



Ankle Fracture

What is an ankle fracture?

The tibia and fibula are the two long bones in the leg. Together with a bone called the talus, they make up the ankle joint. Ankle fractures in children usually involve the tibia, the fibula or both of these bones.

What causes an ankle fracture?

Ankle fractures are usually the result of a fall or hard hit to the leg, when too much force is put on the bone and causes the fracture. This injury often occurs if there is a sudden twist to the leg when it is stiff or planted in place (common in football, hockey and basketball), or from falls while ice skating, skiing or skateboarding, as well as falls from trampolines, jungle gyms and swings.

How is this injury treated?

We start by finding where the fracture is and what shape it is. This is called the fracture pattern, and it helps us decide on the best way to treat the fracture. We may need to use a special x-ray called a CT scan to get the best picture of the fracture pattern.

Your child may need to have the bones set to put them in the proper position to heal. This is called a reduction, and it is usually done right away in our emergency department. Sometimes, the two parts of the fractured bone have moved too far away from each other. This is called a displaced fracture. Surgery may be needed for displaced fractures to put the bones back in the correct position.

Your child will have a cast to keep the bones in place once they have been put in the best position. The size of the cast and whether your child needs crutches depends on the fracture pattern and treatment method that was used.

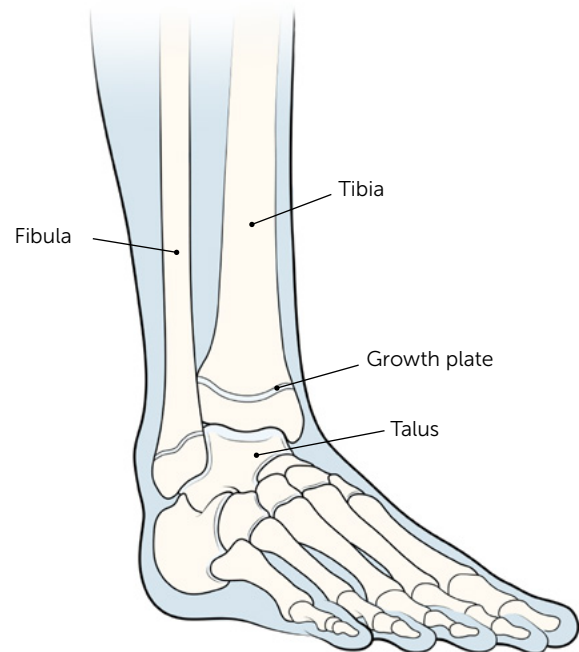
Will my child be in pain?

Soreness is usually at its worst in the first few days through the first week. Pain from soreness can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®) as needed. **Always talk with your provider about allergies your child may have before giving over-the-counter medication.**

If your child had a reduction done, we may prescribe a small amount of prescription pain medicine.

How should I care for my child's ankle?

Ankle fractures can swell up a lot. Swelling will slow down healing and add more time before your child can go back to activities, so it is very important to keep the ankle raised (toes above nose). Elevating the ankle like this helps keep swelling from moving down and getting stuck in the foot.



If your child feels like their toes are tingling or their foot is falling asleep, change the position of the leg and foot for a few minutes and then resume elevating. This sensation can happen sometimes due to the swelling.

Keeping the ankle raised is the most important in the first three to four days, as this is when the body swells most. A good way to keep the ankle raised overnight is to put a few extra blankets or pillows under the mattress at the foot of the bed.

If the ankle is very swollen and surgery is needed, the procedure may have to be postponed until swelling goes down.

Can my child be active?

Your child should not do any activities where there is a risk of a fall or a direct hit to the fractured bone(s). This includes things like running, playing on playground structures, contact sports (like basketball, hockey and soccer), horseback riding, ice skating and skiing.

They should not walk on their cast or put weight on it until their provider says this is OK. Most patients can start to walk or put weight on their cast or boot after four to six weeks, when the bone has healed some and is strong enough. The movement and pressure of walking can also help bones grow, but not until it is safe to do so.

