



Syndesmotomous Rupture (PreOp) Syndesmotomous Rupture (PostOp)



Pilon Ankle Fracture (PreOp) Pilon Ankle Fracture (PostOp)



Tibia Fibula Fracture (PreOp) Tibia Fibula Fracture (Ex-Fix) Tibia Fibula Fracture (ORIF)

# South Florida Institute of Sports Medicine

Foot, Ankle & Leg Specialists of South Florida, Inc.

## WESTON

1600 Town Center Blvd. • 954-389-5900

## PEMBROKE PINES

17842 NW 2nd St. • 954-430-9901

## PLANTATION

220 S.W. 84th Avenue, Suite 102 • 954-720-1530

[www.SouthFloridaSportsMedicine.org](http://www.SouthFloridaSportsMedicine.org)



**Carlo A. Messina, D.P.M.**

Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Board Certified: American Board of Foot and Ankle Surgery
- Specializing in Sports Medicine, Lower Extremity Trauma
- Specializing in Deformities in Children and Adults
- Specializing in Complex Ankle Ligament Injuries



**Michael M. Cohen, D.P.M.**

Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
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- Board Certified: American Board of Foot and Ankle Surgery
- Board Certified: American Board of Podiatric Medicine
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Complex Limb Salvage; Foot, Ankle and Leg Fracture Surgery
- Specializing in Total Ankle Replacements and Running Injuries



**John D. Goodner, D.P.M.**

Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Sports Medicine, Foot and Ankle Arthroscopy
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Adult and Pediatric Reconstructive Foot, Ankle and Leg Surgery
- Specializing in Adult and Pediatric Lower Extremity Trauma



**Warren Windram, D.P.M.**

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- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Foot and Ankle Arthroscopy
- Specializing in Total Ankle Replacement
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults

# ANKLE FRACTURES



Messina • Goodner • Cohen • Windram  
Desimone • Moya • Bertot • Shenassa • Jones • Gonzalez

## Foot, Ankle & Leg Specialists of South Florida

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## LOCATIONS

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# ANKLE FRACTURES

By: Robert H. Sheinberg, D.P.M., D.A.B.P.S., F.A.C.F.A.S.

Ankle fractures occur when one of the three bones in the ankle (tibia, fibula and talus) break.

## CAUSES:

- Ankle fractures usually occur when the foot is twisted excessively in an inner or outer direction.
- It can also occur from a fall where direct stress on the joint takes place with minimal twisting.
- Bone breaks are almost always associated with ligament injuries around the ankle joint adding to the instability.

## SIGNS & SYMPTOMS:

- Diffuse swelling and discoloration around the ankle and lower leg, ankle and foot are usually seen immediately after the injury.
- There is usually difficulty putting weight on the foot and there is pain that is diffuse around the ankle.
- The ankle may even look out of place or slightly deformed.

## TREATMENT:

- Immediate evaluation and treatment is necessary to avoid long-term problems. If the break is nondisplaced or minimally displaced, a short leg cast may be necessary for 6-8 weeks with or without the use of crutches.
- If the break is displaced it may be gently reduced back into its proper position and a cast applied. This is called a closed reduction and it may be necessary to put our patients asleep to perform this. Sometimes small screws or pins are carefully placed through the skin (temporarily) to hold the reduced position until the fracture heals.
- If the fracture is grossly out of alignment, surgery is essential to put the bone back into its normal posture. This will often require small plates and screws.

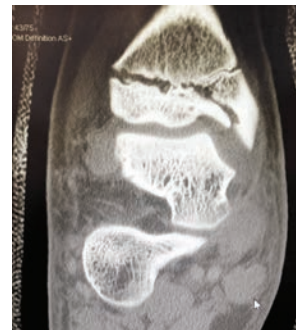
- Some fractures are minimally displaced and because they are in the joint may require surgery to prevent long term problems including arthritis.
- Plates and screws may be permanently left in the ankle if there is no pain from them. They could also be removed later, after the fracture heals.
- Arthroscopic guided fracture repair through small incisions may occasionally be performed.

## COMPLICATIONS:

- Complications may occur if fractures are untreated or if the injury is in the joint.
- These can include malunion (the bone heals out of place), nonunion (the fracture doesn't heal) or delayed union (the fracture is very slow to heal)
- Arthritis
- Instability to the ankle.
- Persistent swelling, stiffness and a chronic ache in the ankle joint are usually present if the area has healed poorly.
- Bone stimulators may be necessary to aid in the healing process if the fracture is slow to heal.

## PROGNOSIS:

- Prognosis is usually excellent if the injury is identified early and treated immediately.
- Physical therapy is used postoperatively to restore range of motion, strength and stability back to the ankle joint.
- If chronic pain develops in the joint, arthroscopic surgery to clean out the joint may provide great relief of pain, stiffness and swelling in the joint region.
- If underlying cartilage has been injured, this may also be addressed arthroscopically (microfracture or biocartilage transplant) to provide a full return to sports and activities of daily living.
- When instability is present, ligament repairs allow full return to sports.



Intramalleolar Triplane Fracture (Preop)



Intramalleolar Triplane Fracture (Postop)



Pediatric Distal Tibia Fracture (PreOp)



Pediatric Distal Tibia Fracture (PostOp)



Triplane Ankle Fracture (Preop)



Triplane Ankle Fracture (Postop)



Stress Fracture Medial Malleolus (PreOp)



Stress Fracture Medial Malleolus (PostOp)



Pediatric Tillaux Fracture (PreOp)



Pediatric Tillaux Fracture (PostOp)



Fibular Fracture (PreOp)



Fibular Fracture (PostOp) (Minimally Invasive)



Pediatric Medial Malleolus Fracture (PreOp)



Pediatric Medial Malleolus Fracture (PostOp)



Bimalleolar Ankle Fracture (Preop)



Bimalleolar Ankle Fracture (Postop)