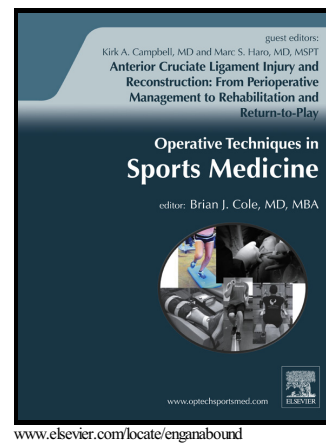


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The Proximal Fifth Metatarsal Metadiaphyseal Jones Fracture: Intramedullary Screw Versus Plantar Plate

Kevin E. Varner, Joshua D. Harris



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TITLE: The Proximal Fifth Metatarsal Metadiaphyseal Jones Fracture: Intramedullary Screw Versus Plantar Plate

AUTHORS:

Kevin E. Varner, MD<sup>1</sup>  
Joshua D. Harris, MD<sup>1</sup>

INSTITUTIONS:

<sup>1</sup>Houston Methodist Orthopedics & Sports Medicine; 6445 Main Street, Outpatient Center, Suite 2500, Houston, TX 77030.

CORRESPONDING AUTHOR: Kevin E. Varner, MD; 6445 Main Street, Outpatient Center, Suite 2500, Houston, TX 77030. Chairman, Houston Methodist Orthopedics & Sports Medicine, Houston, Texas; Head team physician for Houston Ballet; Team physician Houston Texans

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KEYWORDS:

1. Proximal fifth metatarsal fracture
2. Jones fracture
3. Refracture
4. Nonunion
5. Plantar plating

ABSTRACT

Proximal metaphyseal-diaphyseal (zones 2 or 3) fifth metatarsal fractures, or Jones fractures as they are commonly called, occur frequently in the athletic population. These fractures are challenging both biologically and biomechanically. While operative treatment of these fractures in high-performance athletes is recommended, there is still a significant reported incidence of delayed healing or refracture after fixation. Intramedullary screw fixation has traditionally been the gold standard of surgical treatment. A solid, partially-threaded, intramedullary screw is the implant of choice, placed “high and inside” to achieve optimal fracture fixation. However, the intramedullary screw may not be the ideal construct due to its inability to resist rotational stress as well as other constructs, potentially leading to poor healing or

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