Foot and Ankle Injury

INITIAL ASSESSMENT QUESTIONS

1. MECHANISM: "How did the injury happen?" (e.g., twisting injury, direct blow)
2. ONSET: "When did the injury happen?" (Minutes or hours ago)
3. LOCATION: "Where is the injury located?"
4. APPEARANCE of INJURY: "What does the injury look like?"
5. WEIGHT-BEARING: "Can you put weight on that foot?" "Can you walk (four steps or more)?"
6. SIZE: For cuts, bruises, or swelling, ask: "How large is it?" (e.g., inches or centimeters; entire joint)
7. PAIN: "Is there pain?" If so, ask: "How bad is the pain?" (e.g., Scale 1-10; or mild, moderate, severe)
8. TETANUS: For any breaks in the skin, ask: "When was the last tetanus booster?"
9. OTHER SYMPTOMS: "Do you have any other symptoms?"
10. PREGNANCY: "Is there any chance you are pregnant?" "When was your last menstrual period?"

TRIAGE ASSESSMENT QUESTIONS

Call EMS 911 Now

Serious injury with multiple fractures

CA: 40, 1

[1] Major bleeding (e.g., actively dripping or spurting) AND [2] can't be stopped

FIRST AID: Apply direct pressure to the entire wound with a clean cloth.
CA: 40, 13, 1

Amputation

FIRST AID: Apply direct pressure to the entire wound with a clean cloth.
CA: 40, 13, 20, 1

Looks like a dislocated joint (very crooked or deformed)

Reason: If dislocated, adult will be unable to walk at all. Possible vascular compromise. Needs reduction.
CA: 40, 16, 1

Sounds like a life-threatening emergency to the triager

CA: 40, 1

See More Appropriate Guideline

Wound looks infected

Go to Guideline: Wound Infection (Adult)
Caused by an animal bite
   Go to Guideline: Animal Bite (Adult)

Caused by a human bite
   Go to Guideline: Human Bite (Adult)

Puncture wound of foot
   Go to Guideline: Puncture Wound (Adult)

Toe injury is main concern
   Go to Guideline: Toe Injury (Adult)

Go to ED Now
Bullet wound, stabbed by knife, or other serious penetrating wound
   FIRST AID: If penetrating object still in place, don’t remove it (Reason: removal could increase bleeding).
   CA: 41, 14, 93, 15, 1
Skin is split open or gaping (or length > 1/2 inch or 12 mm)
   Reason: may need laceration repair (e.g., sutures)
   CA: 41, 160, 109, 118, 1
   Reason: may need laceration repair (e.g., sutures)
   CA: 41, 160, 116, 1
   Reason: needs irrigation and/or additional wound care
   CA: 41, 160, 118, 1
Can’t stand (bear weight) or walk
   R/O: fracture
   CA: 41, 160, 93, 1
[1] Numbness (new loss of sensation) of toe(s) AND [2] present now
   CA: 41, 160, 93, 1
Sounds like a serious injury to the triager
   R/O: fracture, dislocation
   CA: 41, 93, 23, 15, 1
See Physician within 4 Hours (or PCP triage)
   R/O: fracture
   CA: 43, 23, 11, 74, 73, 89, 1
Suspicious history for the injury

   R/O: domestic violence or elder abuse
   CA:  43,  89,  1

See Physician within 24 Hours

[1] Limp when walking AND [2] due to a twisted ankle or foot

   R/O: sprain, minor fracture
   CA:  44,  8,  74,  73,  12,  1

[1] Limp when walking AND [2] due to a direct blow or crushing injury

   R/O: contusion, minor fracture
   CA:  44,  7,  74,  73,  12,  1

Large swelling or bruise (> 2 inches or 5 cm)

   R/O: minor fracture, muscle hematoma
   CA:  44,  2,  74,  73,  12,  1

Diabetes (Exception: small cut or scrape)

   Reason: diabetic neuropathy reduces pain of fracture
   CA:  44,  11,  74,  73,  12,  1

[1] High-risk adult (e.g., age > 60, osteoporosis, chronic steroid use) AND [2] limping

   Reason: there is greater risk of fracture in patients with osteoporosis (bone thinning)
   CA:  44,  23,  11,  89,  1

