



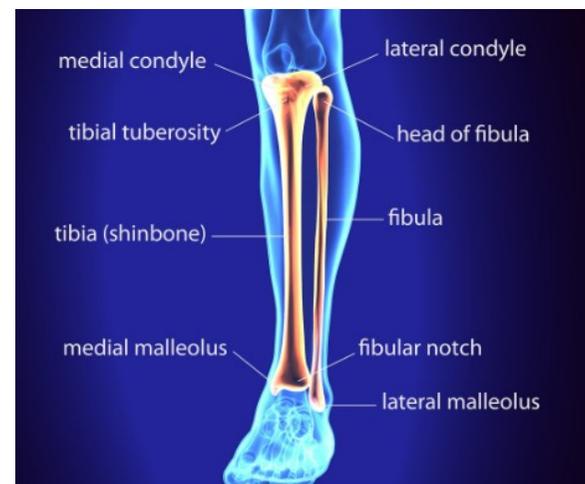
A guide to...

Ankle Fracture

Patient Information

Watford General Hospital
Hemel Hempstead Hospital
St Albans City Hospital
West Hertfordshire Therapy Unit

Ankle Anatomy



There is one joint in the ankle that allows for the upwards and downwards movements of the foot. This is a hinge joint that connects the tibia (shin bone) and the fibula to the talus (which sit on the top of the foot). There is another joint which allows for the rolling of the foot (inwards and outwards). This joint is between talus and the calcaneus (heel bone).

You may be placed in a boot or plaster of paris depending on the nature and severity of your injury. It normally takes six weeks for the bone to unite (heal). Once the fracture begins to heal it is important to keep the ankle moving to reduce stiffness. You may also be contacted from Fracture Clinic after your injury to monitor how the bone is healing and to give you further guidance. Please follow the information from your most recent appointment. You may be referred to Physiotherapy to progress your rehabilitation for your ankle.

Frequently Asked Questions

When can I drive?

This varies from patient to patient and the type of car you have. We advise you not to drive until you are safe to control the car in an emergency situation. You must check that you can use all the controls, and may start with short journeys initially. You may need to inform your insurance company of your injury.

When can I return to work?

This will depend on your job. You may not be able to work for several weeks. However, if you are involved in more manual work or work involving being on your feet for most of the day then this may be longer. You can discuss return to work with your physiotherapist, consultant or GP. If you need to be signed off, this will need to be done by the doctor. You will need to discuss with your employer regarding an individual work based risk assessment prior to returning.

When can I participate in my leisure activities?

Your ability to start these activities will depend on your pain, range of movement and the strength that you have in your leg. Usually you can return to normal daily activities within 6 weeks, except running or high impact activities. Sports may not be played for at least 12 weeks as advised by your doctor or physiotherapist. Please discuss your desired activities with your physiotherapist, so that advice and exercises can be tailored to your individual needs.

Exercise Advice

- Use pain-killers and/ or heat/ice packs to reduce the pain before you exercise.
- It is normal that you can feel aching, discomfort or stretching when you have completed exercise.
- If you experience pain that persists (e.g. more than 30 minutes), or increases in intensity, it is an indication to change the exercise by doing it less forcefully or less often. If this does not help then please discuss this with your physiotherapist.
- Do short frequent sessions (e.g. 5-10 minutes, four times a day) rather than one long session.
- Gradually increase the number of repetitions that you do but aim for the number of repetitions your physiotherapist advises (the numbers given in this booklet are rough guidelines).
- Fit them into your daily routine! Make it a habit.

If you experience any of the following symptoms please inform doctors at Fracture Clinic or your physiotherapist so they can explore this further:

- Pins and needles or numbness down your arm/hand.
- If you are struggling to move your arm at all.
- If you are experiencing pain symptoms anywhere other than at the site of the original injury or surrounding area.

Ankle Exercises

Hold each exercise for 2-3 seconds and repeat 10 times, three times a day.

Ankle Pumps

- With your legs outstretched, move your ankles up and down. You can also move them in clockwise and anticlockwise circles.
- You can also bend and flare your toes after you have moved your ankles up and down.



Active Plantarflexion

- With your legs outstretched, point your toes and foot downwards.
- You may feel a gentle stretch on the top of your foot.



Passive Plantarflexion

- Sitting on the edge of the chair, cross one leg over the other. Place your hand on the top of your foot/toes and stretch your foot bringing your foot gently towards you.
- You may feel a gentle stretch on the top of your foot.



Ankle Exercises

Hold each exercise for 2-3 seconds and repeat 10 times, 3 times a day.

Active Dorsiflexion

- With your legs outstretched, pull your toes and foot up towards you.
- You may feel a gentle stretch at the back of the calf.



Calf Stretch in Lying

- With your legs outstretched, pull your toes and foot up towards you.
- You can use a towel or dressing gown cord at the ball of your foot and gently pull the your toes/foot towards you.
- You may feel a gentle stretch at the back of the calf.



Ankle Exercises

Hold each exercise for 2-3 seconds and repeat 10 times, 3 times a day.

Active Inversion

- With your legs outstretched, keep the leg straight and avoid turning it from the hip.
- Turn the sole of the foot inwards towards your other leg.



Active Eversion

- With your legs outstretched, keep the leg straight and avoid turning it from the hip.
- Turn the sole of the foot outwards away from your other leg.



Passive Inversion and Eversion

- Place a towel or dressing gown cord at the ball of your foot.
- Keeping your leg still and turn the sole of the foot and use the towel or cord to assist your foot inwards/ outwards.



If you are unsure about any advice or information, please arrange to contact fracture clinic or contact the Physiotherapy department using the below contact details.

How to contact us

West Hertfordshire Therapy Unit
 Jacketts Field
 Abbots Langley
 Hertfordshire
 WD5 0PA

Tel: 01923 378130

Email: westherts.opphysioadvice@nhs.net

Website: www.westhertshospitals.nhs.uk/physiotherapy

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217187** or email **westherts.pals@nhs.net**



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