



University Hospital Galway

EMERGENCY DEPARTMENT
GalwayEM.ie

Ankle and Foot Injuries

(<https://galwayem.ie/index.php/index.php/guidelines/trauma-and-musculoskeletal/ankle-and-foot-injuries>)

Category

[Trauma and Musculoskeletal](#)

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Sprained lateral ligament of ankle

- Elastoplast strapping or DTG.
- Advise analgesia and early mobilisation. Crutches are rarely needed.
- Review clinic at 10-14 days if swelling over both malleoli
- In children if the ankle is very painful there may be an undisplaced Salter Harris I injury. Consider a below-knee POP for symptomatic relief. Review Clinic in one week

Recurrent sprains

- Ask advice re stress x-ray
- If no instability refer physiotherapy.

Minor "chip" and avulsion fractures (less than 7mm)

- Treat as for sprains.

Undisplaced fracture of one malleolus

- Below knee POP; in unstable injuries re-x-ray to check position.
- Non weight bearing on crutches until POP dry
- Advise on analgesia/foot elevation/rest
- Refer Fracture Clinic
- In the elderly, who cannot be expected to be able to be non weight bearing consider the use of Dynacast to enable early mobilisation.

Displaced fractures of the ankle

- If severe bony displacement is causing pressure on the skin
- give analgesia and/or sedation and pull it straight (before X-ray if necessary)
- POP backslab
- Refer orthopaedics

Fracture of the calcaneum (If you suspect a fracture calcaneum, ask for calcaneal X-rays)

Displaced or involves subtalar joint: Elevate, analgesia and refer orthopaedics

Less severe fractures: Wool and crepe, and advice on elevation, Crutches

Fracture Clinic

These fractures may be bilateral and are associated with fractures of the spine/pelvis, so always examine the back/pelvis and x-ray if necessary.

Significant fractures of the Talus

Refer orthopaedics

Subtalar/ midtarsal dislocation

Refer orthopaedics

Ruptured Achilles Tendon

This is a clinical diagnosis

Refer orthopaedics

Partial tear of the gastrocnemius

- Exclude ruptured Achilles tendon (must do Simmond's test - ask if uncertain)
- Crepe/tubigrip, Crutches if necessary
- Review Clinic one week

Fracture base of 5th metatarsal

- Symptomatic treatment, usually crepe/tubigrip but, if in severe pain, below knee POP.
- Crutches if necessary.
- Refer to Fracture Clinic or Review Clinic for follow-up

NB the epiphysis at the base of the 5th MT runs longitudinally, fractures are transverse

Fracture proximal shaft 5th metatarsal (Jones' fracture)

Unlike 5th MT base fractures these have a high incidence of non union. □ Below knee POP □ Fracture clinic

Other metatarsal Fractures

Undisplaced - Symptomatic treatment as for fracture of the base of 5th M.T Fracture clinic

Displaced - Ask advice

If multiple fractures - Refer orthopaedics for possible admission for elevation.

Toe Fractures

Big toe

- No specific treatment
- Trephine subungual haematoma if necessary
- Advise on footwear/analgesia/elevation

Other toes

- Manipulate if displaced
- May be helped by neighbour strapping.

Toe dislocations

Reduce under local anaesthetic Neighbour strapping.

Most toe injuries need NO follow up. If follow-up is indicated, refer to Review Clinic