

Foot Soft Tissue Injury (Sprain)

Information for patients

You have stretched/bruised the soft tissues surrounding your foot.

Healing:

Soft tissue injuries take approximately 6-12 weeks to heal. If provided, start weaning out of your boot by 2 weeks post injury and begin resuming normal activities in a graded manner as symptoms allow. You should avoid impact activity for 3 months following your injury (this includes running, jumping and dancing) as this may aggravate your symptoms. It will take time for your previous level of exercise tolerance to return.

Pain and swelling:

This is a normal part of the healing process. Your symptoms will progressively improve but may continue for 6-12 months following your injury as you regain your normal activity levels. Swelling is often worse at the end of the day. Elevating your leg will help, as well as regular pain medication and cold packs. See [Initial Injury Advice](#).

Walking and using the boot:

It is important you put as much weight through your leg as you can tolerate as weight bearing reduces the risk of developing a deep vein thrombosis (DVT) and promotes healing. You may have been provided with a boot and crutches to assist you with this. The boot is for comfort only and not required to aid healing however, it can make you feel uneven when walking. Wearing a shoe with a thick sole such as a trainer on the other foot can help. A long sock in your boot for hygiene and skin protection is recommended.

It takes time to resume a normal walking pattern with a reciprocal gait. If you are experiencing difficulties weight bearing please contact the Virtual Fracture Clinic team to discuss.

Wearing the boot can cause your ankle to stiffen. Remove the boot at night time and when resting. It is important to start exercises as soon as possible, please see the [Rehabilitation Plan](#) for this below.

I am diabetic, does this affect my management?

We may be able to provide you with an alternative boot, particularly if you have problems with your skin and/or sensation. Please contact the Virtual Fracture Clinic Team to discuss further.

Deep Vein Thrombosis (DVT)

When you have been immobilised in a boot or are unable to weight bear you have an increased risk of a DVT. This can be a life-threatening development. The risk of developing blood clots can persist for some weeks after injury.

To reduce the risk, it is important that you:

- Weight bear through your leg as directed
- Keep well hydrated
- Move your foot as per your [Rehabilitation Plan](#) below

If you are unable to weight bear please contact the Virtual Fracture Clinic team.

There are certain signs to look out for which could mean you have a blood clot:

- Leg pain/swelling/redness
- New onset shortness of breath/chest pain/coughing up blood

You should seek urgent medical attention if you develop any of these symptoms.

Follow up:

We do not routinely follow up patients with this type of injury as it will heal naturally with time and appropriate self-management. Please contact the Virtual Fracture Clinic team if you are:

- Still experiencing significant pain and swelling after 6 weeks
- Struggling to wean off the crutches or out of the boot after 6 weeks
- **Or**, you are experiencing pain or symptoms, other than at the site of the original injury

Initial Injury Advice:

Cold packs

A cold pack (ice 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 few hours ensuring the ice is never in direct contact with the skin. Ice placed directly on the skin can cause skin damage/ice burns. If you have reduced sensation in your lower limbs or an open wound please do not use ice treatment.

Stop applying ice if you experience any negative effects such as:

- An increase in pain
- Increased swelling
- Increased skin soreness

Rest and elevation

Try to rest the leg for the first 24-72 hours to allow the early stages of healing to begin. Raise your ankle above the level of your hips to reduce swelling. You can use pillows or a stool to keep your leg up.

Pacing

Rest is as important to recovery as exercise. Pace yourself by slowly increasing the time on your feet. Start the exercises as indicated and build up to do a little more each day as your symptoms allow. If you do not grade your return to your previous levels of activity you may aggravate your injury and prolong the rehabilitation period. Minimise aggravating factors and adapt activities to fit in with your symptoms. Do not force through pain. Please see our leaflet on [Pacing](#) for further information.

The numerical pain rating scale below may help guide your return to activities or progression of exercises.



If your pain is mild to moderate when doing the activity, after the activity and the next day then you can continue to progress. If severe to worst after the activity and/or the next day you may want to consider slightly reducing how much you are doing.

Pain Management

It is important during your recovery that you take regular pain relief to promote restoration of normal movement and sleep. If you need further advice please speak to your GP or pharmacist.

Smoking

Smoking will slow down your healing. It is important that you consider this information with relation to your recent injury.

For advice on smoking cessation and local support available, please refer to the following website <https://www.nhs.uk/better-health/quit-smoking> or discuss this with your GP.

