Does early mobilisation after ankle fracture surgery enhance recovery?

Submission date	Recruitment status No longer recruiting	[X] Prospectively registered		
08/01/2015		[X] Protocol		
Registration date	Overall study status Completed Condition category Surgery	[X] Statistical analysis plan		
08/01/2015		Results		
Last Edited		Individual participant data		
15/01/2024		Record updated in last year		

Plain English summary of protocol

Background and study aims

Ankle fractures are common and many require surgery. After surgery, patients are managed in many different ways depending on their age, physical ability, fracture type, bone quality and surgeon. However, guidelines and evidence suggest that being able to actively move the ankle a couple of weeks after surgery in a removable boot might be beneficial to the patient. The two methods being compared are plaster cast and an Aircast® boot. Managing an ankle fracture with a plaster cast means that patients keep their injured ankle relatively still (immobilised) whilst managing an ankle fracture with an Aircast® boot means that patients can move their injured ankle quite soon after surgery – this is called early mobilisation. The findings of this study will be used to determine which treatment is best and which, if any, can be recommended as standard care for patients who fracture their ankles and need surgery.

Who can participate?

Adults that have recently had surgery for an ankle fracture.

What does the study involve?

Participants are randomly allocated into one of two groups. Those in group 1 are given a plaster cast. Those in group 2 are given a removable support boot. All participants then attend a clinic appointment 4 weeks later (6 weeks post-surgery) and assessments performed. Participants are asked to complete questionnaires at 5 weeks (7 weeks post-surgery) and (12 weeks post-surgery). Up to twenty patients are also asked to take part in telephone interviews to describe their experiences of their treatment. These data is compared between the two groups in order to evaluate which treatment is best in terms of function, quality of life, psychological, social, economic impact and patient experience as well as costs and benefits to the National Health Service, patients and society.

What are the possible benefits and risks of participating?

Whilst there are no immediate benefits for those people participating in the project, it is hoped that their participation will mean those in the future who experience a similar injury will receive the best/most appropriate treatment for their injury and will make the best use of NHS resources.

Where is the study run from? Poole Hospital NHS Foundation Trust (lead site) and other NHS hospitals in the South East of England (UK)

When is the study starting and how long is it expected to run for? February 2015 to April 2019

Who is funding the study? National Institute for Health Research (UK)

Who is the main contact? Mr Lee Tbaily

Contact information

Type(s)

Scientific

Contact name

Mr Lee Tbaily

Contact details

Research & Innovation Cornelia House Poole Hospital NHS Foundation Trust Longfleet Road Poole United Kingdom BH15 2JB

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers 18022

Study information

Scientific Title

Does early mobilisation after Ankle fracture surgery enhance Recovery? A pragmatic multicentre randomised controlled Trial with qualitative component and health economic analysis comparing the use of plaster versus Aircast® boot.

Acronym

ART V1.0

Study objectives

The aim of the study is to evaluate the relative effectiveness and cost-effectiveness of two methods of post-operative ankle fracture management (plaster versus Aircast® boot with range of movement) and to provide evidence-based recommendations for best care in clinical practice.

Ethics approval required

Old ethics approval format

Ethics approval(s)

NRES Committee South Central - Hampshire A, 22/12/2014, ref: 14/SC/1409

Study design

Randomized controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Topic: Musculoskeletal, Surgery; Subtopic: Musculoskeletal (all Subtopics), Surgery; Disease: Musculoskeletal, Surgery

Interventions

Current Interventions as of 06/12/2017:

- 1. Removable support boot: Removable boot with range of movement for four weeks
- 2. Plaster Cast: Plaster below knee i.e. immobilised for four weeks

Previous Interventions:

- 1. Aircast® boot: Aircast® boot with range of movement for four weeks
- 2. Plaster Cast: Plaster below knee i.e. immobilised for four weeks

Intervention Type

Procedure/Surgery

Primary outcome measure

Olerud and Molander Ankle Score; Timepoint(s): Five weeks post randomisation

Secondary outcome measures

- 1. Ankle functional data (range of movement, weight-bearing)
- 2. Standardised measure of general quality of life (EQ-5D-5L)
- 3. Healing status
- 4. Complications
- 5. Return to Usual Activities

