



The Dudley Group
NHS Foundation Trust

Virtual Fracture Clinic
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This is a follow-up letter to your recent consultation with the fracture care team explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (bone specialist).

You have fractured the middle of the fibula which is the outside bone in your leg.

Healing: This normally takes approximately six 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 last for three to six months. Take pain killers as required. (always read the label; do not exceed the recommended dose).

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

- still experiencing significant pain and swelling or
- struggling to manage without the boot

Please do not hesitate to contact us for a further consultation.

If you are worried that you are unable to follow this rehabilitation plan, or have any questions, 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.

Please follow the management plan below.

Weeks since injury	Rehabilitation plan
0-2	<ul style="list-style-type: none"> ✓ If provided, wear the boot for comfort only when walking. ✓ You may have been given crutches to take some of the weight off your leg. Use them while it is painful but try to stop using them as soon as possible. ✓ It is okay to take the boot off at night and when resting at home. ✓ Perform the initial exercises (as shown) to get your movement back. You can start them straight away.
2-6	<ul style="list-style-type: none"> ✗ Try to stop using the boot and to walk without crutches. ✓ Start around your house first, then try outside. ✓ You may want to wear the boot if you go on a long walk.
6 -12	<ul style="list-style-type: none"> ✓ The fracture is healed. ✓ You can begin to resume normal, day-to-day activities but be guided by any pain you experience. ✗ Heavy tasks or long walks may still cause some discomfort and swelling.
12	If you are still experiencing significant pain and stiffness, please contact us for a further consultation.

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 to 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.

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). Complete the exercises that follow, as pain allows. 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.

If you would like help with stopping smoking, please contact a member of the Hospital Stop Smoking Team on 01384 456111 ext. 2783, 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.

Initial exercises

Complete three to four times per day

Ankle and knee range of movement exercises. Repeat these 10 times each.

Figure 1 - Point your foot up and down within a comfortable range of movement.

Figure 2 - With your heels together, move your toes apart, as shown in the picture.

Figure 3 - Make circles with your foot in one direction and then change direction.

Figure 1

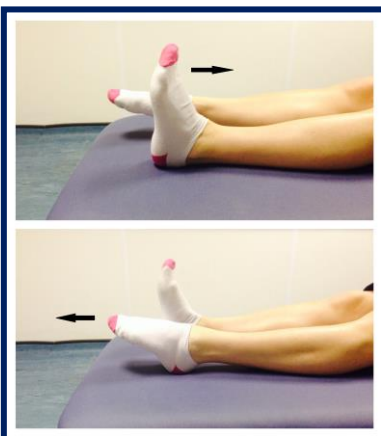


Figure 2

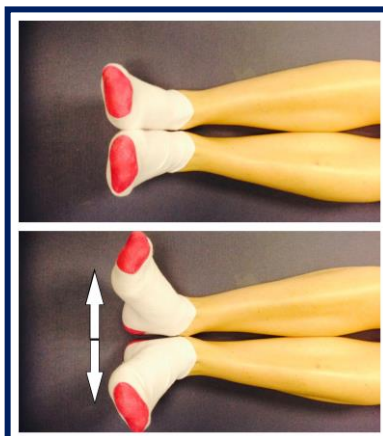
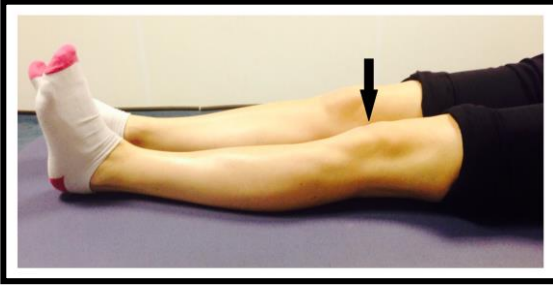


Figure 3





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 repeat 7-10 times.



Knee flexion and extension:

Sitting in a chair as shown. Try to bend 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.