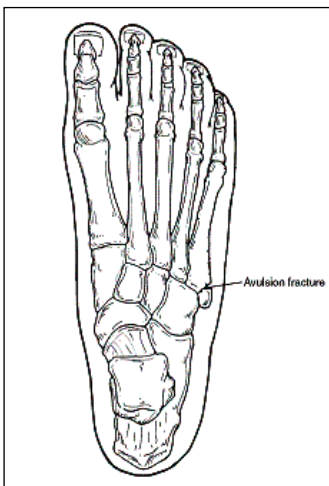


This is a follow-up letter to your recent consultation with the fracture care team explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (bone specialist).

You have fractured the base of the 5th metatarsal of your foot, which is known as an avulsion fracture.



Healing: It normally takes approximately 6 weeks to heal.

Pain and swelling: Pain and swelling can last for three to six months. Swelling is often worse at the end of the day and elevating it will help. Take pain killers as required (always read the label; do not exceed the recommended dose).

Walking: You may walk on the foot as comfort allows but you may find it easier to walk on your heel in the early stages.

The boot you have been given is for your comfort only and is not needed to aid fracture healing.

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, then 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
0-3	<ul style="list-style-type: none"> ✓ Wear the boot all of the time when walking. ✓ It is okay to take the boot off at night, when exercising and when resting at home. ✓ Use the crutches to take some of the weight off your foot. ✓ Start your exercises straight away to maintain and improve your movement.
3-6	<ul style="list-style-type: none"> ✗ Try to stop using the boot and walk without crutches. ✓ Start around your home at first. ✓ You will want to wear the boot if you go on a longer walk. ✓ Continue with the exercises to regain flexibility in your foot and ankle.
6 -12	<ul style="list-style-type: none"> ✓ Your injury is healed. You may have mild symptoms for 3 to 6 months. ✓ You can begin to resume normal, day-to-day activities but be guided by any pain you experience. ✗ Heavy tasks and long walks may still cause some discomfort and swelling.
12	If you are still experiencing significant pain and swelling, 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 foot 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 foot 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). Follow the exercises that follow 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 using the crutches 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 that you recover as well as you can 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 may provide you with a specialist diabetic boot.

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 stress on other joints.

Exercises

Initial exercises to do 3-4 times a day

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

Figure 3 - With your heels together, move your toes apart, as shown in the picture.

Figure 1

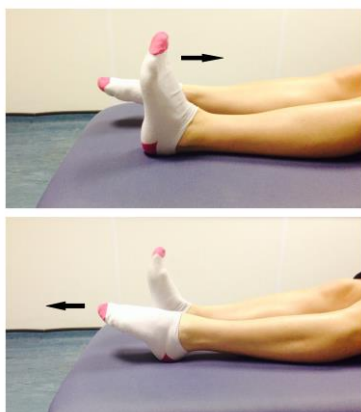


Figure 2

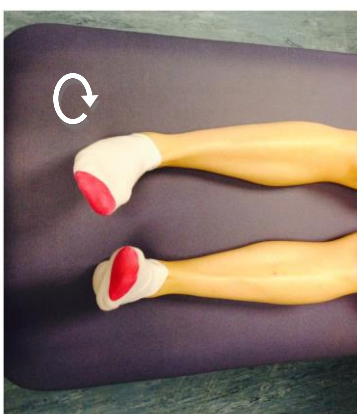


Figure 3