See PCP When Office is Open (within 3 days)

[1] Last tetanus shot > 5 years ago AND [2] DIRTY cut or scrape

   Reason: may need a tetanus booster shot (vaccine).
   CA:  45,  108,  105,  74,  73,  22,  1


   R/O: sprain, fracture
   CA:  45,  74,  73,  120,  12,  1


   CA:  45,  74,  73,  120,  12,  1


   Reason: increased risk of infection or ulcer
   CA:  45,  105,  18,  19,  74,  73,  21,  1

Home Care


   Reason: probably a minor sprain
   CA:  48,  6,  10,  120,  74,  73,  4,  5,  1

Minor injury or pain from direct blow or crushing injury

   Reason: probably a minor contusion (bruise)
   CA:  48,  3,  9,  120,  74,  73,  4,  5,  1
ALSO, superficial cut (scratch) or abrasion (scrape) is present

Reason: probably a minor scratch or abrasion

CA: 48, 104, 105, 74, 73, 106, 107, 1

CARE ADVICE (CA) -

1. **Care Advice** given per Foot and Ankle Injury (Adult) guideline.

2. **Local Cold**: For bruises or swelling, apply a cold pack or an ice bag (wrapped in a moist towel) to the area for 20 minutes per hour. Repeat for 4 consecutive hours. (Reason: reduce the bleeding and pain)

3. **Reassurance**: It sounds like a bruised muscle or bone. We can treat that at home.

4. **Expected Course**: Pain and swelling usually peak on day 2 or 3. Swelling is usually gone by 7 days. Pain may take 2 weeks to completely resolve.

5. **Call Back If**:
   - Severe pain persists over 2 hours after pain medicine and ice
   - Swelling or bruise becomes over 2 inches (5 cm).
   - Pain not improved after 3 days
   - Pain or swelling lasts over 2 weeks
   - You become worse.

6. **Reassurance**: It sounds like the muscles or ligaments were slightly stretched (sprained).

7. **Treatment of Mild Contusions** (e.g., direct blow to ankle or foot): Use R.I.C.E. (rest, ice, compression, and elevation) for the first 24 to 48 hours.
   - Continue to apply crushed Ice in a plastic bag for 10-20 minutes every hour for the first 4 hours. Then apply ice for 10-20 minutes 4 times a day for the first two days.
   - Apply Compression with a snug, elastic bandage for 48 hours. Numbness, tingling, or increased pain means the bandage is too tight.
   - Keep injured ankle or foot Elevated and at rest for 24 hours.
   - After 24 hours of Rest, allow any activity that doesn't cause pain.

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   • **Elevating** and **Resting** the ankle and foot can sometimes help decrease pain and swelling. Try to do this several times a day for the first 48 hours after the injury.

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    • **Elevating** and **Resting** the ankle and foot can sometimes help decrease pain and swelling. Try to do this several times a day for the first 48 hours after the injury.

11. **Local Cold:** Apply cold pack or an ice bag (wrapped in a moist towel) for 20 minutes out of every hour until seen.

12. **Call Back If:**
    • Severe pain persists longer than 2 hours after pain medicine and ice
    • You become worse.

13. **First Aid:** apply direct pressure to the entire wound with a clean cloth.

14. **First Aid:** If penetrating object still in place, don't remove it. (Reason: removal could increase bleeding)

15. **Nothing By Mouth:** Do not eat or drink anything for now. (Reason: condition may need surgery and general anesthesia)

16. **First Aid Advice For Suspected Fracture Or Dislocation Of Ankle Or Foot:**
    • Do not remove the shoe.
    • Immobilize the ankle and foot by wrapping them with a soft splint (e.g., a pillow or a rolled-up blanket).
    • Use tape to keep this splint in place.

18. **Diabetes:**
    • Some patients with diabetes have "neuropathy" (nerve damage of sensory nerves) which can often reduce your ability to sense pain in your feet.
    • Wounds in patients with diabetes heal slower. People who have diabetes are prone to developing infected foot ulcers at sites of minor injury. Be vigilant for signs of infection: redness, pus, fever, or a non-healing wound.
19. **Diabetes Foot Care:**
   - Keep your feet clean.
   - Wash your feet daily. Dry your feet thoroughly, especially between the toes.
   - Wear clean socks that do not have any tears or bumps. Change them twice daily.
   - Wear comfortable shoes that fit well.
   - You should examine your feet, toes, and toenails daily for wounds, blisters, and infection.
   - You should not go barefoot.

