

Advice for Acute Foot and Ankle Injuries

After an acute injury it is important to decrease pain and swelling and gradually return to normal movement. The first stage of inflammation can last up to 6 days, and this leaflet is designed to help you manage your symptoms effectively through this time using **PRICE**:

Protection	This may be applied by taping/bandaging/splinting and/or the use of crutches. This may be for a few days up to several weeks, depending upon severity. It is important to remember not to immobilise the joint completely if possible
Rest	Limited walking in the early stages but early movement is helpful
Ice	Ice pack on swelling
Compression	Tubigrip or crepe bandage to help control any swelling (not always advised)
Elevation	To help reduce the swelling

Swelling

1. Make an 'ice-pack' using frozen peas wrapped in a wet tea towel or crushed ice cubes in a wet towel, and place it directly on the skin over the affected area, **either** for 10 minutes if it is **within 3 days** of injury, twice daily; **or** for 20 minutes if it is **after 3 days** of injury, twice daily.
2. If supplied, wear the tubigrip/bandage in the day only (this must be washed to regain elasticity). Some evidence suggests this may not always help recovery. Sometimes, support strapping with sticky tape may be applied instead. This taping helps to take the stress off the injured (sprained) ligament.
3. When not walking, sit or lie with the foot up resting higher than the hip.

Pain Relief

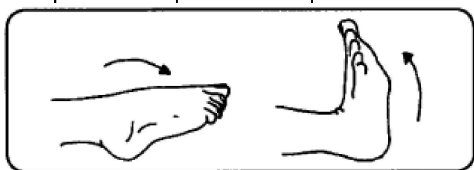
Take paracetamol regularly and **add** ibuprofen if needed and not contraindicated for you (check with your pharmacist or doctor if in doubt). Both painkillers are available over the counter. A doctor may prescribe something stronger.

Exercise

1. Start movements of the foot and ankle from the first day of injury (unless specifically instructed not to by a doctor or physiotherapist).

Do each movement five times every hour.

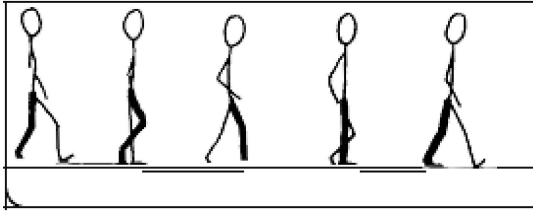
- i. pull foot up and then point toe down fully.



- ii. turn foot in then out fully (keeping the knee still).



- iii. standing by a window sill or worktop for assistance/balance, stand with both feet on the ground, slowly transfer your weight from the good leg to the bad leg and then back again.
2. The physiotherapist or nurse will issue you with a stick or crutches if your pain causes severe limping. Walking should be for short periods, frequently throughout the day, putting as much pressure as is comfortable through the sole of the foot. Use a normal 'heel-toe' pattern as shown in the diagram.



3. Do not stand for long periods, or sit with the affected leg hanging down.
 - **If movement, swelling or walking are not improving within 7-10 days, please return for a review or speak to your GP / 111 for further advice.**
4. **Later exercises:** to strengthen the ankle.

These can be started as soon as you can stand comfortably (or when advised by physiotherapist).

Stand beside a worktop, etc. to steady yourself with your hands. With bare feet slightly apart:

 - i. Push up on tiptoes then lower heels to ground. Both feet to start with, then injured side alone. Repeat 5 times or until calf muscle feels tired. Do 2-3 times a day.
 - ii. Practice standing on injured side and keeping your balance. When this becomes easy, try with eyes closed. Compare your balance with other leg.

If returning to sport, your ankle/foot should be pain free, fully mobile and strong. If in doubt, ask advice.

This leaflet gives general guidance only. Depending on your injury, it may take about 4-6 weeks to get back to normal, or sometimes longer. Ask your physiotherapist if in doubt.

This information can be offered in other formats on request, including a language other than English and Braille.

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