HINDFOOT FRACTURES

1) Talus Fractures
   a) Epidemiology: uncommon, high energy injuries
   b) Most common pattern is talar neck fracture; other patterns are lateral process (buzzword snowboarder’s fracture), talar dome, and talar body fractures
   c) Diagnostic imaging
      i) Ap/mortise/lateral view ankle
      ii) Canale view useful to visualize neck
      iii) CT useful for body and lateral process patterns
   d) Timing of surgery
      i) Dislocations (subtalar, tibiotalar, talonavicular) should be reduced urgently
      ii) ORIF may be delayed
   e) Treatment
      i) Closed management – reserved for non-displaced fractures
      ii) Percutaneous fixation – non-displaced fractures
      iii) ORIF – displaced fractures
   f) Post-operative care
      i) Splint immobilization (typically 2 weeks) followed by cast immobilization (weeks 2-6), and then boot
      ii) 12 weeks non weight bearing
   g) Complications
      i) Post-traumatic arthritis
      ii) Osteonecrosis
      iii) Malunion / nonunion

2) Calcaneus fractures
   a) Epidemiology: common, high energy injuries
      i) Associated with spine injuries
   b) Two main types
      i) Intra-articular: soft tissue determines timing of operative intervention
      ii) Extra-articular – tongue type: warrant emergent intervention
   c) Diagnostic imaging:
      i) Ap/mortise/lateral ankle, ap/oblique/lateral foot, Harris axial view
      ii) CT useful for intra-articular involvement
   d) Timing of surgery
      i) ORIF dependent on soft tissue swelling – wrinkles on skin
   e) Treatment
      i) ORIF – tongue type fractures, urgent intervention
      ii) Non-operative treatment: poor surgical candidates, non-displaced fractures, extra-articular fractures
      iii) Operative treatment: ORIF
         1) Lateral extensile approach versus sinus tarsi approach
   f) Complications
      i) Soft tissue – wound breakdown – 20%!!!! With lateral extensile
      ii) Nonunion, malunion, post-traumatic arthritis