20. **Transport of Amputated Part:**
   - Briefly rinse amputated part with water (to remove any dirt).
   - Place amputated part in plastic bag (to protect and keep clean).
   - Place plastic bag containing part in a container of ice (to keep cool and preserve tissue).

21. **Call Back If:**
   - Dirt in the wound persists after cleaning.
   - Unusual or unpleasant foot odor.
   - Looks infected (pus, redness).
   - Doesn't heal within 10 days.
   - You become worse.

22. **Call Back If:**
   - Dirt in wound persists after scrubbing.
   - You become worse.

23. **No Standing:** Try not to put any weight on the injured leg.

40. **Call EMS 911 Now:** Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance). (Triager Discretion: I'll call you back in a few minutes to be sure you were able to reach them.)

41. **Go To ED Now:** You need to be seen in the Emergency Department. Go to the ER at __________ Hospital. Leave now. Drive carefully.

42. **Go To ED Now (or PCP triage):**
   - **If No PCP Triage:** You need to be seen. Go to the ER/UCC at __________ Hospital within the next hour. Leave as soon as you can.
   - **If PCP Triage Required:** You may need to be seen. Your doctor will want to talk with you to decide what's best. I'll page him now. If you haven't heard from the on-call doctor within 30 minutes, go directly to the ER/UCC at __________ Hospital.

43. **See Physician Within 4 Hours (or PCP triage):**
   - **If Office Will Be Open:** You need to be seen within the next 3 or 4 hours. Call your doctor's office now or as soon as it opens.
   - **If Office Will Be Closed and No PCP Triage:** You need to be seen within the next 3 or 4 hours. A nearby Urgent Care Center is often a good source of care. Another choice is to go to the ER. Go sooner if you become worse.
   - **If Office Will Be Closed and PCP Triage Required:** You may need to be seen. Your doctor will want to talk with you to decide what's best. I'll page the doctor now. If you haven't heard from the on-call doctor within 30 minutes, call again. **NOTE:** If PCP can't be reached, send to UCC or ER.
44. **See Physician Within 24 Hours:**
   - **If Office Will Be Open:** You need to be seen within the next 24 hours. Call your doctor when the office opens, and make an appointment.
   - **If Office Will Be Closed and No PCP Triage:** You need to be seen within the next 24 hours. An urgent care center is often a good source of care if your doctor's office is closed.
   - **If Office Will Be Closed and PCP Triage Required:** You may need to be seen within the next 24 hours. Your doctor will want to talk with you to decide what's best. I'll page the doctor now. NOTE: Since this isn't serious, hold the page between 10 pm and 7 am. Page the doctor in the morning.
   - **If Patient Has No PCP:** Refer patient to an Urgent Care Center or Retail Clinic. Also try to help caller find a PCP (medical home) for their future care.

45. **See PCP Within 3 Days:**
   - You need to be seen within 2 or 3 days. Call your doctor during regular office hours and make an appointment. An urgent care center is often the best source of care if your doctor's office is closed or you can't get an appointment. **NOTE:** If office will be open tomorrow, tell caller to call then, not in 3 days.
   - **If Patient Has No PCP:** An urgent care center is often the best source of care if you do not have a regular doctor you can see in the next couple days. **NOTE:** Try to help caller find a doctor. Is there a physician referral line or other resource? Having a PCP or "medical home" means better long-term care.

46. **See PCP Within 2 Weeks:**
   - You need an evaluation for this ongoing problem within the next 2 weeks. Call your doctor during regular office hours and make an appointment.
   - **If Patient Has No PCP:** An urgent care center is often the best source of care if you do not have a regular doctor you can see in the next two weeks. **NOTE:** Try to help caller find a doctor. Is there a physician referral line or other resource? Having a PCP or "medical home" means better long-term care.

47. **Home Care - Information or Advice Only Call.**

48. **Home Care:** You should be able to treat this at home.

49. **Call PCP Now:** You need to discuss this with your doctor. I'll page him now. If you haven't heard from the on-call doctor within 30 minutes, call again.

