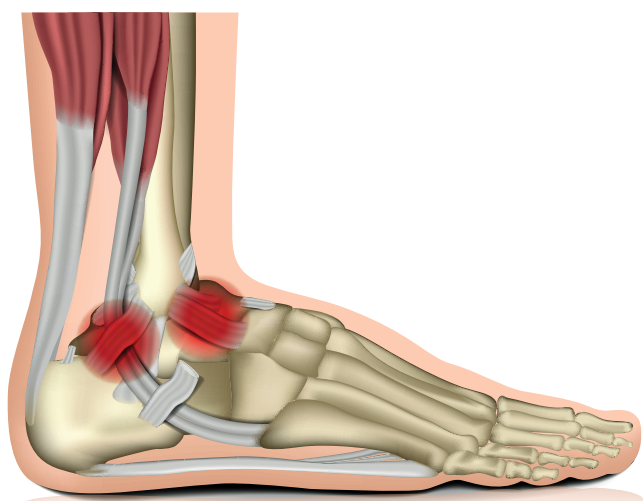


Ankle Sprain

Your Emergency Department doctor has referred you to the Virtual Fracture Clinic. This allows fast access to a specialist opinion without having to visit the hospital in person.

An orthopaedic doctor will review your case, then a physiotherapist will contact you by telephone to discuss your management plan.

Your diagnosis is ankle sprain



Ankle sprains are very common. They are usually caused by twisting or rolling the ankle. This may happen playing sport or during a fall.

These may be managed in a moonboot or supportive bandaging.

Early weight bearing is safe and recommended as soon as possible after an ankle sprain to promote healing.

Early Management: the first three days after the injury

It is normal for your ankle and foot to become bruised and swollen. This will settle over a few weeks.

Follow the **'RICE'** guidelines to help pain and swelling:

Rest

Spend most of your time lying down, resting. Avoid any activity that increases pain such as long walks or standing for a long time.

Ice

Ice the ankle for **20 minutes every 1-2 hours**. Use an ice pack or a bag of frozen vegetables wrapped in wet tea-towel. Continue this for **3 to 10 days** after your injury.

Compression

You can wear a compression bandage or tubigrip (elastic stocking you can buy at the pharmacy). If you experience pins and needles, numbness, or colour changes in the toes loosen the compression as it may be too tight.

Elevation

Position your ankle above the level of your heart, when sitting keep the foot elevated on a chair.



Moonboot

You may be fitted with a moonboot to protect your ankle while the fracture heals.

Wear this boot for two weeks, or as advised. You can remove the boot for showers and sleeping if comfortable.



Walking

It is safe to put full weight on your injured leg. (the medical term for this is 'weight bear as tolerated').

Use crutches to help reduce your pain or assist your balance if needed.



Medication

Simple medication such as paracetamol or anti-inflammatories may help to control your pain. Speak with your local doctor (GP) or pharmacist about your medication options.

Smoking

Research shows that smoking increases the risk of poor healing in sprains. Stopping smoking will improve the chance of a good outcome. For further information on quitting smoking visit www.quitnow.gov.au or speak with your GP.

Rehabilitation: After three days

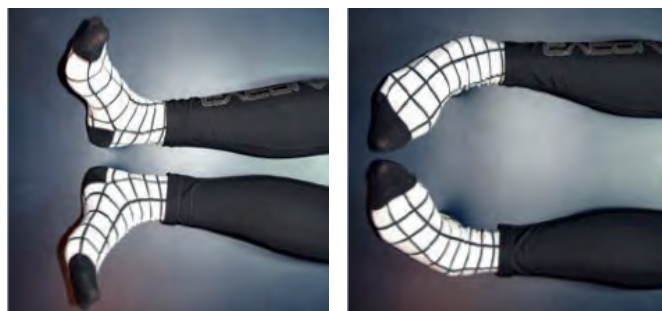
Gently perform the following exercises 4 times a day:



Point your foot up and down as comfortable to do so, **repeat 10 times.**



Using a towel or scarf gently stretch the foot back towards you – hold for 10 seconds, **repeat 5 times.**



Keeping your leg still, turn your feet towards each other then away from each other – **repeat 10 times.**

After 1 week, or when comfortable



Stand near the back of a chair or bench (something stable). Try to balance with all your weight on the injured leg – hold for 30 seconds, repeat 5 times.

To make the exercise harder close your eyes when balancing.

Physiotherapy

If after 4 weeks you are having trouble walking or still need to wear the moonboot you may benefit from physiotherapy treatment. Speak with the virtual fracture clinic or local doctor (GP) about physiotherapy options available to you.

Expected return to daily activities

It is important to note that different people recover from ankle sprains at different rates. Most ankle sprains recover within six to eight weeks.

Driving

You can return to driving:

- **Automatic car:**
If your **left ankle** is sprained: immediately.
If your **right ankle** is sprained: 6 weeks after injury provided you no longer need to wear the boot AND the right leg has enough strength to perform an emergency stop.
- **Manual car:** 6 weeks after injury provided you no longer need to wear the boot AND the right leg has enough strength to perform an emergency stop.

Return to work

The amount of time you will need off work relates to the severity of your injury and your work requirements. Discuss your return to work plan with your local doctor and employer.

As a guide:

- Manual workers - If you need to climb ladders or do repetitive lifting it may take 6 to 8 weeks to return to normal duties.
- Desk workers - you can return as soon as your pain allows.

Return to sport

It is recommended that you see a physiotherapist for a guided return to sport program.

Longer-term recovery and expectations

Most people achieve a normal function after this injury. It is possible that you could have mild ongoing discomfort or feeling of instability. If you still have significant pain or limitation 3 months after your injury despite physiotherapy and rehabilitation you may need to see an orthopaedic specialist. Discuss this with your local doctor.

When to contact the Virtual Fracture Clinic

- If you have not heard from us within three working days after your Emergency Department visit.
- If your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help.
- If you notice increasing pain without a cause after it was improving.
- If you notice major numbness, pins and needles, or changes in circulation in your foot.
- If your symptoms are still bad after 6 weeks.

If you have any questions or concerns, please contact the Virtual Fracture Clinic:

T: 0448 193 644

E: myfracture@health.qld.gov.au

This fact sheet provides some information to assist with management and rehabilitation of your injury. While it contains the recommended information, it does not contain all available information about your injury and is not a substitute for specific advice from the Virtual Fracture Clinic in respect of your injury.

All treatment options have risks and benefits. This advice is of a general nature and is appropriate for most patients with this condition. However, it may not apply to your specific injury and circumstances.

If you have any concerns about progress of your rehabilitation, contact the Virtual Fracture Clinic promptly.

Do not continue the exercises in the brochure if:

- You experience increasing pain that does not settle quickly with rest (some discomfort is common)
- Your condition has deteriorated in any way since you last consulted the Virtual Fracture Clinic
- You have a new injury or condition and have not consulted the Virtual Fracture Clinic about it.

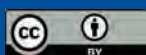
This information is only designed for patients who are currently being treated by the Virtual Fracture Clinic at the Townsville University Hospital. If you do not understand the information seek clarification from the Virtual Fracture Clinic.

Patients should be aware that the suggested management is not guaranteed to provide any improvement in your condition.

Keep this brochure as you may need to read it again. Thank you to the Royal Melbourne Hospital VFC for their assistance.



Partnering with Consumers - This patient information brochure supports National Safety and Quality Health Service Standard 2. Consumers and/or carers provided feedback on this patient information.



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