

Proximal Fibula Fracture

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Na żądanie ta ulotka może zostać udostępniona
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Information for Patients

This is a follow up leaflet to your recent telephone consultation with the fracture care team explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (Bone Specialist) and a Physiotherapist.

You have sustained a fracture to your proximal fibula (upper outside aspect of your leg).

This normally takes up to six to eight weeks to heal. Pain and swelling may continue for three to six months.

During this period, it is important that you follow the rehabilitation plan on the following page. Following your rehabilitation plan will help to prevent further injury and help to improve your function. You can walk on your leg as comfort allows. You can use crutches and/or a splint . Your leg may be swollen; resting and elevating it will help. Take pain killers as prescribed. You can return to driving when you have stopped using the splint and you feel confident in safely controlling your vehicle.

Please see the picture below to understand where this injury is.



If you are worried that you are unable to follow the rehabilitation plan, if you are experiencing pain or symptoms, other than at the site of the original injury or surrounding area, or if you have any questions, then please contact us for advice using the contact details on the back of this booklet.

Smoking cessation

Medical evidence suggests that smoking prolongs healing times. In extreme cases it can stop healing altogether. It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your injury will help ensure optimal recovery from this injury.

For advice on smoking cessation and local support available, please refer to the following website: <http://smokefree.nhs.uk> or discuss this with your GP.

Management / Rehabilitation Plan

Weeks since Injury	Rehabilitation Plan
0-2	<ul style="list-style-type: none">• If given a splint or a boot you can wear this as required until your pain settles down. Try to discontinue using the splint or boot after 2 weeks.• The splint can be removed to apply cold packs and to start gentle exercises, shown on the next page.• The splint can be worn either under or over your clothes depending on what you find most comfortable.• Use the crutches to take some of the weight off your foot, as required. Try to discontinue using the crutches after 2-3 weeks.• Begin 'Stage 1 Advice & Exercises'.• You are allowed to put weight through the leg as is comfortable, with or without crutches.
2-6	<ul style="list-style-type: none">• Gradually discontinue using the boot, splint and elbow crutches. Try walking around the house without them first.• Move on to Stage 2 Exercises.
6+	<ul style="list-style-type: none">• Fracture should be largely united (healed).• Gradually resume normal activities as pain allows.• Heavier or more strenuous tasks, including long walks, may still be difficult and cause discomfort and swelling at this stage.• Return to sports after 8 weeks as able.

Stage 1 Exercises

Stage 1 Advice

Fitting the cricket pad splint (if provided with one)

Place the cricket pad splint on the injured leg so that your patella (knee cap) is in the middle hole of the splint, as shown.



Cold packs:

A cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short term pain relief and help to reduce swelling. 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.

Rest and elevation:

Try to rest the knee for the first 24-72 hours to allow the early stage 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 foot up.

Early weight-bearing and exercise:

Early weight bearing (putting weight through your injured leg whilst wearing the splint) helps to increase the speed of healing.

Early movement of the ankle and foot is important for circulation. Completing the exercises on the following page will help to prevent your leg and knee from becoming stiff and weak. Follow the exercises below without causing too much pain.

Stage 1 Exercises

Static quads:

With your affected leg straight out in front of you, gently tense your thigh muscle and try to flatten your knee further. Hold for 10 seconds.

Repeat 10 times.



Inner range quads:

Place a rolled up towel or small pillow under your injured knee, as shown in the picture. Tense your thigh muscles and try to straighten your knee. Hold for 5 seconds if able. Keep the back of your knee in contact with the towel/pillow.

Repeat 10 times.



Knee extensions:

Sitting in a chair. Pull your toes up towards you, tense your thigh muscle & lift your heel and lower leg off the floor. Hold for 5 seconds if able.

Repeat 10 times.



Knee flexion:

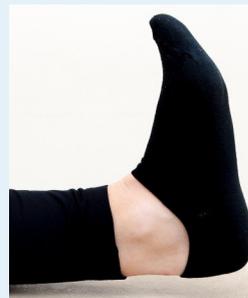
Gently bend and straighten your injured leg as pain allows, only going as far as you feel comfortable.

Repeat 10 times.



Ankle & Foot Range of Movement Exercise

1. Point your injured foot up and down within a comfortable range of movement. Repeat 10 times.



2. Alternately turn your foot outwards leading with the outer border of your foot (little toe) and then turn your foot inwards leading with the inner border of your foot (big toe), as shown in the picture. Make sure you keep the rest of your leg still. Repeat 10 times.



Contact Information

Fracture Clinic: 0151 430 4905 (9am-5pm Mon-Fri)

Emergency Department: 0151 430 2399

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Warrington Road,
Prescot, Merseyside, L35 5DR
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