



# 7 Fractures of the foot

## 7.13 II Fractures of the cuboid – Treatment with a functional boot

Indication **Simple cuboid fracture**

### 1 Diagnosis

#### 1.1 History

These fractures are often associated with jumping sports, like basketball. The patient presents with either immediate or delayed pain.

#### 1.2 Physical exam

On physical exam there will be pain and swelling. In the case of simple non-displaced fractures, or stress fractures, there is not likely to be foot deformity.

#### 1.3 Imaging

Plain x-rays will often show a linear fracture line in the central portion of the cuboid.

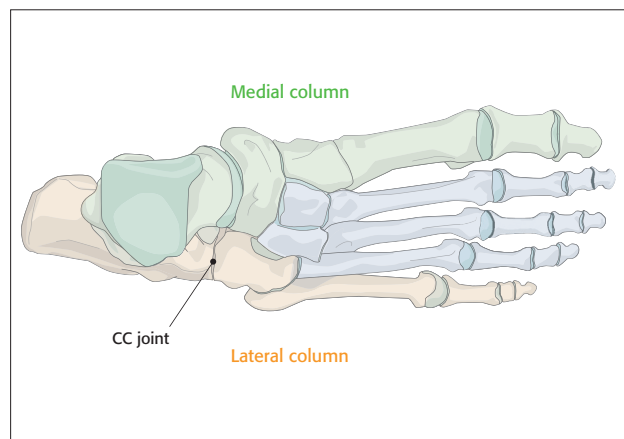
If the x-rays do not show a fracture, but it is clinically suspected, TC99 bone scan may show an area of increased uptake.

CT and MRI are also useful diagnostic tools.

### 2 Anatomic function

Unlike the TN joint, which is responsible for complex hindfoot circumduction, the calcaneocuboid (CC) joint is relatively unimportant for normal function. In fact, if fused at normal length, no loss of motion in the rest of the hindfoot occurs.

However, lateral column length is very important to maintain the shape and function of foot. Therefore, cuboid length must be maintained.





### 3 Nonoperative care

#### 3.1 Immobilization

A functional boot can be used for support and immobilization. The advantage of a boot over casting is that the boot can be removed for personal hygiene.

In the acute phase while there is pain and swelling, weight bearing should be avoided. The boot can be removed for daily hindfoot circumduction. As healing progresses, protective weight bearing is allowed in the boot. The patient can then be transitioned from the boot to cushioned running shoes.



### 4 Aftertreatment

#### 4.1 Follow up

Return to sports is allowed when pain and swelling subside and there is evidence of healing on plane x-rays.

