

# Simple (undisplaced) metatarsal fractures in children

## Information for children, families and carers

We have given you this factsheet because your child has sustained a simple (undisplaced) metatarsal fracture. It explains what a metatarsal fracture is and how it is treated. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

### What is a metatarsal fracture?

A metatarsal fracture is a crack or break in one of the metatarsals (one of the long bones in the foot).

There are five metatarsals in the foot, one for each toe. The most common metatarsal to fracture is the fifth metatarsal (the little toe bone).

A simple or undisplaced metatarsal fracture means that the bone is broken but still in its normal position.

### What causes this type of injury?

A metatarsal fracture is a common injury in children. It is usually caused by a sudden forceful injury, such as dropping a heavy weight onto the foot, kicking a hard object or because of a sporting injury.

### How is this type of injury diagnosed?

An x-ray (a quick and painless procedure commonly used to produce images of the inside of the body) has confirmed your child's injury.

### How is this type of injury treated?

A metatarsal fracture usually heals well on its own in three to four weeks and does not need a plaster cast.

### Walker boot

We may give your child a walker boot to help them move around while their foot recovers. Your child should wear the walker boot for four weeks.

## Rest, ice and elevation

Your child may experience some swelling for a few weeks after their injury. To help reduce the swelling, your child should rest and elevate (raise above their heart level) their injured foot and apply ice (an ice pack or frozen peas wrapped in a damp towel) for 10 minutes, three times a day for the first few days (especially at the end of the day).

## Pain relief medication

Your child may experience some pain, tenderness and bruising for a few weeks after their injury. Taking pain relief medications, such as paracetamol (Calpol®) and ibuprofen, for the first few days after the injury will help to ease their discomfort. Always check the label before giving your child any over-the-counter medications.

## Are there any complications?

It is uncommon for children to experience any complications with a metatarsal fracture. Very rarely, the injury may not heal on its own and may need further tests or surgery. If this is the case for your child, we will discuss this with you.

## When can my child resume their normal daily activities?

For the first four weeks after their injury, your child should wear the walker boot when walking around and should try to walk on their injured foot as much as they comfortably can. After four weeks, your child should gradually stop wearing the walker boot as their pain eases. We recommend your child starts by stopping wearing the walker boot at home and just wearing it at nursery or school.

Your child can go back to nursery or school as soon as they feel comfortable and happy to do so.

Your child should **not** participate in any sporting activities, physical education (PE) or high impact activities, such as trampolining, for four to six weeks after their injury.

## Will my child need any follow-up care?

Most children do not usually need to have any follow-up care for this type of injury.

## When should I seek medical help?

Contact us if your child is struggling to:

- walk out of the walker boot.
- go back to their normal daily activities and sports 12 weeks after their injury.

Your child's walker boot may be too tight if they have:

- severe foot pain
- a white or blue coloured foot and toes
- a numb sensation or pins and needles in their foot
- difficulty moving their foot or toes

If any of these signs occur, follow the steps below:

1. Loosen the strap of your child's walker boot.
2. Rest and elevate your child's foot for 30 minutes.
3. If symptoms persist after following the steps above, take your child immediately back to the emergency department.

## Contact us

If you have any questions or concerns, please contact us.

Children's outpatient department

Telephone: **023 8120 4477** (Monday to Friday, 8am to 4.30pm)

Email: [paedorthopaedics@uhs.nhs.uk](mailto:paedorthopaedics@uhs.nhs.uk)

## Useful links

[www.nhs.uk/tests-and-treatments/x-ray](http://www.nhs.uk/tests-and-treatments/x-ray)

[www.uhs.nhs.uk/for-patients/patient-information-leaflets](http://www.uhs.nhs.uk/for-patients/patient-information-leaflets)

[www.healthiertogether.nhs.uk](http://www.healthiertogether.nhs.uk)

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