling:** Take regular over-the-counter analgesia (painkillers) until pain settles. Stop non-steroidal anti-inflammatory drugs (NSAIDS) e.g. Ibuprofen, after 5-7 days as this will slow bone healing. An ice pack will help initially with pain and swelling (make sure the ice is not in direct contact with the skin).





**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.

**Using your foot:**

You can weight bear through your foot as pain allows. Contact sport (such as running, football, rugby etc) should not be performed for a minimum of 6 weeks, or until you are completely pain free.

**Follow up:**

These types of injuries heal well without requiring a routine follow-up. However, if you continue to have pain or are limited in what you do, please get in touch with us.





Weeks since injury	Plan
0 - 1	<ul style="list-style-type: none"><li>✓ Take regular analgesia, including NSAIDS.</li><li>✓ Elevate your foot at rest and use Ice therapy to help with the swelling</li><li>✓ Start the initial exercises as detailed below. These should be done without forcing movement.</li></ul>
1 - 3	<ul style="list-style-type: none"><li>✓ Stop NSAIDS and wean off analgesia as pain settles.</li><li>✓ Continue with the initial exercises increasing range of movement as pain settles</li><li>✓ Continue wearing the boot or supportive footwear when mobilising.</li></ul>
4 - 6	<ul style="list-style-type: none"><li>✓ Try and wean yourself out of the boot and walk without the crutches. Try walking around the house at first until you are happy that your discomfort is manageable.</li><li>✓ Start the “Isometric Exercises” to gain strength in your foot and ankle.</li></ul>
6 - 12	<ul style="list-style-type: none"><li>✓ The fracture is healed and you can begin to resume normal activities. Allow your discomfort to guide how much you are doing, but you should be able to carry out day-to-day activities. Sports and long walks may still cause some discomfort and swelling.</li></ul>
8+	<ul style="list-style-type: none"><li>✗ If you are still experiencing significant pain and swelling then please contact the Virtual Fracture Clinic.</li></ul>






## Orthopaedic Boot Instructions





Orthopaedic boots are used by people who have suffered a foot, ankle or lower leg injury. These boots are used on those with sprained ankles, tendon damage, soft tissue injuries, fractures or those recovering from foot or lower leg surgery. The boots provide support to the ankle and foot without inhibiting mobility.

Orthopaedic boots are a great option for those who want to keep their mobility and do not require their foot or lower leg to be casted. Once you learn how to strap up your boot, you will just need to practice walking with it.

1. Pull a sock, very gently, up your foot. Slowly unbunching the sock as you pull it upwards - like putting on tights or nylons. (Sock is optional).
2. Please remember to place foot and ankle in the liner provided with the boot.
3. Open the boot by detaching the Velcro straps. Most boots will have between 3 and 5 Velcro straps depending on your injury and the stability required for your foot. Hold the Velcro straps with one hand so that the front of the boot is completely open.
4. Sit down and place the boot behind your leg.

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5. Slide your foot and ankle back into the open boot, ensuring your heel is at the back of the boot. Completely detaching and pulling back on the Velcro straps will help your foot to slide into the boot without needing to bend your foot or ankle.
  6. The first strap should be the one nearest your ankle. The straps should be tight enough to restrict foot and ankle movement but not too tight to restrict circulation.
  7. Thread and tighten all of the Velcro straps, from the ankle up. Get up from your seated position slowly and practice walking in your boot. Many orthopaedic boots are rounded to help your foot roll better. Walk around your home then progress to stairs when you feel confident enough walking in your boot.



Use crutches for added support and to ease any pain. As your pain reduces, wean down to one crutch on the opposite side to your injury. For example, if you have broken your right foot, hold the crutch in your left hand. Once you feel comfortable walking with your boot, you can discard the crutch.

You are able to fully weight bear with the boot on. You only need to wean it when mobilising, so it can be removed when at rest and going to bed. Please ensure that the boot is correctly re-applied before getting up.

Should you experience any of the following you must seek urgent advise:

- Constant pins and needles.
- Severe swelling, that doesn't go away with elevation,
- Numbness.
- Inability to move toes.
- Increased pain.
- The boot is broken.



- The boot is rubbing.
- There is an unpleasant smell or discharge coming from a wound.

If you experience any of these problems, or are concerned regarding fitting the boot, our plaster room staff will be happy to help you, Monday – Friday, 08:30 – 16:00. Please call them on **023 9228 6512** to discuss your concerns and they will arrange a time to see you. Outside of these times, or on public holidays, you will need to return to a Minor Injuries Unit or to the Emergency Department at Queen Alexandra Hospital.

