



Midshaft Fibula Fracture

Doncaster Royal Infirmary
Armthorpe Road
Doncaster
DN2 5LT

Tel: 01302 644665

You will not be routinely followed up

This is a follow-up letter to your recent telephone consultation with the fracture care team explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (Bone Specialist) and Fracture Care Extended Scope Physiotherapist.

You have sustained an isolated fracture to the middle of your fibula (outside bone in your leg).

This normally takes approximately 6 weeks to unite (heal) although pain and swelling can be ongoing for 3-6 months. You may walk on the foot as comfort allows although you will find it easier to walk with crutches in the early stages.

The swelling is often worse at the end of the day and elevating it will help. The boot you have been given is for your comfort only and is not needed to aid fracture healing.

Take pain killers as prescribed. 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.

We do not routinely follow up patients with this type of injury.

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 details at the top of this letter.

If after six weeks you are still experiencing significant pain and swelling or struggling to wean out of the boot please do not hesitate to contact us for a further consultation.

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.

For advice on smoking cessation and local support available, please refer to the following website: <http://smokefree.nhs.uk> or discuss this with your GP.

Please follow the Management/rehabilitation plan shown below:

Weeks since injury	Rehabilitation plan
0-2	You can wear the boot (if provided) for comfort only when walking. You may have been given crutches to take some of the weight, while it is still painful but these can be weaned off as early as possible. It is ok to take the boot off at night and when resting at home. It is also important to perform the exercises below regularly.
2-6	Try and wean yourself out of the boot and walk without the crutches. Try walking around the house at first. You may want to wear it if you go on a long walk.
6-12	The fracture is united (healed) and you can begin to resume normal activity but be guided by any pain you are experiencing. You should be able to carry out day to day activities. Arduous tasks, long walks etc., may still cause some discomfort and swelling.

Initial advice

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 24-72 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:

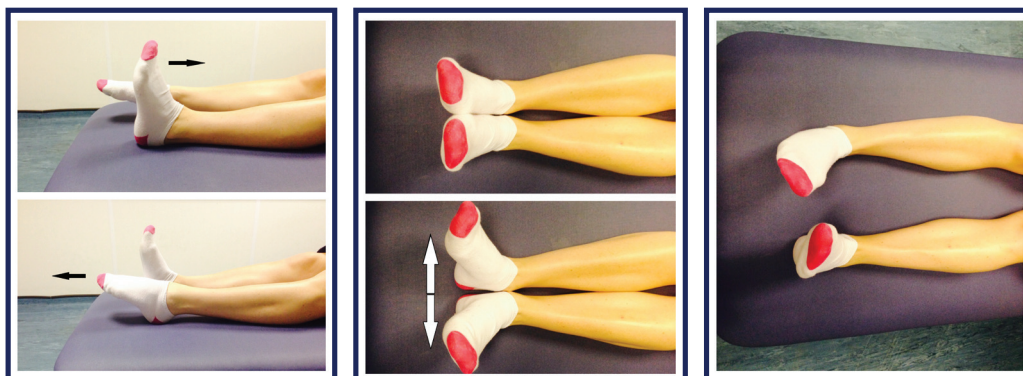
Early movement of the ankle and foot is important to promote circulation and reduce the risk of developing a DVT (blood clot). Follow the exercises below without causing too much pain. This will ensure your ankle and foot do not become too stiff. These exercises will help the healing process.

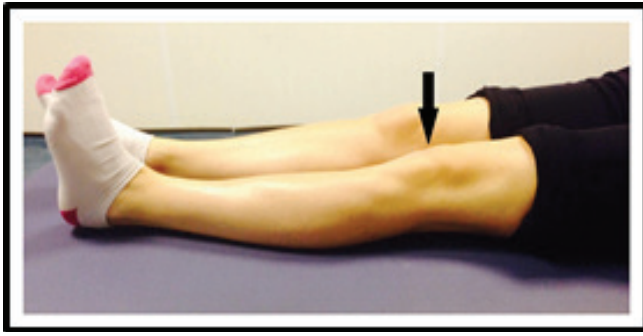
Early weight bearing (putting weight through your injured foot) helps increase the speed of healing. Try to walk as normally as possible as this will help with your recovery.

Initial exercises to start straight away (3-4 times a day)

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

1. Point your foot up and down within a comfortable range of movement.
2. With your heels together, move your toes apart, as shown in the picture.
3. Make circles with your foot in one direction and then change direction.





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 repete 7-10 times.



Knee flexion and extension:

Sitting in a chair as shown. Try to bend and 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.