



You have an

Medial Navicular Avulsion Fracture

This is a break to a bone in the middle of your foot.

Healing:

It can take up to 6-8 weeks for this fracture to heal.

Smoking will slow down your healing. We would advise that you stop smoking while your fracture heals. Talk to your GP or go to www.smokefree.nhs.uk for more information.

Pain and swelling:

You may have foot pain and swelling for 3-6 months after your injury. Swelling is often worse at the end of the day.

Taking pain medication, elevating your foot and using ice or cold packs will help. More information is on the next page.



Walking and your boot:

The boot protects your foot and will make you more comfortable while the fracture heals. Wear a long sock in your boot. Wear the boot when you are standing and walking for the first six weeks. You can take it off at night and at rest.

You are allowed to put weight through your foot. You may find it easier to use crutches in the early stages.



Exercises:

You should not actively move your foot and ankle upwards.

The muscles that create this movement will pull on the fracture. This could cause the fracture to move. The exercises in this care plan are safe to do. Make sure you read the instructions carefully.

Follow up:

You will have an x-ray and appointment with a specialist. Normally this is done two weeks after your injury. The specialist will explain the results of this x-ray and any further care.

Any questions:

If you are concerned about your symptoms, are unable to follow this rehabilitation plan or have pain other than at the site of your injury please contact the Virtual Fracture Clinic team.



Caring for your injury: Week 1-4

Remember to wear your boot whenever standing and walking. You can remove the boot when resting and at night. Wear a long sock in your boot.

Managing your pain and swelling:

A cold pack can provide short term pain relief and reduce swelling. You can use an ice pack or bag of frozen peas wrapped in a damp towel. Put this on your foot for up to 15 minutes every few hours. Make sure the ice is not in direct contact with your skin.

Try to rest your ankle, especially in the first 24-72 hours. Raise your foot on a chair or cushion so that it is above the level of your hip. This will help to reduce your swelling.

Exercises

Early movement of the ankle and foot is important to promote circulation and reduce the risk of developing a Deep Vein Thrombosis (blood clot).

We have to protect your fracture when exercising. For the first four weeks you should not actively bring your foot or ankle up towards you. Instead, we do this movement passively. This means that we use a towel or scarf to create the movement. Your muscles should be relaxed.

Do these exercises 3-4 times a day. Start straight away, working within your pain levels.



Sit on your bed or sofa with your leg resting straight. Loop a towel or scarf around your foot. Hold the ends in your hands. Keep your foot relaxed. Gently pull on the scarf or towel to bring your toes up towards you. Relax and let the foot go back down.

All of this movement should be created by the scarf. Your foot should always be relaxed.

Repeat this 10 times.



Caring for your injury: Week 4-6

It is now four weeks after your injury. This means you can start exercising actively, without using a towel or scarf to create ankle movement.

Do these exercises three to four times a day.



 Point your foot up and down.
 Repeat this 10 times.





 With your heels together, move your toes apart to turn the foot outwards.
 Repeat this 10 times. Do this movement gently within comfort.



3. Make gentle circles with your foot in one direction and then the other direction.

Repeat this 10 times.

Caring for your injury: Week 6-12

You can now stop using your boot. You will need to do this gradually, starting by not wearing it around your own home. By eight weeks after your injury you should no longer need your boot.

It is normal to still have mild discomfort and swelling. This may continue for 6-12 months.

Activity and Exercise

Keep doing your exercises until you have full movement in your foot.

Gradually increase your level of activity. You should avoid impact activity for three months. This includes running, jumping and dancing.



Frequently Asked Questions

I am struggling with my boot. What do I do?

The boot has a thicker sole; this can make you feel uneven. Make sure you wear a supportive shoe or trainer on your uninjured foot. This will reduce stress on other joints.

If you need more advice contact the Virtual Fracture Clinic.

I am diabetic, does this change things?

If you are diabetic please contact us to discuss your boot. This is particularly important if you have problems with your skin. We may provide you with a specialist diabetic boot.

When can I start driving?

You can return to driving when:

- You are no longer using your boot,
- You can walk comfortably
- You can perform an emergency stop pain free.

Always test your ability to drive in a safe environment first.

How can I get a certificate for work?

You can get a fitness for work statement from your GP or the doctor at your Fracture Clinic appointment.

What do I do with my boot and crutches when I no longer need them?

We are not able to use boots again. These should not be returned to the hospital.

Crutches can be returned to the Fracture Clinic or A&E.

How do I contact the Virtual Fracture Clinic?

Call 020 7288 3310



Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please email whh-tr.patient-information@nhs.net. We will try our best to meet your needs.

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