

Jones Fracture (A Unique foot Fracture)

Charles C. Paik MD, St. Vincent Hospital and Health Services

Definition

Sir Robert Jones, in 1902, described a diaphyseal or metaphyseal fracture of the fifth metatarsal. Simply, it is a break in the middle 2/3 of the bone on the outside aspect of the foot on the same side as the pinkie toe. This injury seems to occur in athletes as well as non-athletes. In this particular fracture, markedly delayed healing and/or failure to heal are unfortunately common. The underlying inherent poor blood supply of this bone makes the fifth metatarsal a difficult bone to heal.

What are the Symptoms?

Pain on the outer side of the foot. However, diagnosis can only be made with an X-Ray of the foot.

How is it Treated?

Many techniques have been advocated for the treatment of this troublesome fracture, including non-weight-bearing short leg casting, orthotic management, surgery, bone grafting, and electric stimulation. The choice of treatment depends on the type of injury and the patient's overall medical condition. Each patient should discuss treatment options with their physician.

Typically, primary treatment is either conservative cast immobilization or surgery. The conservative, non-surgical treatment usually requires non-weight bearing cast for 6 to 12 weeks followed by 6 weeks of limited activity. Unfortunately, almost one fourth of the fractures treated non-surgically later need to be treated surgically because of delayed or failed healing or re-fractures.

What is involved in the surgery?

An orthopedic surgeon can perform a surgery called an open reduction and internal fixation. This usually uses hardware such as plates and screws to help unite the bone fragments. Young, athletic patients reliably yield excellent results with open reduction and internal fixation. In non-athletic or less demanding patients, the patient should participate in the discussion and choice of the treatment techniques. Patients with vascular disease, diabetes, advanced age, or other co-morbidities may be poor surgical candidates, and non-surgical techniques should be considered.

In the long term, patients usually do very well with both surgical and non-surgical treatment techniques.

References

<http://www.ortho-u.net/oo3/178.htm>

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