

Foot and Ankle Trauma Outline

Ankle Fractures and Sprains

Lateral malleolus fractures:

Weber A/ankle sprains

Refer when - not improving at 3 mos, *mechanical symptoms 'locking' 'catching' 'giving way'
Refer to RBMD with - WB X-rays, MRI not indicated

Weber B

Stable vs unstable fractures, syndesmotic injury 30%
Refer to Ortho on call, may need surgery

Weber C

Syndesmotic injury 70%
Refer to Ortho on call, often need surgery

Surgical fractures - bimalleolar, trimalleolar or pilon (intra-articular fractures)

Refer to ER for reduction, splinting and Ortho on call for ORIF

Post-op recovery - 6 (variable) weeks NWB then progressive WB in Aircast, PT.

Surgeon to see at 2 weeks for wound care and any issues call treating surgeon or Ortho on call

Foot fractures:

Lisfranc fractures

Be suspicious with - higher energy trauma, very swollen foot post sprain, often 'no fractures' on Rad report

Refer to Ortho on call - need bilat WB foot X-rays

5th metatarsal fractures

Generally non surgical fractures

NWB air cast boot or post-op shoe for 6 weeks

Refer to Ortho on call

Often go on to fibrous or partial non union, no concern if asymptomatic

Toe fractures

Refer if significantly displaced intra-articular fractures or dislocations

Call Ortho on call to review

Stress fractures

X-rays, bone scan

NWB

Achilles tendon ruptures

Non-op Rx common, need immediate diagnosis (clinical, no US needed), plantar flexed splint or boot, NWB

Refer to Ortho on call