

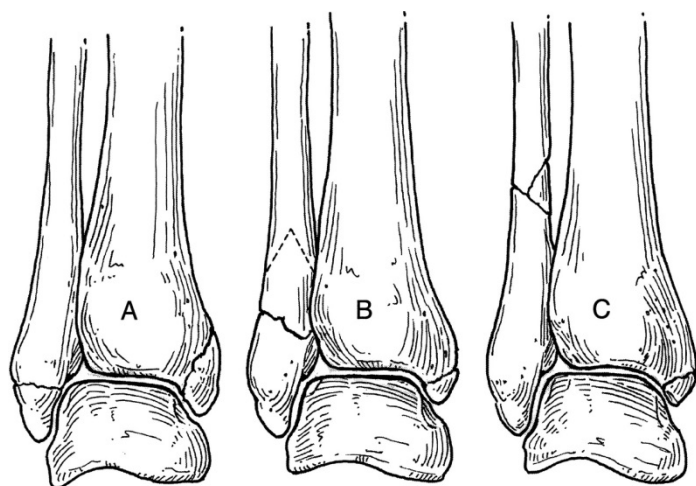


Physiotherapy following your ankle fracture

This leaflet has been given to you to assist you in returning back to normal following your fractured ankle. If you have any queries after reading it, please discuss with your physiotherapist or contact the physiotherapy department on 0118 322 7812 Monday to Friday 8am to 4pm.

What is an ankle fracture?

- A fracture is the same as a break.
- The broken bone often occurs in just the fibula (the thinner bone on the outside of your lower leg). The break may be below, at the same level or above your ankle joint. These fractures may be referred to as a Weber fracture and are classified as A, B or C dependent on the site of the break (see below).
- Occasionally the tibia (the thicker bone in your lower leg may also be involved).



Weber fractures of the ankle.

How is it treated?

- Most fractures will heal themselves but do need a period of protected immobilisation to allow this healing to occur.
- Occasionally your ankle may need to be manipulated prior to being immobilised to ensure it heals in the correct position.
- Your ankle may be immobilised in a plaster cast or a boot. This usually lasts for up to six weeks but may be shorter or longer depending how well healing occurs.
- Occasionally your ankle may require surgery to stabilise the fracture with pins and plates.
- While the plaster is on, it is important to keep your toes and knees moving to prevent them becoming stiff.

- When your consultant thinks you are ready the plaster cast will be removed and you can then start to move your ankle.

After removal of the plaster

- Occasionally you will be told to reduce the amount of weight you put through your foot and ankle or to avoid certain activities initially. If you are not advised of any restrictions you should use your ankle as pain allows.
- It is normal for your ankle to feel vulnerable once the plaster has been removed because it hasn't been moved for a long time.
- Your ankle may feel quite uncomfortable when the plaster is initially removed but this is normal.
- Your skin may be dry and flaky. You may find that soaking your foot and ankle in warm water helps to reduce the pain and makes moving your ankle easier. Exercising in water may therefore be a comfortable way of doing your exercises.
- Massaging your foot and ankle with plain moisturiser or body lotion may also help with the flaky skin and make your foot more comfortable to complete your exercises.
- It is important that swelling, pain, strength and stiffness are addressed following the removal of the plaster.

What should I expect after removal of my plaster?

Pain or discomfort

- It is normal to get some pain and discomfort after your fracture. If you have been given painkillers you should take them as prescribed. By managing your pain it will allow you to complete your exercises and walk more comfortably.
- If your pain is severe or continuous or you develop a painful, swollen calf you should contact your GP.

Swelling

- It is normal for your ankle to swell after breaking your ankle and this may remain for up to one year post fracture. This is normal and does not mean there is anything wrong with your ankle.
- Swelling can reduce your ability to move your ankle and make it uncomfortable.
- Try the following to minimise the swelling:
 - o When you are resting, sit with your leg up to elevate your foot.
 - o At night rest your foot on some pillows so that it is above the level of your heart.
 - o You may also wish to use ice to help manage your pain and swelling
 - o 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 in place for 10- 15 minutes, checking to make sure that your skin has not become very red. Repeat this up to 3 times a day.

Stiffness

- It is important to try to move your ankle as much as possible after your fracture has healed to allow you to regain full function.
- Completing your exercises and walking will help to reduce stiffness

Weakness

- Your ankle will feel weak and wobbly after your plaster has been removed as you haven't used it properly while you have been in plaster.
- You should gradually increase how much you use your ankle and how much you walk and be guided by your pain.

Frequently asked questions (FAQs)

Why does my ankle look a funny shape?

- As a fracture heals, new bone is formed at the site of the break in the bone (callus). This can result in a lump forming on the side of your ankle. This is normal and your ankle may change shape again over 12-18 months as the bone remodels itself.

