

HINDFOOT FRACTURES – PA/NP course 2018

1) Talus Fractures

- a) Epidemiology: uncommon, high energy injuries
- b) Most common pattern is talar neck fracture; other patterns are lateral process (buzzword is 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