Orthopaedic Connection

Ankle Fracture

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*Transforming patient information into patient understanding.*

It is good that there is increased awareness of physical fitness. My patients and the general population are, as a group, trying to keep active and exercise more than when I first began practice. This is true even in older folks.

The bad news is that this active, older population is part of a rise in the number and severity of broken ankles. I can see this trend in my practice.

This isn’t to suggest that anyone should turn away from exercise, because of the risk of injury. If you have broken your ankle you will have plenty of company at my office!

**Ankle Jeopardy**

The leg bone called the fibula joins the shin bone called the tibia above the foot. What is ____? The ankle joint.

The knobby “bumps” you feel on either side of your ankle are the lower ends of these two bones. These “bumps” are called the malleoli.

Anyway, either or both of these bones can break from a fall or some other trauma.

**The Spectrum of Injuries**

They present all the way from a crack in the outer bone of the ankle from a twist to extremely severe fracture – dislocations of both ankle bones which causes the ankle to flop in a ghastly looking deformity.

**Signs and Symptoms**

- Most people have immediate and severe pain.
- Occasionally, in a “hairline” fracture of one bone, pain is less severe.
- Swelling is almost immediate.
- Bruising comes soon after and may be extensive.
- You will be unable to bear weight on the foot.
- Tenderness right over the fracture.
- If the bones have shifted, deformity is obvious.

**When To Call**

Symptoms of a fracture can be similar to a severe sprain. Every ankle injury with symptoms as listed above, needs to be promptly evaluated.

**Evaluation**
I x-ray every ankle injury with plain x-rays after a thorough physical exam. An exam and no x-rays are bad. I hardly ever need CT or MRI to make an ankle injury diagnosis.

**Treatment**

I am going to divide this into two parts. I will give initial treatment now and next week I will cover definitive treatment and rehabilitation.

Practically speaking most ankle injuries are not seen by me initially.

Hopefully, the first evaluation includes a careful exam and good x-rays. If the ankle bone(s) are fractured (broken), but in good position a well padded fiberglass splint should be applied. Crutches, no weight on the foot, elevation, ice.

I want to see the injury as soon as possible. “Waiting for swelling to go down” is baloney. Don’t believe that, please.

O.K. lets stop here and resume class next week for part two of this exciting episode of “Ankle Fracture”!

Have a good week. Don’t break anything.

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www.orthopodsurgeon.com and Your Orthopaedic Connection provide all the Orthopaedic and musculoskeletal information you need! And you can reach the archive of all Gratiot County Herald previous articles which I have written through the office website.

All past articles are listed by title and the complete text is available at the click of a mouse.

All of the information available concerns what I treat daily in the office and hospital. Please log on and check it out.

I very much appreciate all of you loyal readers, patients and future patients.

Our goal is simple – To help people return to more pain free, functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush