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Fractures in the Feet

There are 28 bones and 32 joints in each foot. It's not uncommon to break them. Each bone is unique an important in its own way, so full details of each fracture are to be discussed separately. Here is a general overview of what to expect if you've broken a bone in your foot. A fracture and a break are the same thing and may be used interchangeably.

Foot fractures are relatively common, and many people never seek medical attention, or only see a primary care physician. Sometimes a specialist is seen well after the fracture has healed, this limits treatment options significantly. It's important to see a specialist to ensure proper diagnosis and treatment.

Diagnosis

A set of high-quality weight-bearing (standing) x-rays are required for diagnosis to rule out fracture and to assess the structure of the foot and ankle, as well as a thorough physical examination. Sometimes, an MRI or CT may be necessary if there is concern for an occult fracture, or to better characterize the pattern of the fracture. This will be a decision discussed with you by your physician.

Signs of a more severe injury include severe swelling and bruising, blister formation, inability to weight bear, and failure to improve.

Unstable Injuries of the Foot

These should ALWAYS be seen by a Board-Certified Orthopaedic Foot and Ankle Specialist to ensure proper management, as they often need to be treated surgically:

- Lisfranc Fracture-Dislocation (Midfoot Sprain/Fracture)
- Ankle Fracture
- Fractures of the Talus, Navicular, or Calcaneus
- High Ankle Sprain
- Fifth Metatarsal Fracture

Initial treatment

Immobilization and Rest

This will be achieved by use of a tall CAM boot or cast while the pain is severe. Ace bandages and lace-up braces are NOT adequate. The CAM boot or cast may be used for six to twelve weeks.

Ice and Anti-Inflammatories

NSAIDs and ice can be used to decrease the pain day-to-day. Ice should be placed with a tea towel protecting the skin for no more than

20 minutes per hour. Ice is NOT advised in patients with neuropathy or any numbness in the feet. Speak to your doctor if there is concern for contraindications to anti-inflammatories such as Naproxen or Ibuprofen.

Nonoperative vs Operative Fractures

Nonoperative fractures tend to have minimal displacement and will heal on their own. This means the pieces have not moved far apart from one another, and that the weight-bearing structure of the foot has not been compromised. Usually, fractures of the toes and metatarsals are not operative. This is decided on a case by case basis.

Operative fractures have inherent instability or have altered the anatomy significantly such that pieces must be replaced to their original place and held in place with hardware.

Return to Play

Physical therapy

Regular physical therapy appointments will aim to strengthen the muscles that are weak, improve balance and establish a program of therapeutic exercises. Injury and recovery alter our brain's ability to know where the foot is in space, which is known as proprioception. Physical therapy has been shown to improve both balance and proprioception.

To prevent further injury or reinjury, it's best to wait until your balance has been regained and improved. This requires specific balance training as well as core strengthening. Results from home exercises can be accelerated with use of a BOSU to gain balance. This should be implemented at the appropriate time and performed under the supervision or approval of your physical therapist or physician.

References

www.footcaremd.org/conditions-treatments/toes/broken-foot-toes

orthoinfo.aaos.org/en/diseases--conditions/toe-and-forefoot-fractures