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Ankle Fracture
Non-operative Treatment
Weight-bearing Progression

- Patients with a fracture that is recommended for treatment without surgery are typically placed in a CAM boot
- In most cases, weight-bearing will be allowed immediately
- When cleared by Dr. Hess to begin bearing weight, the following progression is recommended to make the transition easier
- Crutches or a walker will need to be used during the progression
- If you go through a step with no significant increase in discomfort or swelling, you may progress to the next step
- Some increase in soreness and swelling is expected as you begin to place more demand on the leg
- If you are having significant discomfort, you should stay on the same step or back up one step until the pain and/or swelling improve. Then resume the progression
- Elevation and icing are important in controlling soreness and swelling throughout this progression

Weight-bearing Progression – Phase I

- All weight-bearing in Phase I is done in the CAM boot
- You may sleep with the boot off or on- your choice. Most people prefer to sleep with the boot on for a short time for comfort
- Each step will take differing amounts of time for each patient. Usually around 2-4 days will be needed at each step
- For the first few days, put 25% of your body weight down on the injured leg
 - For example, if you weigh 200 pounds, using a scale put 50 pounds of weight down on the injured leg in order to get a feel for the appropriate amount of weight
- If you are able to tolerate 25% well, progress to 50% of your body weight
- If you are able to tolerate 50% well, progress to 75% of your body weight
- If you are able to tolerate 75% well, progress to 100% of your body weight while still using crutches
- If you are able to tolerate 100% with crutches well, progress to using 1 crutch under the opposite arm

- **If you are able to tolerate 100% with 1 crutch well, progress to 100% with no crutches**

Weight-bearing Progression – Phase II

- At a follow-up appointment with Dr. Hudson, x-rays will be checked and if everything is progressing as expected, you may proceed to Phase II. This will usually be at approximately 6 weeks after the injury.
- Begin by coming out of the CAM boot and into a comfortable, supportive shoe (such as a tennis shoe) on the injured limb.
- For the first few days, spend only a couple of hours out of the boot, then put the CAM boot back on for the rest of the day
- Make sure to have the CAM boot available to you in case your ankle begins to get sore
 - For example, make sure to take the CAM boot with you if you go to work or on a trip
- After a few days, increase the time spent out of the boot to around 4 hours
- Gradually increase the time of each day you spend out of the boot until you are not using the CAM boot at all
- Keep in mind, you may have some swelling and soreness during this phase as your activity increases. Ice and elevation can still be helpful
- Many patients notice a limp while recovering from an ankle fracture. This is common, and is usually due to weakness of the calf muscle from being immobilized for several weeks. This will improve over time as the strength of your calf improves

Other Common Concerns After Ankle Fracture Surgery

- Driving
 - Return to driving depends on which ankle is injured
 - Return to driving for ankle fractures treated without surgery is usually around 6-8 weeks after the injury. This will depend on how the healing is progressing and how much discomfort you are having
- Swelling
 - It is very common to have swelling intermittently after ankle fractures. This may persist for several months. Elevation and icing can be helpful
- Return to sports/recreational activity
 - This depends on the activity and the patient, but usually patients can return to most activities around 3-4 months after injury
- Sensitivity of skin around the foot/ankle
 - Some sensitivity of the skin of the foot and ankle is very common after ankle fractures and typically improves with time
- Physical Therapy
 - Physical therapy is not routinely prescribed after ankle fractures, but may be recommended in some cases
- Other questions

- As always, please contact Dr. Hudson's office if you have other questions or concerns