

# Use of Weightbearing Radiographs to Determine Treatment of bi- and Trimalleolar Ankle Fractures

NCT05765929

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<b>Status</b>	RECRUITING
<b>Phase</b>	Not Applicable
<b>Sponsor</b>	Ostfold Hospital Trust
<b>Enrollment</b>	29 participants

## Key Eligibility Criteria

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### Inclusion (6)

- With bi- and trimalleolar ankle fractures with less than 7 mm medial clear space on non-weightbearing radiographs that are deemed stable by weightbearing radiographs.
  - With type B medial malleolus fractures between the tip and the plafond and type C medial malleolus fractures at the level of the plafond (Herscovici classification). (6)
  - With fractures in the distal 1/3 of fibula (not-Maisonneuve)
  - Enabling stability evaluation within 14 days after injury
  - years of age
- ... and 1 more (see full listing online)

### Exclusion (12)

- With primary unstable ankle fractures,  $\geq 7$ mm medial clear space on primary radiographs
  - With fracture reduction prior to initial radiographic evaluation, open fracture, fractures resulting from high-energy trauma or multi trauma and pathological fracture
  - With type A medial malleolus avulsion fractures  $\leq 5$ mm (at the tip of the malleolus), that are not suitable for surgical intervention.
  - With Herscovici type D fractures, involving Lauge-Hansen SA2 fractures (supracollicular fracture - vertical, oblique or transverse direction of the plafond)
  - With displaced posterior malleolus fractures that needs fixation in the judgement of the attending surgeon
- ... and 7 more (see full listing online)

## Locations (1 total)

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Østfold Hospital Trust, Sarpsborg, Østfold fylke, Norway