

Case discussion

- **HPI**
- 63-year-old male presenting to the Emergency Department with complaints of right ankle and foot pain after sustaining an injury earlier that day. He reports that he was climbing a ladder, when it slid out from under him causing him to fall approximately 5-feet. He ambulates unassisted at baseline. He reports no other complaints at this time.
- **PMH**
- Past medical history is significant only for well-controlled hypertension

- **PE**

- He reports tenderness to palpation about the ankle and foot. There is an obvious gross deformity noted. He is able to wiggle all toes. He has a 2+ dorsalis pedis pulse with brisk capillary refill in all toes. He reports sensation to light touch throughout the foot. No open wounds are appreciated.



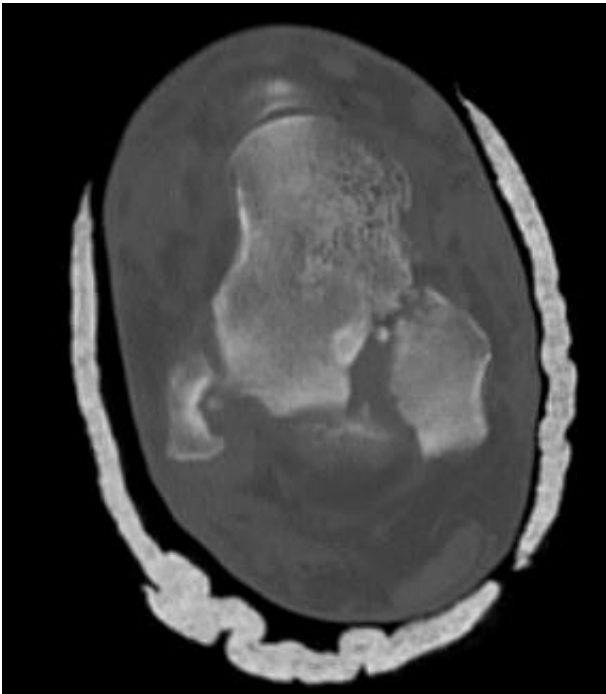


Describe those xray findings

- Subtalar dislocation with Posteromedial talus fracture

- **In addition to the plain film radiographs, would you obtain any further imaging to guide your treatment?**

- **Yes - CT scan of the foot/ankle (CT)**



Describe anatomic classification for this injury

- Anatomic classification

Anatomic classification	
Lateral process fracture	
Type 1	Fractures do not involved the articular surface
Type 2	Fractures involve the subtalar and talofibular joint
Type 3	Fractures have comminution
Posterior process	
Posteromedial tubercle	Avulsion of the posterior talotibial ligament or posterior deltoid ligament
Posterolateral tubercle	Avulsion of the posterior talofibular ligament
Talar head fracture	
Talar body fracture	

would you temporize this patient prior to definitive fixation?

- I would fix this acutely , I would not apply Ex-Fix

Regarding Operative management, what treatment would you plan for and perform?

- Open reduction internal fixation (ORIF)
(includes plate, screws, wires, minimally
invasive plate)

Which implants would you utilize?

- Plate and screws

What approach would you use?

- Combined incision for dual medial & lateral approaches

If you choose ORIF and to include a Posteromedial approach, which interval would you use?

- Between TP and Flexor digitorum longus (FDL)

If you choose acute Operative management and attained fixation with plate and screws, with NWB postoperatively, how long would you keep the patient NWB?

About 12 weeks

What do you know about Hawkins sign

- Hawkins sign (lucency) indicates revascularization
- lack of Hawkins sign with sclerosis is indicative of AVN