When can I start driving?

- When you have sufficient movement and strength to be able to control the pedals. You must be able to perform an emergency stop safely and pain free. This will vary between individuals but is usually six to eight weeks after removal of the plaster. You may wish to seek guidance from your insurance company.

Should I stop my exercises if my ankle swells or aches?

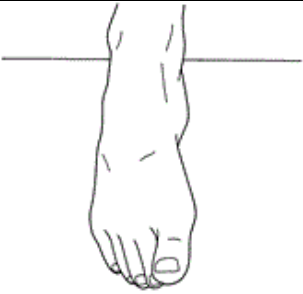
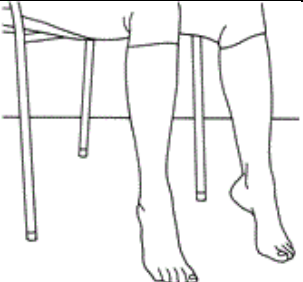
- You should expect slight increase in discomfort and swelling initially when doing your exercises. This should settle however within a short time of finishing your exercises. You may need to take your painkillers initially to allow you to do your exercises comfortably.

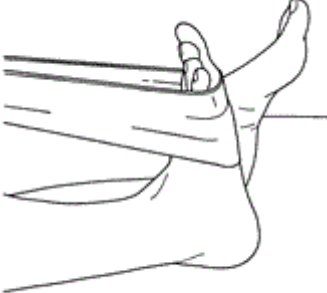
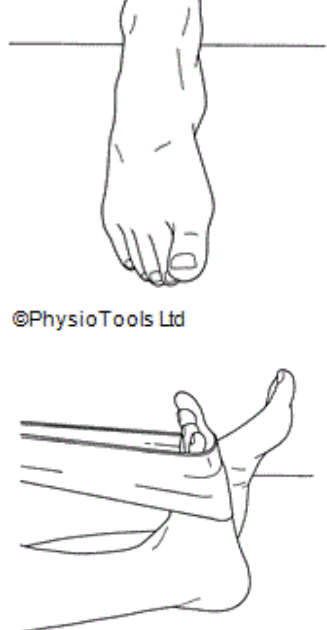
How will I know when to stop using my crutches?

- If you have had no restrictions to your weight bearing status, you should slowly increase the amount of weight you put through your foot as pain allows. You can wean yourself onto one crutch (using the crutch in the opposite hand to your injury) as pain and ankle movement allows. Some people then progress on to a stick or discard their crutches completely.

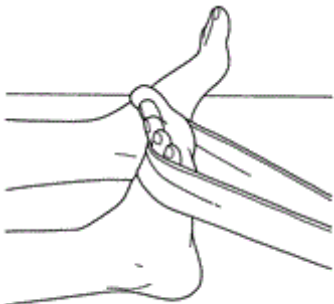
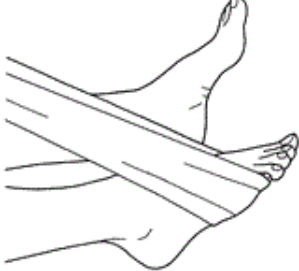
Initial exercises

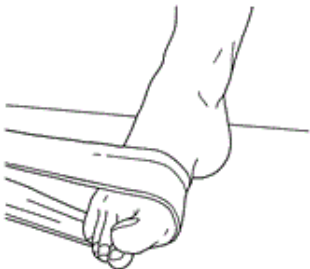
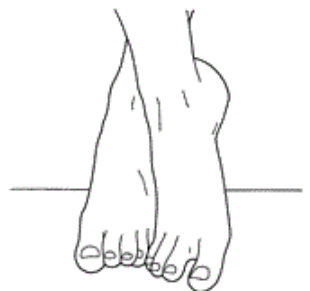
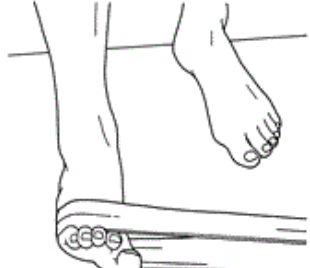
Early exercises – These are designed to help improve movement and function. They should be started as soon as your plaster is removed and carried out three to four times a day.