When your treatments is finished, please dispose of the boot in with your household waste. They are not re-used for other patients so do not need to be returned to us.

## Initial Exercises

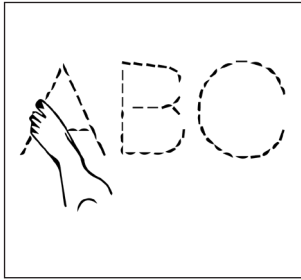
These exercises should be started as soon as possible after your injury. Repeat these exercises 3-4 times a day, with 10 repetitions each time.

To do these exercises, find a comfortable, safe place to sit or lie and remove your boot. Do not force movement and perform these within the parameters of pain and swelling.

1. Sitting or lying down, point your toes to the ceiling and then away from your body.



2. Move your feet in circles, 5 times in each direction



3. Move your feet in circles, 5 times in each direction

## Isometric Exercises (from week 4)

These exercises are helpful for pain relief once the bone is starting to heal. **Isometric Exercises are about working the muscle WITHOUT the joint moving or the muscle changing length.**

### 1. Isometric Dorsiflexion

Using the opposite foot for resistance (on top of the foot) pull the injured side up towards you. **DO NOT** let the foot move but pull and push enough to feel the muscles on the top of your foot and lower leg work. Hold this exercise for 30 seconds, repeating until tired without causing pain.



### 2. Isometric Plantarflexion

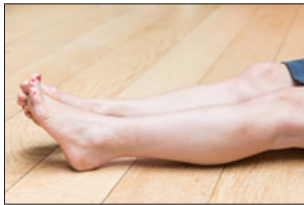
Sit with your feet against a wall. Push your toes into the wall but do not let the foot move. Push hard enough to feel the muscles in the calf working but not into pain. Hold this exercise for 30 seconds, repeating until tired without causing pain.





#### 4. Isometric Inversion

Using the opposite foot for resistance (feet side by side, resistance of the other foot on the inside of the injured foot), push the inside of the big toe on the injured foot towards the ankle of the other foot. DO NOT let the feet move but push hard enough to feel the muscles working on the inside of the foot and ankle. Hold this exercise for 30 seconds, repeating until tired without causing pain..



#### 4. Isometric Eversion

Using the opposite foot for resistance (one leg crossed over the other with little toes touching, resistance of the other foot on the inside of the injured foot), push the outside of the little toe on the injured foot towards the other. DO NOT let the feet move but push hard enough to feel the muscles working on the outside of the foot and ankle. Hold this exercise for 30 seconds, repeating until tired without causing pain.





# Notes:

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## 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.

## Comments

We are always interested to hear your views about your experience of Virtual Fracture Clinic and the information provided. If you have any comments, please contact us by phone (see below for contact numbers) or via email at: [VFC.feedback@porthosp.nhs.uk](mailto:VFC.feedback@porthosp.nhs.uk)

## Sources of information

This information has been developed by the Fracture Clinic Team, Portsmouth.

## Contact Day hours

**Virtual Fracture Clinic** (Monday – Friday, 8am – 5pm)

Tel: 023 9228 6551 – leave a message and we will call you back.

**Fracture Clinic nurse-in-charge** (Monday – Friday, 8am – 5pm)

023 9228 6000 BLEEP 1379.

Outside these times, **urgent queries only**, Emergency Department  
023 9228 6561.





## Data Protection Legislation – Privacy Notice

Further information on how we look after your personal information can be found on the Trust Information Governance webpage at

[www.porthosp.nhs.uk](http://www.porthosp.nhs.uk) - or alternatively, please speak to a member of staff.

### Consent - What does this mean?

Before any doctor, nurse or therapist examines or treats you they **must** have your **consent** or permission. Consent ranges from allowing a doctor to take your blood pressure (rolling up your sleeve and presenting your arm is implied consent) to signing a form saying you agree to the treatment or operation.

It is important **before** giving permission that you understand what you are agreeing to. **If you do not understand – ask.** More detailed information is available on request.

### How to comment on your treatment

We aim to provide the best possible service and if you have a question or a concern about your treatment then the Patient Advice and Liaison Service (PALS) are always happy to try to help you get answers you need. You can contact PALS on **0800 917 6039** or

E-mail: [PHT.pals@porthosp.nhs.uk](mailto:PHT.pals@porthosp.nhs.uk) who will contact the department concerned on your behalf.

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