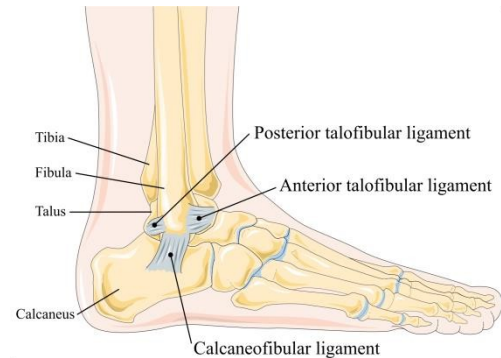


Musculoskeletal Physiotherapy Outpatient

Department Information Following Your Ankle

Fracture

This information leaflet has been provided by the Physiotherapy department to assist you in returning back to normal following your ankle injury. The following information will give you some advice and exercises to do while you wait to start your physiotherapy sessions. If you have any queries about the information provided in this leaflet, please call the Physiotherapy department Monday – Friday between 09.00 – 16.00.



Removal of Cast/Boot

Following your injury, you may be required to have a period of immobilisation in a cast or a removable boot. When your Consultant thinks you are ready, they will allow this to be removed and you can start moving your ankle. Occasionally you will be told by the consultant you should avoid certain activities or reduce the amount of weight you put through your ankle – your physiotherapist will guide you through this. If you have not been given any restrictions, you may use your ankle as pain allows.

Early movement of the ankle and foot is important to promote circulation and reduce the risk of developing a DVT (blood clot). 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.

It is common for your ankle to feel uncomfortable when your plaster cast is initially removed, and your skin may be dry and flaky. Soaking your ankle in warm water will help with this, as well as gently massaging the area with a plain/non-perfumed moisturiser.

In addition to this, warm water can help to reduce your pain and can make movement feel easier. Therefore, doing some of the exercises below in the water or after a bath/shower may be a more comfortable way of doing the exercises.

Pain Relief

Sometimes it is necessary to take pain relief to help you to move your ankle more comfortably. You may have been prescribed some by a doctor or you may wish to discuss your needs with a pharmacist. You may also wish to try heat and ice as described below to help reduce your pain.

Application of ice: Place a wet tea towel directly over your skin, and then place a bag of frozen peas on top of the towel. Keep the peas on for 15 – 20 minutes, checking your skin from time to time. Repeat up to 3 times a day.

Application of Heat: Wrap a hot water bottle in a towel and place over the area. Keep it on for 15 – 20 minutes, checking your skin from time to time. Repeat up to three times a day.

Managing Swelling

When you are not walking, you should elevate your ankle to help reduce swelling. This is important, as swelling can reduce the range of movement in your ankle and can make it feel more stiff and sore. Elevate your ankle above the level of your hips using pillows or a stool to keep your foot up. It is common for the ankle to swell at the end of the day, and if you have been on your feet for a long time. Try to gradually increase the amount of time you're spending on your feet and take regular breaks to elevate the ankle throughout the day.

Driving

You may return to driving once your boot has been removed and when you feel confident that you can safely control your vehicle and perform an emergency stop. It is advisable to inform the DVLA and your insurance company that you are returning to driving.

Smoking Cessation

Evidence has shown that smoking prolongs fracture healing time. 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.

If you experience any of the following:

- Severe unrelenting or worsening pain
- Worsening hot/red/swollen wound or calf
- Fever or temperature
- A wound that is oozing or smells
- Throbbing/cramping sensations in your calf

Contact your GP and ask for an urgent appointment or call 111 as it is important to rule out a wound infection or a DVT (a blood clot).

Exercises

The exercises overleaf are aimed at helping you to regain range of movement in your ankle and to prevent your ankle from becoming stiff. We would advise that you complete your exercises 3-4 times a day.

It is important that you do not push through pain that you would describe as being more than a 5/10. Any pain or discomfort after you have stopped exercising should settle down within 1 hour of you stopping the exercises. If your pain is still worse as a result of the exercises, you could be overdoing them, try moving your ankle more gently and slowly and consider doing fewer repetitions.

Try to gradually increase the amount of time you are spending on your feet. Swimming/ cycling can be a good way of rebuilding cardiovascular fitness without too much strain through the ankle. However, return to running/contact sport is not encouraged until stage 3 exercises can be completed with ease and good control.

For further information please contact: Musculoskeletal Physiotherapy Outpatient Department Telephone: 01603 286990 Monday to Friday between 09.00 -

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Stage One Ankle Exercises (from removal of cast)

If you have any queries/concerns about your exercises, please call the physiotherapy department on: 01603 286990.



Sitting/Lying with your legs out straight.
Point your foot up and down within a comfortable range.

Repeat 5 - 10 times.

