York Teaching Hospital NHS
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Orthopaedic Department

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 a stress fracture to your distal fibula near your ankle joint.

A stress fracture is typically an overuse injury. It occurs when muscles become fatigued and are unable to absorb added shock. Eventually, the fatigued muscle transfers the overload of stress to the bone causing a tiny crack called a stress fracture. Stress fractures often are the result of increasing the amount or intensity of an activity too rapidly.

Healing: This normally takes approximately 6 weeks to heal.

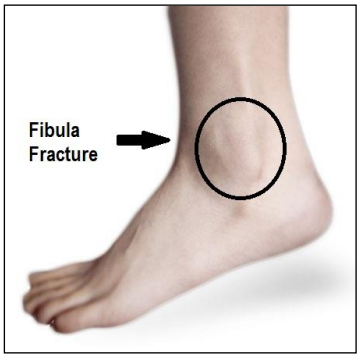
Pain and Swelling: The swelling is often worse at the end of the day and elevating it will help. Pain and swelling can be ongoing for 3-6 months.
Take pain killers as prescribed.

Using your foot: The boot you have been given is not needed to aid fracture healing but will improve your symptoms so should be worn whenever you are walking.
You may walk on the foot as comfort allows. You may 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 are:

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

Please do not hesitate to contact us for a further consultation.
Or, if you experience pain or symptoms, other than at the site of the original injury or surrounding area, please get in touch.



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Please follow the management plan below.

What to expect:

Weeks since injury	Rehabilitation plan
0-6	✓ Wear the boot all of the time when walking. ✓ Use the crutches to take some of the weight off of your foot. ✓ It is ok to take the boot off at night and when resting at home. ✓ Perform the exercises below regularly to get your movement back. You can start them straight away.
6-8	✘ Try to stop using the boot and to walk without crutches. ✓ Start around your house first, then try outside. ✓ You may want to wear it if you go on a long walk. ✓ Start the exercises below labelled 'Exercises from 6 weeks onwards'.
8 -12	✓ The fracture is healed. ✓ You can begin to resume normal, day-to-day activities but be guided by any pain you experience. ✓ If appropriate, start the 'Advanced exercises for sports rehabilitation'. ✘ Heavy tasks or long walks may still cause some discomfort and swelling.
12	**If you are still experiencing significant pain and swelling then please contact the Fracture Care Team for advice.**

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 leg 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 leg up.

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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 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.

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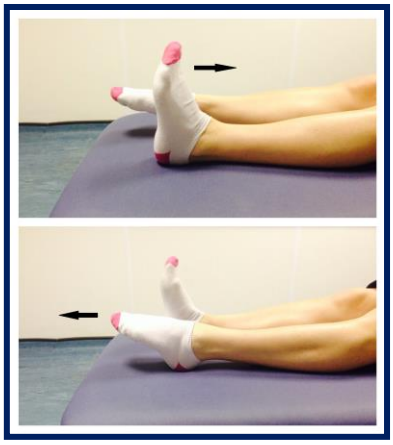
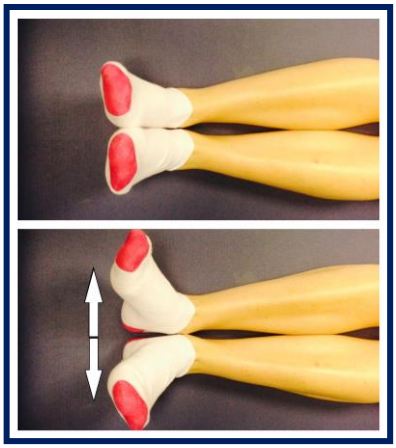
Exercises

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.

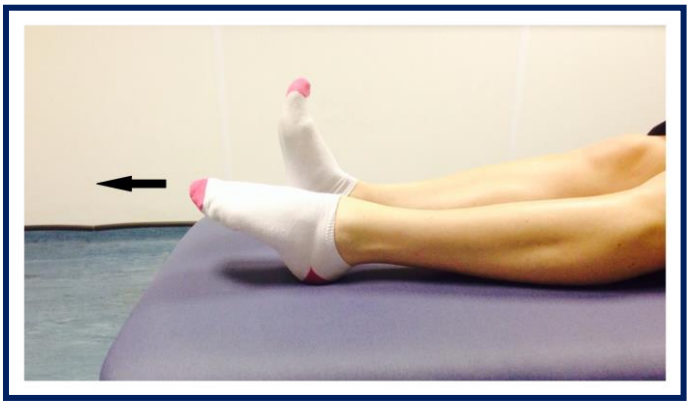




Exercises from week 6 onwards

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.

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Balance strategy exercises

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



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.

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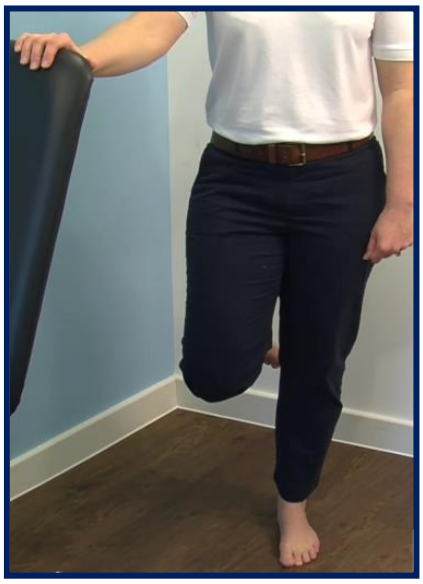
Level 2: For patients who could stand on one leg before their injury



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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Advanced exercises for sports rehabilitation

Stage 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 Stage 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.

Stage 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 1-2 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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