

Toe fracture

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 Toe Fracture



A broken toe can be very painful but, in most cases, it will not need surgery. Broken toes are usually caused by trauma such as kicking an object or dropping something heavy on the foot.

Case courtesy of Dr Mohammad Osama Hussein Yonso, Radiopaedia.org, rID: 91291

Things to remember

- It is safe to put full weight as tolerated on your foot.
- Wear sturdy shoes with a stiff sole.
- You can drive when you have adequate pain control and enough strength to perform an emergency stop.

Early Management: the first three days after the injury

It is normal for your 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

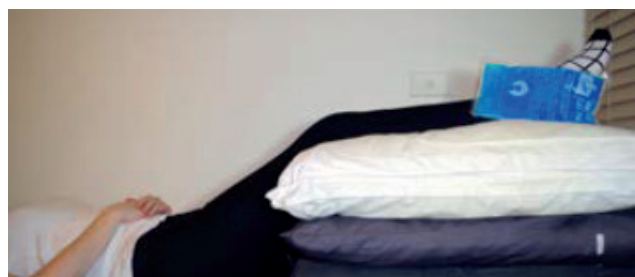
Ice the toe for **20 minutes every 1-2 hours**. Use an ice pack or a bag of frozen vegetables wrapped in wet tea-towel. Continue this for **3 to 10 days** after your injury.

Compression

You can wear a compression bandage or Tubigrip (elastic stocking you can buy at the pharmacy) if your foot is swollen. 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 foot above the level of your heart.



Buddy Strapping



You may be advised to 'buddy strap' your injured toe to the next toe to provide support. This should continue for 2 to 4 weeks to be effective. If the injured toe hurts more when strapped, remove the tape.

Place a small piece of gauze or cotton wool between the toes – this protects the skin.

Loosely wrap the two toes with a rigid tape – do not pull the tape too tight, the injured toe should remain straight.

The tape can be removed to wash the toe. You can purchase new tape from a pharmacy to re-apply the strapping.

Footwear

Wear sturdy shoes with a stiff sole and wide 'toe box' (the front section of the shoe) i.e. boots or sneakers, for 4 weeks (or up to 8 weeks if you have ongoing pain). Avoid shoes that bend or squash your broken toe.

For fractures of the big toe you may be provided with a special stiff soled shoe or camboot. You can remove this 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').

Walk on your heel or 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 fractures. 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.

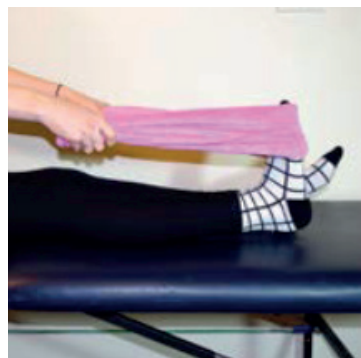
Rehabilitation: After 48-72 hours

Exercises

Remove the boot and gently perform the following exercises 4 times a day:



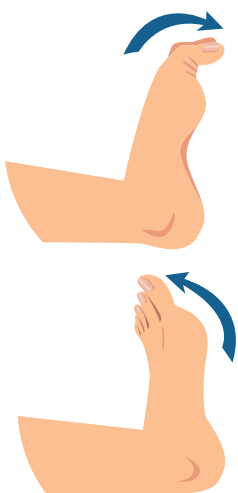
Point your foot up and down within a comfortable range of movement – repeat 10 times.



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.



Move your toes up and down 20 times.

Physiotherapy

If after 6 weeks you are having trouble walking or still need to wear the camboot 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 broken bones at different rates. Most foot fractures heal in 6 to 8 weeks.

Driving

You can return to driving:

- **Automatic car:**

If your **left foot** is fractured: immediately.

If your **right foot** is fractured: up to 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

After six weeks you can return to sport using pain and swelling as a guide.

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 limp. If you still have significant pain or limitation three 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 or ankle.
- 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 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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