50. **Call PCP Within 24 Hours:** You need to discuss this with your doctor within the next 24 hours.
   - **If Office Will Be Open:** Call the office when it opens tomorrow morning.
   - **If Office Will Be Closed:** I'll page him now. **Exception:** from 9 pm to 9 am. Since this isn't urgent, we'll hold the page until morning.

51. **Call PCP When Office Is Open:** You need to discuss this with your doctor within the next few days. Call him/her during regular office hours.

52. **Go To L&D Now:** You need to be seen. Go to the Labor and Delivery Unit or the Emergency Room at __________ Hospital. Leave now. Drive carefully.
73. **Caution - NSAIDs (e.g., ibuprofen, naproxen):**
   - Do not take nonsteroidal anti-inflammatory drugs (NSAIDs) if you have stomach problems, kidney disease, heart failure, or other contraindications to using this type of medicine.
   - Do not take NSAID medicines for over 7 days without consulting your PCP.
   - Do not take NSAID medicines if you are pregnant.
   - Do not take NSAID medicines if you are also taking blood thinners.
   - You may take this medicine with or without food. Taking it with food or milk may lessen the chance the drug will upset your stomach.
   - **Gastrointestinal Risk:** There is an increased risk of stomach ulcers, GI bleeding, perforation.
   - **Cardiovascular Risk:** There may be an increased risk of heart attack and stroke.

74. **Pain Medicines:**
   - For pain relief, take acetaminophen, ibuprofen, or naproxen.
   - Use the lowest amount that makes your pain feel better.

   **Acetaminophen (e.g., Tylenol):**
   - Take 650 mg *(two 325 mg pills)* by mouth every 4-6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 Regular Strength pills a day).
   - Another choice is to take 1,000 mg *(two 500 mg pills)* every 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 Extra Strength pills a day).

   **Ibuprofen (e.g., Motrin, Advil):**
   - Take 400 mg *(two 200 mg pills)* by mouth every 6 hours as needed.
   - Another choice is to take 600 mg *(three 200 mg pills)* by mouth every 8 hours as needed.
   - The most you should take each day is 1,200 mg (six 200 mg pills a day), unless your doctor has told you to take more.

   **Naproxen (e.g., Aleve):**
   - Take 220 mg *(one 220 mg pill)* by mouth every 8 hours as needed. You may take 440 mg *(two 220 mg pills)* for your first dose.
   - The most you should take each day is 660 mg (three 220 mg pills a day), unless your doctor has told you to take more.

   **Extra Notes:**
   - Acetaminophen is thought to be safer than ibuprofen or naproxen for people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
   - McNeil, the company that makes Tylenol, has different dosage instructions for Tylenol in Canada and the United States. In Canada, the maximum recommended dose per day is 4,000 mg or twelve (12) Regular-Strength (325 mg) pills. In the United States, McNeil recommends a maximum dose of ten (10) Regular-Strength (325 mg) pills.
   - Before taking any medicine, read all the instructions on the package.

89. **Call Back If:**
   - You become worse.
93. **Note to Triager - Driving:**
   - Another adult should drive.
   - If there are any problems with automobile transport (e.g., unable to get to the car), then ambulance transport may be necessary.
   - The patient, caregiver, or family members can arrange ambulance transport via private ambulance company or via EMS 911.

104. **Reassurance:** It sounds like a small cut or scrape that we can treat at home.

105. **Cut or Scrape:**
   - Wash the wound with soap and water for 5 minutes.
   - For any dirt, scrub gently with a washcloth.
   - For any bleeding, apply direct pressure with a sterile gauze or clean cloth for 10 minutes.
   - Apply an antibiotic ointment (OTC) three times a day for 3-4 days.
   - For large scrapes or cuts, cover with a Band-Aid or dressing. Change daily or if gets wet.

106. **Tetanus Shot for Clean Cuts and Scrapes:**
   - If your last tetanus shot was over 10 years ago, then you will probably need a booster shot.
   - Call your PCP during regular office hours. Try to get your tetanus booster within 3 days.

107. **Call Back If:**
   - Dirt in the wound persists after scrubbing
   - Looks infected (pus, redness)
   - Doesn't heal within 10 days
   - You become worse.