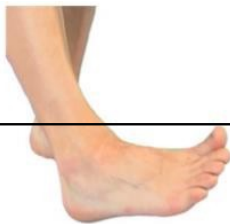
Sitting/Lying with your legs out straight, turn your foot inwards leading with your big toe and then the outwards leading with your little toe.

Repeat 5 - 10 times.



Sitting or lying.
Rotate your ankle clockwise and then anti-clockwise.

Repeat 5 - 10 times.



Sit with your leg straight out in front of you. Put a towel around your foot. Gently pull the towel and feel the stretch in your calf. Do not push through pain.

Hold approx. 20 secs. Repeat 3 times



Sit on a chair. Cross the ankle to be stretched over the other knee. Place your hand on the top of your foot and gently bring your ankle towards you.

Do not push through pain.
Hold approx. 20 secs. Repeat 3 times



Before moving onto further strengthening exercises, it is important that you are completing stage 1 exercises with ease, and that you feel comfortable and confident with normal daily activities, such as walking and completing the stairs unaided (if this was your baseline). See below for some tips on how to progress with these tasks.



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Walking Practice

Try to walk as normally as possible even if you need to use a crutch / crutches to enable you to do this. It is better to walk well with crutches than to limp without.

Unless you have been specifically told otherwise, try to walk in a normal heel - toe rhythm with your heel touching the ground first.

As you start to feel more comfortable, and less dependent on the crutches for support/balance, you try first using one crutch in your opposite arm – placing the crutch out in front of you at the same as your injured leg, before progressing to using no aid if you feel that you no longer need the support.



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Stairs

Initially, you would have been advised to ascend the stairs using your uninjured leg to go up first, and to descend the stairs using your injured leg to go down first.

To build strength and return to doing the stairs normally, try on the bottom stair, going up with your injured leg – just doing one stair/step at a time with both feet on the same step. Use the banister rail/wall for support.

Again, on the bottom stair, try stepping down with your uninjured leg first. This will help you to improve your confidence to complete the stairs as you did before.



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Cycling/Swimming

At this point, you can start gentle cardiovascular exercise such as cycling or swimming to help build your fitness and your strength in a way that does not put too much strain through your ankle. It is important that you start this gradually, e.g. cycling for 5 – 10 minutes initially, not pushing through pain and gradually increasing if you experience no adverse effects/increase in pain afterwards.

Hold on to a stable surface in front of you. Stand with feet hip-width apart, with toes pointing forwards. Rise up onto your toes and lower down in a controlled manner.

The aim is to have 50% weight on each foot. However, if this is too sore/too difficult, rise up taking more weight through the uninjured foot. Repeat 5 - 10 times.



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Standing in front of a stable surface. Try to balance by standing on your injured leg. Remember to stand tall, with weight evenly on your foot and toes pointing forwards.

Repeat 3 times.



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Take support from a stable surface in front of you. Stand with the leg to be stretched straight behind you and the other leg bent in front of you.

Lean your body forwards and down until you feel the stretching in the calf of the straight leg.

Hold approx. 20 secs. Repeat 3 times



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If the standing calf stretch feels easy, then stand on a step with both heels over the edge. Hold on to a support.

Let your body weight stretch your heels towards the floor. Hold for 30 seconds. Repeat 3 times.

You may also wish to rise up onto your tiptoes in this position.



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Stand in a walking position with the leg to be stretched behind you. Hold on to a support.

Bend the leg to be stretched and let the weight of your body stretch your calf without lifting the heel off the floor.

Hold approx. 30 secs. - relax. Repeat 3 times.



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Balance on one leg on a folded pillow/a cushion.

Remember to stand tall, with weight evenly distributed between forefoot and heel and toes pointing forwards.

Hold your balance for approximately 20-30 seconds.
Repeat 3 times.



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Stand on your injured foot. Squat down on your injured ankle and at the same time point the toes of your good leg alternately in five directions: front, 45 degrees, side, 135 degrees and back. Between the directions straighten back to the starting position.

Repeat 3 times



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Stand with a stable surface in front of you. Stand tall on one leg, with weight evenly on your foot and toes pointing forwards.

Balance and rise onto your toes. In a controlled manner return to the starting position.

Repeat 5 - 10 times.



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Stand in front of a stable surface holding on to the support with both hands.

With both feet pointing forwards, slowly crouch keeping your back straight and heels on the floor.

Repeat 5 - 10 times.



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Stand tall with feet hip-width apart.

Take one long step forward and squat down so that your rear knee is almost touching the floor, the shin of the front leg and trunk is upright. Stand back up pushing through your heel, bringing your front foot back to the starting position.

Note: Keep hips, knees and toes aligned in both legs.

Repeat 5 - 10 times.



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Stand on one leg on a step facing down. Slowly lower yourself by bending your knee and keeping your heel down for as long as possible. Return to starting position.

Repeat 5 - 10 times.