Please follow the Rehabilitation Plan shown below:

0-2 weeks

- If provided, wean out of the boot starting within your home environment
- Use crutch/es if needed to aid return to a normal walking pattern
- Follow the '[Initial Injury Advice](#)' above
- Begin '[Stage 1](#)' exercises

2-6 weeks

- Stop using boot/crutches if not done so already
- Wear supportive shoes
- Progress to '[Stage 2](#)' exercises

6-12 weeks

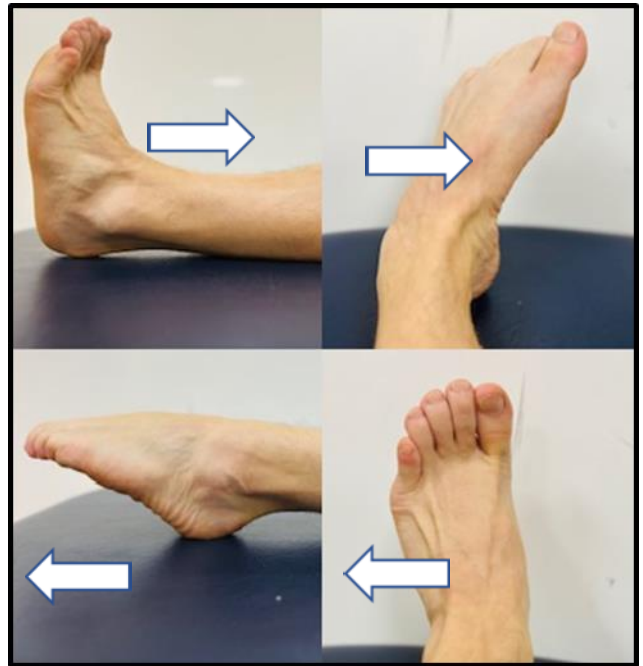
- Begin a graded return to normal activity as your symptoms allow
 - Do not return to sports if you are still experiencing pain and swelling
 - Progress to '[Stage 3](#)' exercises
 - It is normal to still have some discomfort and swelling at this stage
-

Stage 1 (0-2 weeks)

Follow the below exercises below 3-4 times daily. When exercising it is normal to feel a degree of discomfort however, it is important you do not over exercise and aggravate your symptoms. Please refer to numerical pain score above for guidance, you should be aiming to be within the 'moderate' category.

Ankle range of movement:

Move your ankle in the directions shown 10-15 times to restore your flexibility.

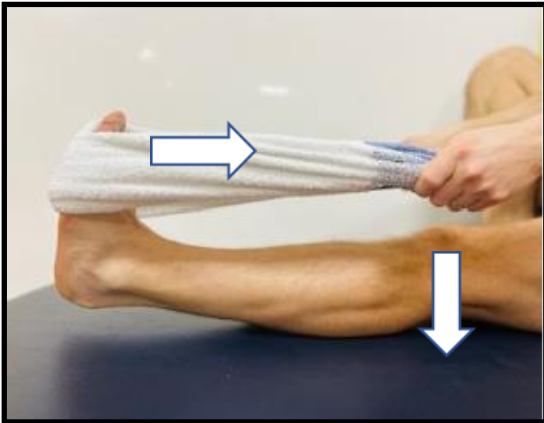


Toe curls:

In sitting, place a towel under your foot and curl your toes to drag the towel towards you. Relax toes and repeat 10-15 times.

Stage 2 (2-6 weeks)

Follow the below exercises 3-4 times daily. You can also continue with the **Stage 1** exercises if required.



Ankle stretch:

Sit with leg straight out in front of you. Place a towel around your foot and pull towards you. At the same time push the back of your knee into the bed until you feel a stretch in the back of your calf. Maintain the stretch for 30-60 seconds. Repeat 2-3 times.

Ankle slides:

In sitting slide your foot backwards towards the chair, keeping your heel in contact with the floor. Maintain the stretch for 30-60 seconds. Repeat 2-3 times.



