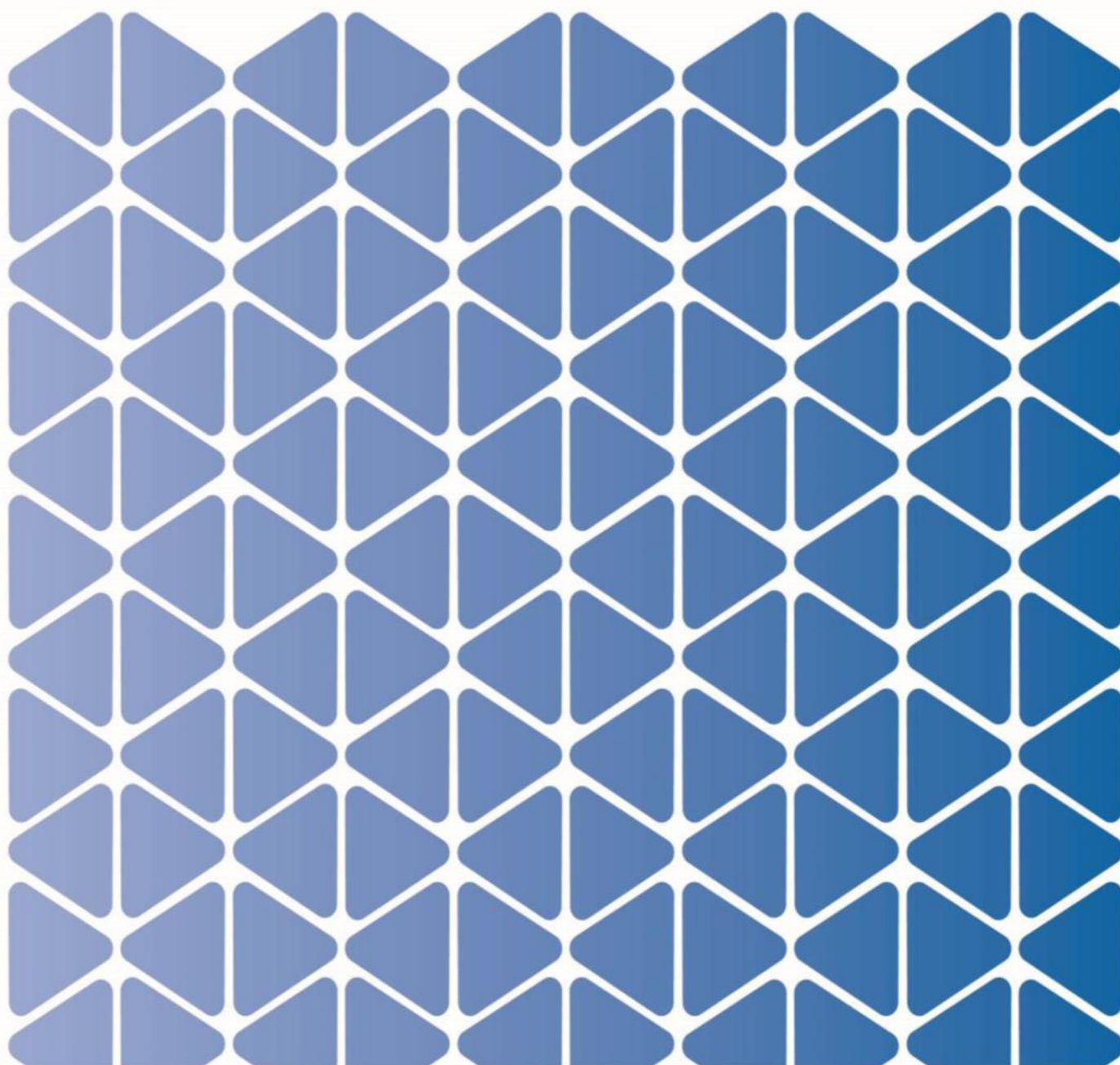


PATIENT INFORMATION**ANKLE FRACTURE**

This leaflet will provide you with the information required to begin your rehabilitation following your ankle fracture.

Whilst your ankle has been immobilised in a cast or boot, the muscles and soft tissues may become stiff and weak. It is important to begin to exercise and strengthen your ankle in order to return to your previous level of function.

Your treatment will depend on how severe the injury is. Some ankle fractures can be managed without an operation using a cast or boot and may require a period of non-weight bearing. Some may require an operation to make the joint more stable. This usually requires a period of non-weight bearing whilst in a plaster cast and then progression to a boot. You will be advised by your physiotherapist at which stage you can begin the following exercises and when to progress.

Pain

Pain is very normal following your fracture and it is important to manage this so you can complete your exercises regularly and be comfortable managing your daily tasks.

Ensure you are taking the pain medication as prescribed by your Consultant. Speak to your GP or pharmacist if you are struggling with your pain levels.

