

Ankle avulsion fractures – discharge advice

Information for patients

During your visit to the emergency department, you were advised that you have a type of break in your ankle called an avulsion fracture. This leaflet answers frequently asked questions about this type of injury.

What is an ankle avulsion fracture?

You have sustained a fracture to your ankle where a small sliver of bone has been pulled off the end. This is known as an 'avulsion' fracture. This usually happens because one of the ligaments in your ankle has pulled the piece of bone away.

How long will it take to recover?

This type of injury usually heals without any problems and does not require surgery. The pain, tenderness and swelling should settle over a period of several weeks.

Recovery plan

24-72 hours since injury

Try to rest and elevate your foot. 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 three to four hours and ensure the ice is never in direct contact with your skin.

Please follow the advice on pain relief given by the clinician you saw in the emergency department. If you need further advice, please ask your local pharmacist or GP.

Zero to two weeks since injury

If you were given a boot, wear it for comfort when walking. You can walk on your injured foot if it is not too painful. If you were given crutches, you can stop using these when you feel able to.

You should take the boot off when you are resting. You do not need to wear it at night. Start the exercises described below as you can.

Two to six weeks since injury

Reduce the amount of time you wear the boot and gradually start to resume your normal activities. Continue with the exercises shown below.

Six to 12 weeks since injury

By now you should be returning to your normal level of activity. You might still feel some discomfort with higher level activities such as running. If you experience a significant

increase in pain and/or swelling, you will need to reduce your activity levels and gradually increase these over a longer period.

Early movement of your ankle and foot is important to promote circulation and reduce the risk of developing a DVT (blood clot). Follow the exercises below, stopping before it becomes too uncomfortable or painful for you. This will ensure your ankle and foot do not become stiff as well as helping the healing process.

If you notice an increase in calf pain with movement, heaviness, redness, heat or an increase in swelling please attend your local urgent care centre or A&E for assessment.

Exercises to follow

Please note, the number of times you need to carry out each exercise is included as a guide only. If you experience a significant amount of pain while carrying them out, you should reduce the number of times you do each exercise, and gradually increase the amount during your recovery.

Ankle range of movement exercises

Repeat each exercise 10 times, three to four times a day.

1. Point your foot up and down within a comfortable range of movement.



2. Turn your foot inwards so that your toes are pointing towards your other foot, then move back to the starting position.



3. Turn your foot outwards so that your toes are pointing away from your other foot, then move back to the starting position.



Weight bearing exercises

Repeat each exercise three to four times a day.

1. Hold onto a chair or table for support and practise standing on your injured leg for up to 30 seconds. When able, stand on the injured leg without holding onto the support.



2. Rise up and down on your toes. Repeat this 8-12 times, or as much as pain allows.



Return to sport

You should be able to squat, hop, jump, and run pain-free before you return to sport. If you are unable to do this or need further guidance, please see your GP, and ask for a physiotherapy referral.

Return to driving

You should be able to perform a full emergency stop confidently and pain-free before you consider returning to driving.

What happens next?

We do not routinely follow up patients with this type of injury as it usually heals well. However, if you are still experiencing significant symptoms after six weeks, please contact the virtual fracture clinic at the hospital you first visited.

This clinic is run by a team of physiotherapists and orthopaedic doctors who can review your scans and notes to provide you with further information or support. If appropriate, they will make an appointment for you to be seen face-to-face in a fracture clinic.

Contact details

Barnet Hospital, Chase Farm Hospital, Finchley Memorial Hospital, Edgware Community Hospital, Cheshunt Community Hospital

- Telephone: 020 8216 4445 (9am to 12noon, Monday to Friday)
- Email: RF-TR.barnethospitalvfc@nhs.net

Royal Free Hospital

- Telephone: 020 7472 6222 (9am to 12noon, Monday to Friday. Please leave a voicemail outside of these hours)
- Email: RF-TR.royalfreehospitalvfc@nhs.net

Acknowledgement and references

We would like to thank Glasgow Royal Infirmary and Leeds Teaching Hospitals for allowing us to reproduce part of their leaflets. If you require a full list of references for this leaflet please email: RF-TR.royalfreehospitalvfc@nhs.net or RF-TR.barnethospitalvfc@nhs.net.

More information

For more information about the virtual fracture clinic service at the Royal Free London, please visit our website: www.royalfree.nhs.uk/services/services-a-z/trauma-and-orthopaedics/virtual-fracture-clinic

Your feedback

If you have any feedback on this leaflet, please email: rf.communications@nhs.net

Alternative formats

This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please speak to a member of staff.

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