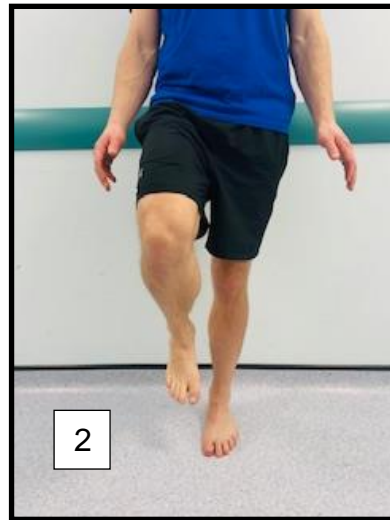
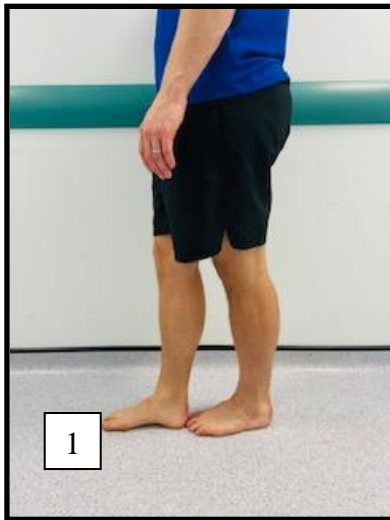
Isometrics (static strengthening):

Place your feet side by side as shown in the picture. Push your feet together as hard as you can tolerate (you may want to put a rolled up towel between your feet to act as a cushion). Hold for 5 seconds and repeat 8-12 times. Then repeat on the other side.

Balance:

These are to be performed in a safe environment where there is a stable support available if needed. Please note, if you could not stand on one leg prior to your injury, you should only perform the exercise on the left.

1. Stand heel to toe or as close as able. Maintain this position for up to 30 seconds. Then swap feet so your other foot is now in front and repeat. As you improve, bring your feet closer together until you can stand in the position below.
2. Stand on injured leg. Start by holding onto a stable surface, progressing to hands free when able. Maintain this position for up to 30 seconds. Repeat 3-5 times.



Seated heel raises:

In sitting, push up onto your toes as far as you feel able. Hold 5 seconds. Repeat 8-12 times. If this exercise becomes easy, you can place a weight across the top of your knee to increase the resistance.



Stage 3 (6-12 weeks)

Follow the below exercises 3-4 x daily. You can also continue with [Stage 1/2](#) exercises as required.



Balance progression:

This exercise should only be done if you could stand on one leg prior to your injury. Repeat as [Stage 2](#) balance exercise but to make more difficult stand on a cushion. The cushion should be thick enough so that it feels uneven your foot. Maintain this position for up to 30 seconds. Repeat 3-5 times.



Stretch progression:

1. Standing against the wall or chair, place injured foot behind you with toes pointing forwards and heel on the ground. Bend front knee forwards until you feel a stretch in the calf of the back leg. Maintain the stretch for 30-60 seconds. Repeat 3-5 times.
2. Place the toes of the injured foot against the wall keeping your heel down on the floor. Bend knee towards the wall. Maintain the stretch for 30-60 seconds. Repeat 3-5 times. If you can touch your knee to the wall with the heel down, move your foot back further from the wall and repeat.

Standing Heel Raises:



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1. Standing in front of a chair or against a wall for balance. Push up onto your toes on both feet and hold for 2-3 seconds. Repeat 8-12 times. When able to perform 3 sets of 12 repetitions relatively easily of the above exercise you can progress to the next level.
2. This exercise should only be done if you could stand on one leg prior to your injury. Standing on your injured leg only, repeat as per level 1. Hold 2-3seconds. Repeat 8-12 times. When able to perform 3 sets of 12 repetitions relatively easily of the above exercise you can progress to the next level.
3. This exercise should only be done if you could stand on one leg prior to your injury. Stand on your injured leg with only your forefoot on the step and your heel unsupported off the edge. Raise your heel as before. Hold 2-3seconds. Repeat 8-12 times.



Squats:

Stand with your feet hip width apart.

Sit back, keeping back straight as far as you are able and return to standing. Repeat 8-12 times. When this becomes relatively easy you can progress by holding a small weight and move on to **Lunges**.


Lunges:



Stand with one foot in front of the other in a wide step stance as shown. Lower back knee to floor or as low as able, you may need to hold onto a stable surface to help maintain your balance.

Further information and advice can be obtained from:

NHS 111
NHS Choices online



 **111**
www.nhs.uk

The Trust operates a smoke free policy. This means that smoking is not permitted anywhere on hospital grounds. For Free NHS support to stop smoking please contact:

 **0300 123 1220**
www.oneyoukent.org.uk
www.kentcht.nhs.uk/service/one-you-smokefree/

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone:  01622 224960 or  01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

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