Swelling

You may notice swelling around the ankle joint and into the foot. Try using an ice pack on the area for 10-15 minutes maximum. You can use a packet of frozen peas or a gel pack. Ensure it is wrapped in a damp tea towel to protect your skin. Check regularly throughout application that you are not getting severe blanching (when the skin becomes pale or white) of the skin. If you get this, stop application immediately.

Smoking cessation

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.

Skin

It is normal to experience dry and sensitive skin following removal of the cast. Wash the area with a non-perfumed soap and use non scented moisturiser such as E45 cream or a neutral oil to help moisturise the skin.

If you had an operation on your ankle, it is important to look after the condition of the scar. Once your wound is healed (unless otherwise advised) gently massage a non-perfumed moisturiser into your scar two to three times a day to hydrate the skin and make it supple. Massage is used to desensitise, relieve itching, stretch the scar, and move excessive fluid. When massaging the scar, you are advised to use your fingertip to help reduce swelling in a circular motion, slow but firm for approximately 20-30 times, more if the scar feels harder.

Walking Pattern

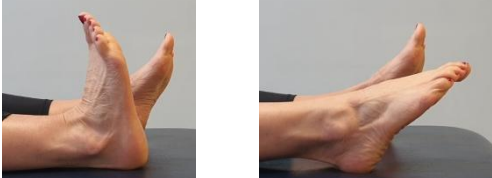
Your walking pattern will be altered, and you may still require a walking aid to use when you are walking. This will help with healing, managing pain and help your balance. Your physiotherapist will guide you through progressing to walking with no aid. Please see our leaflet 'Walking with Crutches' and the accompanying video for further information.

Exercises

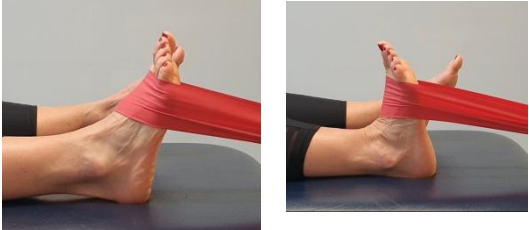
The following exercises are split into early stage and mid stage. The early stage exercises can be started once you have had your cast removed. These aim to improve range of movement and strength within the ankle. They then progress to further strengthening and balance exercises.

Your physiotherapist will highlight which exercises you should be completing and they will fill in below how often you should be completing them for. Your physiotherapist will also advise what colour exercise band you should use.

Early Exercises

☐ Ankle circles Move ankle round in a circle. Both clockwise and anti clockwise.	
☐ Dorsiflexion to plantarflexion Point your foot up and down within a comfortable range of movement.	
☐ Inversion to eversion Keep heels on floor and hip and knee still. Bring toes in towards each other, then go the opposite way and bring foot up and out to the side.	
☐ Towel stretch calf Loop towel around bottom of foot and draw slowly towards you, feeling a stretch along the back of your calf. Hold for 20-30 seconds.	
☐ Towel stretch in and out Loop towel around bottom of foot near your toes. Move toes in and out, using the towel to help you do so.	
☐ Toe curls Place towel underneath foot with foot flat on floor. Curl toes trying to scrunch the towel up.	
☐ Seated heel raise In sitting, have feet flat on floor. Lift heels up off floor as high as able, keeping toes in contact with the floor. Slowly lower down. Then lift up toes off the floor, keeping heel on the floor.	

Mid Stage Exercises

☐ Resisted dorsiflexion Hook an exercise band around top of foot. Bring foot up towards you then lower down.	
☐ Resisted plantarflexion Hook an exercise band underneath foot. Push down in to resistance.	
☐ Resisted inversion Loop an exercise band around a sturdy object or have someone hold it. Place something under heel. Alternatively, hook over other foot and cross leg over other leg. Keep heel still and curl inside border of the foot in.	
☐ Resisted eversion Loop an exercise band around both feet. Keep heel still and bring toes out to side.	
☐ Heel raises Use a wall or hard surface for support if needed. Rise up on to tip toes as high as able. Hold for 3 seconds, then slowly lower down.	
☐ Single leg balance Begin by using a wall or surface to support. Stand on one leg and aim for 30 seconds. Once able to do this,	

practise standing on one leg without holding on to a surface.	
☐ Squat Stand with feet hip width apart. Squat down as far as feels comfortable, then push back up again. If ankle feels stiff, place a rolled up towel under heel to make it easier.	

How Often to Complete the Exercises

Feedback for Inpatient Therapies

Please scan the QR code or follow the link below:

If you have been seen by a Physiotherapist or Occupational Therapist during your admission, please leave us some feedback by scanning the QR code or following the link and filling in the short survey.



<https://apps.worcsacute.nhs.uk/PublicSurvey/AHPFeedback>

Ward admitted to: _____

Therapy team who treated you: _____

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team who offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.