

Identification of stable supination external rotation ankle fractures: a consensus opinion

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Background

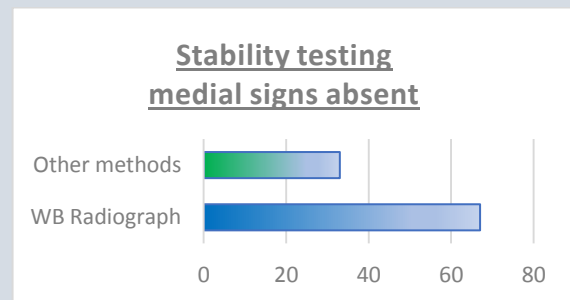
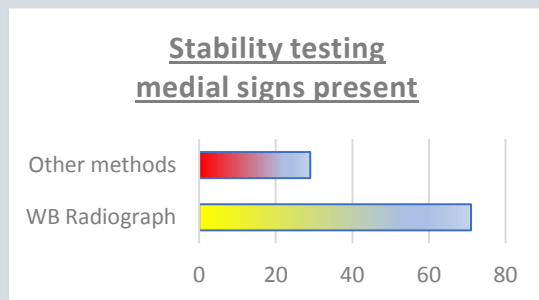
To form a sub-speciality consensus opinion from BOFAS members on how to determine stability in Supination External Rotation (SER) ankle injuries, we performed an electronic survey of all 456 full BOFAS members in autumn 2017. The response rate was 61%.

The survey contained two scenarios on how to determine stability in a young healthy patient with an isolated Weber B ankle fracture, no talar shift +/- medial signs (swelling/ tenderness/ ecchymosis).

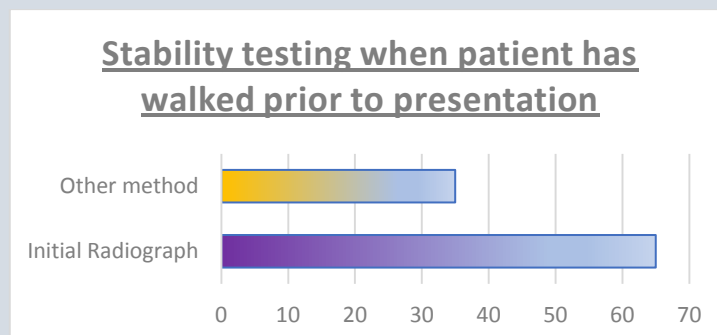
Scenario 1. Medial signs present

Scenario 2. Medial signs absent

Results



The presence or absence of medial signs does **not** significantly change management. In both scenarios 2:3 of us would use a Weight Bearing (WB) radiograph to determine stability. The majority performed standing radiographs, barefooted, at approximately 1 week following injury.



The exception to this is when such patients have walked on their fracture prior to presentation and have no medial signs present, when 2:3 of us are happy to just use the initial non-WB radiographs to determine stability.

Consensus

Patients with un-displaced SER ankle injuries who have not walked prior to presentation should undergo additional standing radiographs at approximately 1 week following injury, regardless of the presence or absence of medial signs. Medial signs do not determine stability.