Overall study start date

01/03/2015

Completion date

30/04/2019

Eligibility

Key inclusion criteria

- 1. Received surgery for fixation of unstable ankle fracture
- 2. Provision of informed consent to participate

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

Planned Sample Size: 246; UK Sample Size: 246

Total final enrolment

262

Key exclusion criteria

- 1. Under 16 years old (skeletally immature)
- 2. Poor skin condition at operation site
- 3. Serious concomitant disease (e.g. stroke, osteoporosis, arthritis)
- 4. Diabetic neuropathy/other sensory neuropathy (lack of sensation)
- 5. Non-ambulatory prior to injury
- 6. Active leg ulceration
- 7. Patients who are unable to understand the study information or unable to complete the outcome questionnaires
- 8. Surgeon concerned about quality of fixation/integrity of wound
- 9. Fracture requiring further stabilisation in/around the ankle (e.g. syndesmosis).
- 10. Open ankle fracture (bone broken through skin)
- 11. Participant is a participant in other concurrent interventional research which may overburden the participant or confound data collection
- 12. Concomitant injuries which will have a confounding effect on rehabilitation in the opinion of the investigator

Date of first enrolment

01/08/2015

Date of final enrolment

31/08/2018

Locations

Countries of recruitment

England

United Kingdom

Study participating centre Poole Hospital NHS Foundation Trust

Dorset Research and Development Support Unit Cornelia House Longfleet Road Poole United Kingdom BH15 2JB

Study participating centre Hampshire Hospitals NHS Foundation Trust

Basingstoke and North Hampshire Hos Aldermaston Road Basingstoke United Kingdom RG24 9NA

Study participating centre Musgrove Park Hospital (taunton)

Musgrove Park Hospital Taunton United Kingdom TA1 5DA

Study participating centre North West Anglia NHS Foundation Trust

Peterborough City Hospital Bretton Gate Bretton Peterborough United Kingdom PE3 9GZ

Study participating centre Queen Alexandras Hospital

Southwick Hill Road Cosham Portsmouth United Kingdom PO6 3LY

Study participating centre

Solent NHS Trust

Solent NHS Trust Headquarters
Highpoint Venue
Bursledon Road
Southampton
United Kingdom
SO19 8BR

Study participating centre Salisbury District Hospital

Salisbury District Hospital Odstock Road Salisbury United Kingdom SP2 8BJ

Study participating centre Torbay and South Devon NHS Foundation Trust

Torbay Hospital Newton Road Torquay United Kingdom TQ2 7AA

Study participating centre Yeovil District Hospital

Yeovil District Hospital Higher Kingston Yeovil

Sponsor information

Organisation

Poole Hospital NHS Foundation Trust

Sponsor details

Dorset Research and Development Support Unit Cornelia House Longfleet Road Poole England United Kingdom BH15 2JB

Sponsor type

Hospital/treatment centre

ROR

https://ror.org/03kdm3q80

Funder(s)

Funder type

Government

Funder Name

National Institute for Health Research

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Publication and dissemination plan

A number of scientific papers will be produced from the collated anonymised study data. Results will be published in peer reviewed journals aimed at both surgeons and physiotherapists (e.g. Annals of the Royal College of Surgeons, Journal of Bone and Joint Surgery and Physiotherapy. Papers will include messages about functional, socio-economic and psychological outcomes as well as the publication of the protocol. Results will also be published in the Health Service Journal, to authors of the Cochane review, and findings will be disseminated at conferences and via oral presentations at local, national and international trauma/orthopaedic and physiotherapy meetings. Participants and the general public will also be informed via via flyers, posters, Bournemouth University Clinical Research Unit website, Bournemouth University Research Blog, Twitter, podcast, press releases to the media.

Intention to publish date

30/04/2024

Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient- facing?
Protocol file	version 1.6	05/03/2018	14/03 /2023	No	No
Statistical Analysis Plan	version 1.1		14/03 /2023	No	No
HRA research summary			28/06 /2023	No	No
Other publications	Cost-effectiveness analysis and qualitative findings	11/01/2024	15/01 /2024	Yes	No