



Gloucestershire Hospitals
NHS Foundation Trust

Caring for a stress fracture

Introduction

This leaflet gives you information about stress fractures, how they happen and how to help them repair and be less painful.

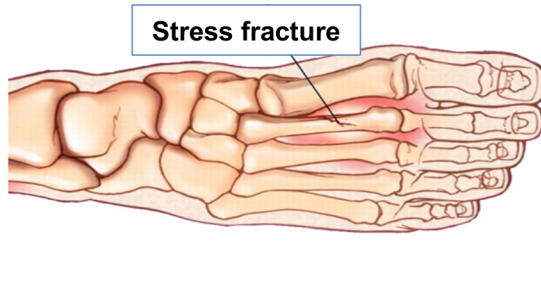


Figure 1: Where you might have a stress fracture

What is a stress fracture?

Stress fractures are small breaks to a bone. The most common stress fracture seen in the Emergency Department is in the foot. They are often caused from overuse such as repeatedly jumping up and down or running long distances. These fractures can also result from increasing activity too quickly or doing the same activity lots of times.

Stress fractures can sometimes develop from normal use of a bone that is weakened by conditions such as osteoporosis.

People who are most at risk of a stress fracture are:

- those who take part in high impact sports.
- those who have a sudden increase in a physical activity, such as someone who walks infrequently then changes to walking long distances.

- those walking long distances on uneven surfaces.
- menopausal women whose bones are often weaker.

How is a stress fracture identified?

The main symptom of a stress fracture is pain. Depending on the bone affected, it tends to hurt in very specific areas. A stress fracture will also hurt when touching the exact area where the bone is broken. The pain will usually increase when performing impact activities such as running or jumping and gets better during periods of rest.

Stress fractures are not always seen on X-rays.

Caring for your foot

A stress fracture will need about 6 weeks to fully heal. During this time, you should follow the advice below:

- Stop the activity that is causing pain. Stress fractures happen because of repetitive stress so it is important to avoid the activity that led to the fracture.
- Take anti-inflammatory medicines such as ibuprofen to help relieve pain and swelling. Ask your GP or pharmacist for advice.
- Apply an ice pack to the injured area, please see leaflet GHPI0659 'Ice and heat treatment'.
- When lying down, raise your foot above the level of your heart, this will help to reduce any swelling.
- Use protective footwear to reduce stress on your foot or leg. This may be a stiff-soled shoe, a wooden-soled sandal, or a removable short leg-fracture brace shoe.

Sometimes, due to the location of the fracture, a plaster cast or splint will be used to keep unstable bones in a fixed position.

A plaster cast or splint will also reduce the stress on your leg.

If either a cast or splint is fitted you will be given further advice about care and removal. Casts are usually removed after 4 to 6 weeks.

When you are able to walk on your leg without pain, you should gradually build up your activity over several days. After this you can start low impact activities, if you have no pain then you can begin to return to high impact exercises. If the pain returns you should reduce what you are doing and allow things to settle down again.

It is important that you do not return to any activity which will cause your symptoms to return.

Contact information

If you have any concerns after you have been discharged from the hospital, please contact the:

Trauma Service

Tel: 0300 422 5269

Monday to Friday, 8:00am to 2:00pm

Email: ghn-tr.glostrauma@nhs.net

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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

***Ask 3 Questions** is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>



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