After your ankle operation
A Physiotherapy patient leaflet:
for when you can touch weight bear
How much should I move and exercise my injured foot?

Following your operation you have been advised that you are able to **touch weight bear in a boot**. Touch weight bearing means that you are only able to put your toes to the floor on your operated leg. This should be used for balance only. Try not to put any standing pressure through your operated leg.

This is likely to be for a minimum of 6 weeks until your follow-up appointment with the consultant, who will then review your x-rays and progress your weight bearing as appropriate.

Your wound will be checked and as long as it has healed then you can start to mobilise further on crutches. Be aware that if you are on your feet for long during the day or do too much your ankle will swell and this can impact on the healing of your injury. The ideal is little and often.

You **should not** be mobilising (moving around) or have your ankle lowered to the floor for very long for two weeks after your surgery to allow the swelling to go down and the wound to heal.

How can I prevent swelling?

You must keep your foot elevated, ideally above the level of your hips, whenever you are not moving for the first two weeks. If the ankle is not elevated, the wound may not heal properly and potentially risk an infection so this is very important.

When should I wear the boot?

The boot should be worn whenever you are moving, even around the house. It is for protection and support. You can remove the boot at night when sleeping and when resting and when you are doing your exercises.
Can I have some pain relief?

You will be given pain killers to take home. You should take this on a regular basis to begin with to help you move and do the exercises.

Can cold packs help?

A cold pack (ice/frozen peas) can provide short term pain relief right after the operation but this must be in a waterproof bag as you **must not** get the dressings wet. Apply it to the ankle for up to 15 minutes, every few hours. Make sure that the ice is never in direct contact with the skin. This may not have a significant effect while the bandages are on but will help more when the dressings are removed after two weeks.

What’s the best way to wash?

The most important thing is to keep the dressings dry until the wound has healed and the dressings are removed.

Options for washing (depending on facilities) are a strip wash at a sink or a shower. You can put a waterproof bag over your leg or you can buy a cover called a Limbo from the internet. Go to [www.limboproducts.co.uk](http://www.limboproducts.co.uk).

How can I manage stairs with my crutch?

**Going Up:** ABC (Able leg, Bad leg (toes for balance only), Crutch to the same step)

**Going Down:** CBA (Crutch, Bad leg (toes for balance only), Able leg to the same step)

You may find it easier to ‘hop’ up and down the stairs, to prevent too much weight through your operated leg.
Will I have on-going physiotherapy?

You will be referred to an NHS Outpatient physiotherapy department close to where you live. You will be seen by your consultant first usually 6 weeks after your operation.

Once they have allowed you to fully weight bear (put all your body weight on your operated leg) they can refer you on for a physiotherapy appointment. You will then continue to have regular physiotherapy appointments to help with your rehabilitation and help you to return to normal activities.

If you have private healthcare then we can give you a copy of your operation notes to take with you to your first appointment.

Please follow the management/rehabilitation plan shown below:

<table>
<thead>
<tr>
<th>Weeks since injury</th>
<th>Rehabilitation plan</th>
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<tbody>
<tr>
<td>0-6</td>
<td>Wear boot all the time when mobilising. Walk with crutches <strong>touch weight bearing</strong>. Perform exercises below to help with range of movement.</td>
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<tr>
<td>6-8</td>
<td>You will have an orthopaedic follow up appointment around 6 weeks after the operation and another x-ray to check how the bone is healing. You will then be given advice as to when you can start to increase weight bearing through your operated leg.</td>
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Initial Exercises to do 3 - 4 times a day

1. Wiggle your toes regularly

2. Lying on your back or sitting.
   Bend and straighten your ankles briskly.
   Repeat 10 times.

3. Sit with one leg straight out in front of you. Put a band around your foot.
   Gently pull the band and feel the stretch in your calf and ankle. Hold approx. 10 seconds.
   Repeat 5 - 10 times.
Frequently asked questions:

● **When can I return to work?**
This depends on your job and what you do. If your job role involves moving around and/or commuting to work it may not be possible for you to return to work until you are fully weight bearing, this should be discussed with your consultant. If possible you should also talk with your employer and/or occupational health department to help with your return to work.

Your progress will be monitored by your consultant and physiotherapist who will help guide you to return to work as appropriate.

● **When can I return to driving?**
If the fracture is on your right foot and you drive a manual vehicle you will not be able to drive until you are fully weight bearing.

If your fracture is on the left and you drive an automatic vehicle you may be able to drive before this. However you should get advice from individual insurance companies before returning to driving.

● **When can I return to exercise?**
You will begin physiotherapy once you are able to fully weight bear as per your consultant’s guidance.

The physiotherapists will progress you out of your boot and work on your strength, range of movement and balance. They will tailor a home exercise programme for you and guide you back to the activities or sports you enjoy as your rehab progresses.
Who can I contact if I have any other questions?

You can speak to a physiotherapist by contacting 01273 696955 and ask for bleep 8375 before your first appointment.
Disclaimer
The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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