

**New York
Methodist Hospital**
506 Sixth Street
Brooklyn, NY 11215
www.nym.org

Main Number
(718) 780-3000
Emergency Dept.
(718) 780-3136

EXITCARE® PATIENT INFORMATION

Patient Name: Champanaro David

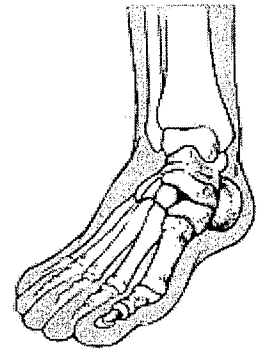
Attending Caregiver: [REDACTED]

Foot Strain

The muscles and *tendons* (cord like structures which attach muscle to bone) that surround the feet are made up of units. A foot strain can occur at the weakest spot in any of these units. This condition is most often caused by injury to or overuse of the foot, as from playing contact sports, or aggravating a previous injury, or from poor conditioning, or obesity.

DIAGNOSIS (HOW TO TELL WHAT IS WRONG?):

Diagnosis of this condition is usually by your own observation. If problems continue, a caregiver may be required for further evaluation and treatment. X-rays may be required to make sure there are not *fractures* (breaks in the bones) present. Continued problems may require physical therapy for treatment.



SYMPTOMS (PROBLEMS) OF FOOT STRAIN ARE:

- Pain with movement of the foot.
- Tenderness and swelling at the injury site.
- Loss of strength is present in moderate or severe strains.

THE THREE GRADES OR SEVERITY OF FOOT STRAIN ARE:

- Mild (Grade I): Slightly pulled muscle without tearing of muscle or tendon fibers or loss of strength.
- Moderate (Grade II): Tearing of fibers in a muscle, tendon, or at the attachment to bone, with small decrease in strength.
- Severe (Grade III): Rupture of the muscle-tendon-bone attachment, with separation of fibers. Severe strain requires surgical repair. *Chronic* (often repeating) strains are caused by overuse. *Acute* (sudden) strains are caused by direct injury or over-use.

HOME CARE INSTRUCTIONS

- Apply ice to the injury for 10 to 20 minutes, 3 to 4 times per day. Put the ice in a plastic bag and place a towel between the bag of ice and your skin.
- After the first two to three days, you may apply heat to the injury to help relieve pain and speed healing. You may use a warm heating pad for up to 30 minutes, 4 times per day. **Do not sleep with a heating pad. This can cause burns.** If you are diabetic, do not use a heating pad unless instructed to do so.
- An elastic wrap (like an Ace bandage) may be used to keep swelling down.
- Keep foot above the level of the heart, or at least raised on a footstool, when swelling and pain are present.
- Try to avoid use other than gentle range of motion while the foot is painful. Do not resume use until instructed by your caregiver. Then begin use gradually, not increasing use to the point of pain. If pain does develop, decrease use and continue the above measures, gradually increasing activities that do not cause discomfort, until you gradually achieve normal use.
- Use crutches if and as instructed, and for the length of time instructed.
- Use a whirlpool if available.

- Keep injured foot and ankle wrapped between treatments.
- Massage foot and ankle for comfort and to keep swelling down. Massage from the toes up towards the knee.
- You may use acetaminophen (Tylenol®), ibuprofen (Advil® or Motrin®), or aspirin as needed for pain and inflammation (soreness) **if your caregiver has not given medications that would interfere with this.**

PREVENTION OF FOOT STRAIN:

- Use strength and conditioning exercises appropriate for your sport
- Warm up properly prior to working out.
- Use athletic shoes that are made for the sport you are participating in.
- Allow adequate time for healing. Early return to activities makes repeat injury more likely, and can lead to an unstable arthritic foot that can result in prolonged disability. Mild strains generally heal in 3 to 10 days, with moderate and severe strains taking 2 to 10 weeks. Your caregiver can help you determine the proper time required for healing.

CALL IF:

- Your pain and swelling increase, or pain is not controlled with medications.
- You have loss of feeling in your foot or your foot turns cold or blue.
- You develop new, unexplained symptoms, or an increase of the symptoms that brought you to your caregiver.

FOLLOW-UP INSTRUCTIONS

When	With
	Orthopedics call 718-499-care for a referral - () -

I request and hereby authorize New York Methodist Hospital to send a copy of my discharge instructions from the Emergency Department to my physician and it is my responsibility to follow-up after discharge with my doctor.

Patient or Guardian Signature: _____ Date: _____

Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.

Patient or Guardian Signature	Date	Witnessed & Instructed by	Date
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