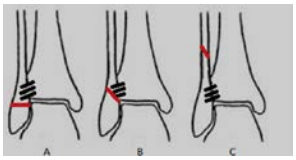
Ankle fractures				
Diagnosis	***Fracture pattern***	***ED management*** **All patients requiring lower limb immobilisation should be risk assessed for VTE (as per GG+C protocol)**	***ED discharge plan***	***VFC Suggested Plan***
Isolated **tip** of Fibula or medial malleolus	Flake avulsion fracture	Treat as ankle sprain RICE advice, tubigrip or velcro boot as pain dictates and early FWB mobilisation	Discharge to GP (see SOS) ankle exercise leaflet	
Avulsion fracture from the lateral malleolus		Treat as ankle sprain RICE advice, tubigrip/velcro boot as pain dictates and early FWB mobilisation	Discharge with patient information leaflets Contact helpline for review if persistent symptoms beyond 3 months Ankle fracture letter/leaflet Ankle exercise leaflet	
Isolated Weber A & B fibula fracture (Below the level of the Syndesmotic ligament) 	No talar shift/displacement	Velcro boot/backslab WB as comfort allows ***Documentation must include:*** ***- Is there medial swelling?*** ***- Is there medial tenderness?*** ***- Is there medial bruising?***	Refer to VFC	If documented no medial swelling/bruising/tenderness then FWB in black boot for 6 weeks, advice and discharge. If symptoms persist after 3 months contact helpline If signs of medial injury, then see **equivocal/unclear** subsection
	Equivocal/unclear	Velcro boot/backslab NWB	Refer to VFC	Review at first available fracture clinic for AP wt bearing mortice and lateral view XRs (ensure images are with ankle plantigrade +/- velcro boot)
	Talar shift/displacement	Reduce and apply backslab	Refer to Ortho on call	
Isolated Weber C fibula fracture	No talar shift/displacement	Velcro boot – WB as comfortable	Refer to VFC	Review at first available fracture clinic for XROA and decision regarding surgery
	Talar	Reduce/backslab in ED	Refer to Ortho on call	

	shift/displacement			
Bimalleolar/trimalleolar ankle fractures	Displaced	Unstable Check skin and NV status Reduce and put in POP backslab, check XR post reduction	Refer to Ortho on call	
	Undisplaced	POP back slab and XR in backslab NWB	Refer to VFC	Review in 1st available fracture clinic for XROA (AP mortice and lateral) and admit for surgery from clinic if needed

Hindfoot and midfoot injuries				
Diagnosis	**Fracture Pattern**	**ED management**	**ED discharge plan**	**VFC Suggested Plan**
Small avulsion fractures of tarsal bones without disruption to tarsal alignment	No disruption to tarsal alignment	Treat as sprain Tubigrip/Velcro boot Analgesia FWB as comfort allows	Discharge with advice Exercise sheet	
	Uncertain if disruption to tarsal alignment	Treat as sprain Tubigrip/Velcro boot Analgesia FWB as comfort allows	Refer to VFC	If uncertain, review at 1st available fracture clinic – consider wt bearing XRs or CT scan
Intra-articular tarsal or cuneiform fractures	Minimallly displaced	Velcro boot Analgesia WB as comfort allows	Refer to VFC	If uncertain, review at 1st available fracture clinic – consider wt bearing XRs or CT scan
	Displaced	Check skin NV status POP backslab	Refer to Ortho on call	
Calcaneal fracture	Undisplaced	Velcro boot NWB	Refer to VFC (discuss with Ortho on call if unsure)	Review at 1st available foot and ankle fracture clinic
	Displaced	Check skin and NV status POP backslab	Refer to Ortho on call	

Metatarsal fractures including Lis Franc injury				
Diagnosis	**Fracture Pattern**	**ED management**	**ED discharge plan**	**VFC Suggested Plan**
Intra-articular base fractures/lisfranc injury	Undisplaced	Velcro boot Analgesia NWB	Refer to VFC	Review at 1st foot and ankle fracture clinic with weightbearing XROA
	Displaced	POP backslab NWB	Refer to ortho on call	
Metatarsal neck/shaft fractures	Low energy, undisplaced/minimally	Treat Velcro boot	Discharge with advice leaflet (refer to VFC if	

	displaced		unsure)	
	High energy, displaced/multiple metatarsal	Check skin NV status NWB POP backslab	Refer to Ortho on call	
Isolated 5th metatarsafracture	All fracture patterns	Velcro boot Full weightbearing as comfortable	Discharge with advice leaflet Contact helpline if symptomatic beyond 3 months Consider referral to VFC if patient is an athlete e.g. footballer	

Phalangeal fractures				
Diagnosis	**Fracture pattern**	**ED management**	**ED discharge plan**	**VFC Suggested Plan**
Hallux fractures	Displaced or intra-articular involvement	Assess soft tissues and NV status ? obvious clinical deformity Consider velcro boot or darco (heel wt bearing) sandal +/- buddy strapping to second	Refer VFC Refer ortho on call if significant displacement	Review next available fracture clinic at 1 week for check XR –DP/lat/oblique (wt bearing if pain permits) Contact on call/foot and ankle team if concerns
	Undisplaced/minimally displaced	Buddy strapping FWB in normal footwear	Discharge with advice	
Lesser toe phalangeal fracture	Undisplaced/minimally displaced	Buddy strapping FWB in normal footwear	Discharge with advice	
	Displaced or intra-articular	Buddy strapping FWB in normal footwear	Refer to VFC	Review at 1st available fracture clinic
Toe dislocations	n/a	Reduce in ED Check XR	Refer to VFC Refer to ortho on call if irreducible	

Tendon Injury			
Diagnosis	***ED management***	***ED discharge plan***	***VFC Suggested Plan***
Achilles tendon rupture	Equinus backslab ***VTE prophylaxis- as protocol**	Refer to VFC	Review at 1st available fracture clinic Within 7 days of injury follow TA protocol If chronic/delayed? - review in 1st foot and ankle fracture clinic