

Emergency Department Evaluation and Management of Foot and Ankle Pain



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KEYWORDS

- Ankle pain • Ankle fracture • Ankle sprain • Malleolar fracture • Talus fracture
- Calcaneus fracture • Lisfranc fracture • Ottawa ankle rules

KEY POINTS

- Ankle and foot pain is a common presenting complaint to the Emergency Department.
- Many patients will not require any imaging for an acute injury, using the Ottawa Foot and Ankle Rules to provide guidance for when imaging is required.
- Most talus and calcaneal fractures require urgent orthopedic consultation.
- The proximal fibula and fifth metatarsal should be examined with any ankle injury.
- Most ankle fractures require urgent orthopedic consultation.
- Immediate surgical intervention is rarely required for acute ankle ligamentous injuries.
- (P)RICE remains the standard treatment for ankle sprains.

FOOT AND ANKLE

Foot and ankle injuries are a frequent cause for a visit to the Emergency Department (ED). Complete evaluation and treatment of these injuries needs to be an area of thorough familiarity for the Emergency Medicine physician.

THE FOOT

The foot is a complex part of the functional human lower extremity. With 28 bones and many more articulations, the foot is a key component to human weight-bearing function. Injury or dysfunction of any of these many moving parts can lead to a presentation to the ED.

Disclosures: None.

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Anatomy

The foot can be divided into 3 distinct regions (**Fig. 1**):

- Forefoot: Metatarsals, phalanges, and sesamoids
- Midfoot: Navicular and cuboid bones; medial, middle, and lateral cuneiforms
- Hindfoot: Calcaneus and talus
- Choparts joint: Articulation of the hindfoot with the midfoot
- Lisfranc joint: Articulation of the midfoot with the forefoot

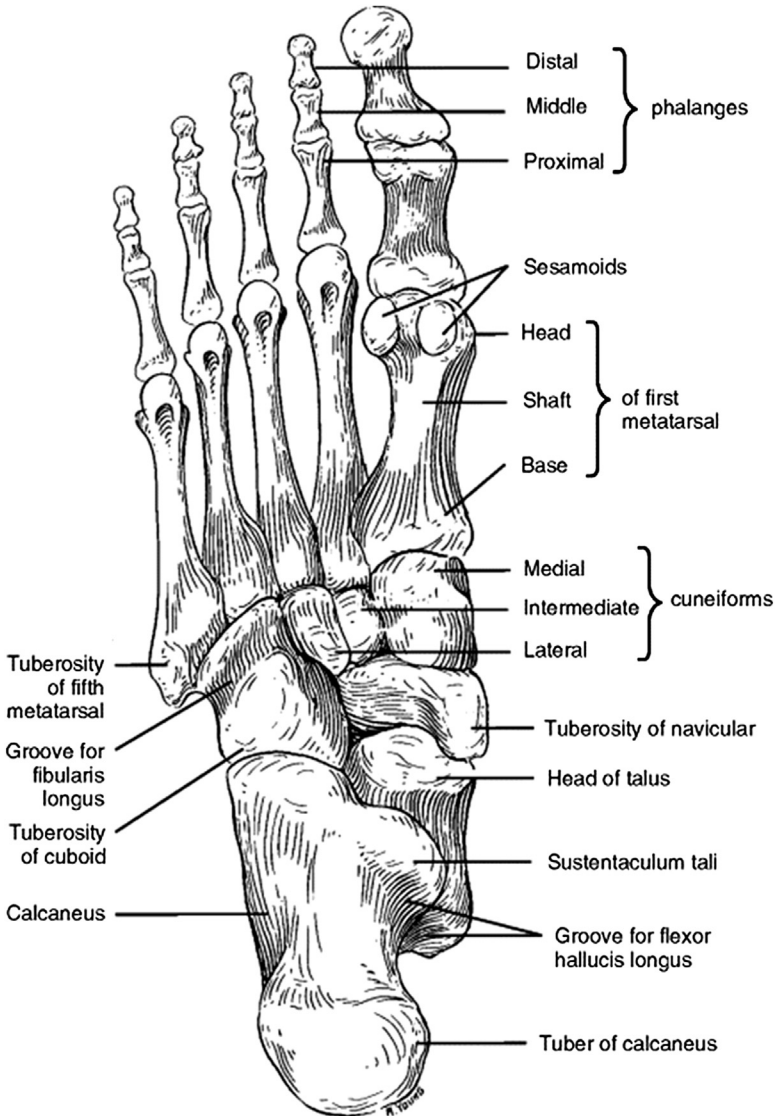


Fig. 1. Plantar view of the bones of the foot. (From Jenkins DB, Hollinshead WH. Hollinshead's functional anatomy of the limbs and back, 8th edition. Philadelphia: Saunders, 2002; with permission.)

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