Low-Risk Ankle Fractures

Home Exercise Program

Luskinoic.org

What is a low risk ankle fracture?

Low risk ankle fractures are those ankle fractures that have little to no chance of displacement, do not require surgery and only require brief immobilization. Based on your X-rays, your provider determined you had an ankle fracture considered “Low Risk.”

How can I help prevent ankle fractures?

Wear proper, well- fitting shoes when you exercise. Stretch gently and adequately before and after athletic or recreational activities. Avoid sharp turns and quick changes in direction and movement. Consider taping the ankle or wearing a brace for strenuous sports, especially if you have had a previous injury.

Low risk ankle fracture treatment:

Initial treatment includes the following easy to remember Acronym, LUSKIN:

Immobilization

Immobilization is usually recommended for a period of 4 weeks. If provided a CAM boot, wear the CAM boot at all times except for hygiene and TWO TIMES daily exercises. NSAIDs, such as ibuprofen can help with both pain and swelling. Ibuprofen can be taken every 6-8hours for the first 7-10 days after injury. For kids, dosage is based on weight, so check the package instructions, for teens and adults, 400mg (or 2 regular strength tablets) of Ibuprofen dosing is appropriate.

Post-Injury Rehabilitation Completing ankle exercises to improve your ankle strength and range of motion and help you return to your normal activity or sports.

- Starting Day #1 after your diagnosis, start exercise # 1 and 2
- Week 1-2 after injury and when you can tolerate weight on your foot, start exercises #3 and 4
- Week 3 after injury and when the previous exercises are pain free, start exercises #5 and 6

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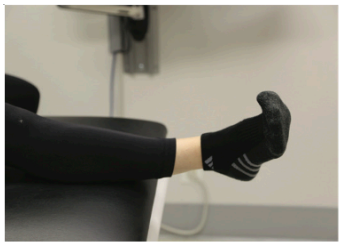
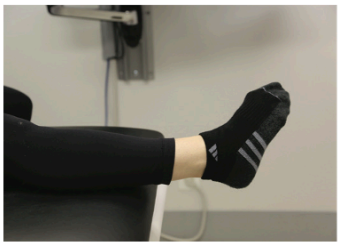
1. **Towel Stretch** - Sit on a hard surface with your injured leg stretched out in front of you. Loop a towel around the ball of your foot, and pull the towel toward your body. Be sure to keep your knee straight. Hold this position for thirty seconds and repeat 3 times.

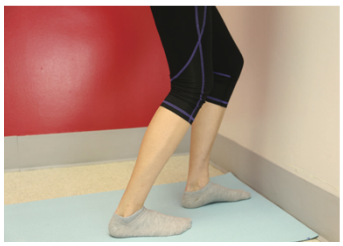
2. **Ankle Alphabets** - Sit upright with your foot coming off the edge of a table. Pretend you are writing each of the letters of the alphabet in capital letters with your foot. This will move your ankle in all directions. The movement should come from your ankle, not from your hip or knee. Do this 3 times.



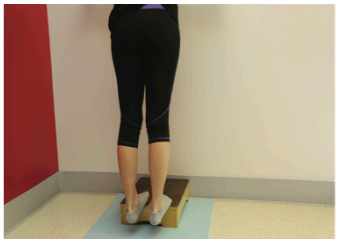


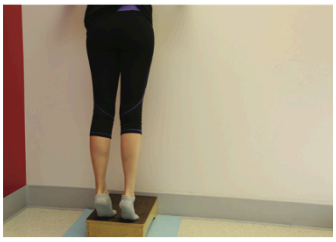
3. **Standing Calf Stretch** – Facing a wall, put your hands against the wall at about eye level. Keep the uninjured leg forward and your injured leg back about 12-18 inches behind your uninjured leg. Keep your injured leg straight and your heel on the floor and keep your toes pointed towards the wall. Next, do a slight lunge by bending the knee of the forward leg. Lean into the wall until you feel a stretch in your calf muscle. Hold this position for 30-60 seconds, and repeat 3 times.

4. **Standing Soleus Stretch** - Facing a wall, put your hands against the wall at about eye level. Keep the uninjured leg forward and your injured leg back about 4-6 inches behind your uninjured leg. Keep both heels on the ground and gently bend your knees until you feel a stretch in your calf muscle. Hold this position for 30-60 seconds, and repeat 3 times.



5. **Heel Raises** - While standing, on the floor or on a small step balance yourself on both feet and hold onto a wall for balance. Rise up on your toes, hold for five seconds, and then lower yourself back down. Repeat 10 times, and do 3 sets of 10. Once you are comfortable with this, try on one leg. Do 3 sets of 10.





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6. **Single Leg Balance** - Stand without any support, and attempt to balance on your injured leg. Begin with your eyes open, and then try to perform the exercise with your eyes closed or on a pillow with your non-standing foot in front of you, to the side of you, and behind you for 30 seconds each. Repeat 3 times.



When can I return to my sport or activity?

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon, you may worsen your injury, which could lead to permanent damage. Everyone recovers at a different rate. Returning to your sport or activity will be determined by how soon your ankle recovers, not by how many days or weeks it has been since your injury has occurred. In general, the longer you have symptoms before you start treatment, the longer it will take to get better.

You may safely return to your sport or activity when, starting from the top of the list and progressing to the end, each of the following is true:

- You have full range of motion in the injured ankle, compared to the uninjured ankle
- You have full strength of the injured ankle compared to the uninjured ankle and are able to complete the above exercises without pain
- You can jog straight ahead without pain or limping
- You can sprint straight ahead without pain or limping
- You can jump on both legs without pain, and you can jump on the injured leg without pain

Return to your sport at about 50% effort, and increase by about 10% each week. If you begin with pain, you may need to rest for a few days before returning to activities.