108. **Tetanus Shot:**
   - You will probably need a tetanus booster shot.
   - Try to get it within 3 days.

109. **Cleansing Lacerations:**
   - Wash the wound briefly with soap and water before being seen.
   - For any dirt, scrub gently with a washcloth.
   - For any bleeding, apply direct pressure with a sterile gauze or clean cloth for 10 minutes.
   - Caution: never soak a wound that might need sutures, because it may become more swollen and difficult to close.

116. **Bleeding:** Continue direct pressure with a sterile gauze or clean cloth until seen.

118. **Dressing:** Cover with a sterile gauze or clean cloth until seen.

120. **Local Heat:**
   - Beginning 48 hours after an injury, apply a warm washcloth or heating pad for 10 minutes three times a day.
   - This will help increase circulation and improve healing.

160. **Alternate Disposition - Urgent Care Center:** An Urgent Care Center can usually manage this problem, if one is available in the caller’s area.
**FIRST AID**

**FIRST AID Advice for Bleeding:** Apply direct pressure to the entire wound with a clean cloth.

**FIRST AID Advice for Penetrating Object:** If penetrating object still in place, don’t remove it.

**FIRST AID Advice for Shock:** Lie down with feet elevated.

**FIRST AID Advice for a Sprain or Twisting Injury of Ankle or Foot:**
- Apply a cold pack or an ice bag (wrapped in a moist towel) to the area for 20 minutes.
- Wrap area with an elastic bandage.

**FIRST AID Advice for Suspected Fracture or Dislocation of Ankle or Foot:**
- Do not remove the shoe.
- Immobilize the ankle and foot by wrapping them with a soft splint (e.g., a pillow, a rolled-up blanket, a towel).
- Use tape to keep this splint in place.

**Transport of an Amputated Body Part:**
- Briefly rinse amputated part with water (to remove any dirt).
- Place amputated part in plastic bag (to protect and keep clean).
- Place plastic bag containing part in a container of ice (to keep cool and preserve tissue).

**BACKGROUND INFORMATION**

**Types of Foot and Ankle Injuries**
- **Achilles tendon rupture:** There is pain in the Achilles tendon (area above heel and behind ankle). There is weakness or inability to extend the foot (e.g., can’t stand on tiptoes).
- **Contusion:** A direct blow or crushing injury results in bruising of the skin, muscle, and underlying bone.
- **Cuts, abrasions**
- **Dislocations (bone out of joint)**
- **Fractures (broken bones)**
- **Sprains:** Stretches and tears of ligaments
- **Strains:** Stretches and tears of muscles (e.g., pulled muscle)

**What Cuts Need to be Sutured?**
- Any cut that is split open or gaping probably needs sutures (or staples or skin glue).
- Cuts longer than 1/2 inch (1 cm) usually need sutures.
- Any open wound that may need sutures should be evaluated by a physician regardless of the time that has passed since the initial injury.

**When Does an Adult Need a Tetanus Booster (Tetanus Shot)?**
- **Clean Cuts and Scraps - Tetanus Booster Needed Every 10 Years:** Patients with clean minor wounds AND who have previously had 3 or more tetanus shots (full series) need a booster every 10
years. Examples of minor wounds include a superficial abrasion or a shallow cut from a clean knife blade. Obtain booster within 72 hours.

• **Dirty Wounds - Tetanus Booster Needed Every 5 Years:** Patients with dirty wounds need a booster if it has been more than 5 years since the last booster. Examples of dirty wounds include those contaminated with soil, feces, saliva and more serious wounds from deep punctures, crushing, and burns. Obtain booster within 72 hours.

**REFERENCES**


SEARCH WORDS

ACHILLES TENDON
ACHILLES TENDONS
ANKLE
ANKLE FRACTURE
ANKLE INJURY
ANKLES
BONE
BONE TRAUMA
BONES
BROKEN ANKLE
BROKEN BONE
BROKEN BONES
BROKEN FOOT
BULLET
Bullets
CROOKED BONE
CROOKED BONES
CUT
CUTS
DISLOCATED JOINT
DISLOCATION
DISLOCATIONS
FEET
FOOT
FOOT FRACTURE
FOOT INJURY
FRACTURE
FRACTURES
GSW
INJURIES