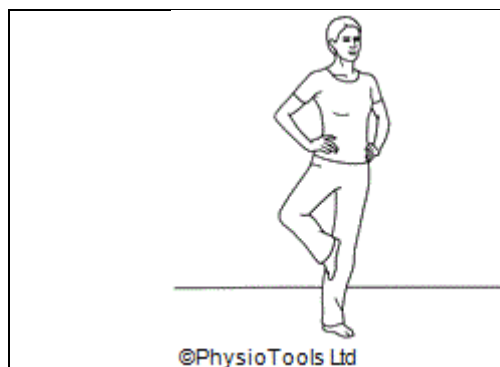
 ©PhysioTools Ltd	Lying on your back or sitting. Bend and straighten your ankles. If you keep your knees straight during the exercise you will stretch your calf muscles. Repeat 10 times
 ©PhysioTools Ltd	In sitting or lying. Move your ankle slowly in large circles. Repeat in opposite direction. Repeat 10 times.
 ©PhysioTools Ltd	Sitting on a chair. Alternate between raising your toes and raising your heels. Repeat 10 times.
 ©PhysioTools Ltd	Sitting on a chair. Cross the ankle to be stretched over the other knee. Place your hand on top of your foot and help to point your toes. This will stretch your ankle. You should feel the stretch in the front of your shin. Hold for 10 seconds. Repeat 10 times.

 ©PhysioTools Ltd	When standing, place your foot on a chair. Line your heel up with the front edge of the chair. Hold the back of the chair for balance. Gradually move your knee towards the back of the chair keeping your whole foot in contact with the chair. This will stretch your ankle. You may feel a stretch in your calf and at the front of your ankle. Hold for 10 seconds. Repeat 10 times.
 ©PhysioTools Ltd	Sit on the floor or on a chair with one leg out straight in front of you. Put a rubber exercise band or towel around your foot. Use the band / towel to gently pull your foot up towards your body. You will feel a stretch in your calf. Hold for 10 seconds. Repeat 10 times.
 ©PhysioTools Ltd	Sitting with your foot on the floor. Alternate between raising the inner border of your foot (big toe) and then the outer border (little toe). Hold for 10 seconds. Repeat 10 times. Or, sit on the floor or on a chair with one leg out straight in front of you. Put a rubber exercise band or towel around your foot. Use the band / towel to gently turn your foot in and out. Hold for 10 seconds. Repeat 10 times.

Intermediate exercises – Only start these exercises if your consultant is happy for you to put full weight on your foot.

 ©PhysioTools Ltd  ©PhysioTools Ltd	Sit on a chair or on the floor. Put the injured foot on top of the other foot. Try to point the toes of the foot that is on top while preventing any movement with the foot that is underneath. Hold for 10 seconds. Repeat 10 times. Or, sit on the floor or on a chair with one leg out straight in front of you. Tie a rubber exercise band to something secure and put the rubber exercise band around your injured foot. (Make sure there is some tension on the band to pull against). Pull your foot up towards your body against the resistance of the band. Hold for 10 seconds. Repeat 10 times.
 ©PhysioTools Ltd  ©PhysioTools Ltd	Sit on a chair or on the floor. Put the non-injured foot on top of the other foot. Try to lift the injured foot that is underneath. Hold for 10 seconds. Repeat 10 times. Or, sit on the floor or on a chair with one leg out straight in front of you. Put a rubber exercise band or towel around your foot. Pull the band / towel towards you to provide some resistance. Point your toes towards the floor, against the resistance of the band/ towel. Slowly return to starting position. Hold for 10 seconds. Repeat 10 times.

 ©PhysioTools Ltd  ©PhysioTools Ltd	Sit on a chair or on the floor. Put the inner borders of your big toes together. Press the inner borders of your big toes together. Hold for 10 seconds. Repeat 10 times. Or, sit on the floor or on a chair. Put a rubber exercise band around your foot. Turn your foot inwards against the resistance of the band as if to look at the sole of your foot. Hold for 10 seconds. Repeat 10 times.
 ©PhysioTools Ltd  ©PhysioTools Ltd	Sit on a chair or on the floor. Cross your feet and put the outer edges of your little toes together. Press the outer edges of your little toes together. Hold for 10 seconds. Repeat 10 times. Or, sit on the floor or on a chair. Put a rubber exercise band around your foot. Turn the foot outwards against the resistance band, as if to look at the outside of your foot. Hold for 10 seconds. Repeat 10 times.



Practice standing on one leg. You may initially need to have fingertip support on the back of a chair or on a work surface. As your balance improves, repeat this without fingertip support. Hold for 10 seconds. Repeat 10 times.

Please note: During the above exercises you should not push into pain but mild discomfort is acceptable.

As is usual with any new exercise, your muscles may ache and you may experience new aches and pains for a few days, these should settle. If they do not, try to establish the aggravating exercise and leave this out of your exercise programme for a few days and then try again.

Exercise pictures © Physio Tools Ltd. Exercise pictures © Physio Tools Ltd.

Useful numbers and contacts

Physiotherapy Outpatients 0118 322 7812

Visit the Trust website at www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Debbie Burden (Orthopaedic Physiotherapy Specialist)

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Next review due: December 2025