



- ASPRIN 81mg, once a day
- VITAMIN D3 5000u, once a day
- PRESCRIPTION

SIGNS YOU ARE WALKING TOO MUCH

1. *Increased pain and/or swelling in your foot.*
2. *Torn or worn Velcro straps, liners, or fasteners*
3. *Worn out or broken down tread on the fracture walker, especially noted in the 1st 3 weeks of treatment.*

FRACTURE WALKER

Dr. Mechanik has prescribed a fracture walker for you, to help immobilize your foot, AKA a ‘boot’. The inside felt liner comes out and you can hand wash and air dry.

- Be careful of the balloons on either side of the boot, found inside the liner to prevent puncture.
- Extra pads can be placed in front of the ankle, or used to fill in gaps around your calf.

With the boot on, secure the inside felt boot, then secure the belts. Inflate the balloons to comfort. You do not want your heel to slip when you take a step. If you over-inflated, your toes will begin to tingle. Using the ‘minus’ sign button, deflate and adjust until tingling resolves.

- You may need to readjust your fracture walker periodically your 1st few days, until you find the right fit.
- For best results, please deflate the balloons before taking the boot off. When putting the boot back on, an already inflated balloon sometimes is snug enough to prevent you from placing your heel all the way to the back of the boot. Deflating the balloons, will prevent your toes from hanging over the front edge.

When you stand, you will feel a limb length discrepancy. One leg will be taller than the other. Some people wear a wedge, mule, a shoe with thicker sole to help, or a product called Even UP. Because of this, too much walking can cause hip, knee or back pain. So always remember, less walking and slower walking.

This boot is meant to slow you down. You’ll need to modify your activity. No long shopping excursions, festivals, etc.

- If parking is an issue, Dr. offers a temporary handicap application. You will need to take the application to a DMV.

Your pain will not go away immediately. Sometimes, it will take a few days to reduce the swelling. Non weight bearing might be helpful. (crutches and/or knee scooter)

When you walk, you can slightly roll off your heel but do not push off with your toes. Dr. wants to keep your foot in neutral position to prevent triggering your tendons/ligaments/bone movement. If you push off with your toes, you will begin to tear the top liner of your boot. This is an indication you are also walking too much or too fast. When taking a step, that moment when you typically push off with your toes, remember to lift and bend your knee instead.

Dr. recommends you wear the boot at least 6-8 hours a day. Some people chose to wear the boot while at work or just when they are home. For best results, you will want to wear the boot while awake, taking it off for showers, resting/icing/elevation and at bedtime.

- If there is too much activity, Dr. may change your treatment plan to non-weight bearing, including crutches and/or a cast.
- Other times, Dr. will turn to non-weight bearing if your injury is not responding to this type of treatment.

Your return visit is to make sure you are progressing in the right direction and redirect your treatment plan as needed. Remember that the reason for your pain, the amount of time you have had this injury or pain, and the number of recurrent injuries you have had to the area, play a large part in the recovery, so please be patient with yourself.

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