

In June, a healthy 25 year old male forcibly twists his left foot. He is in severe pain and cannot get up or walk on his own. He is taken by ambulance to the emergency department at a nearby hospital. A hospital physician who examines him applies the Ottawa Ankle Rules, consistent with clinical guidelines, and finds that he has bone tenderness and cannot ambulate his foot. He reports that he has never had ankle sprains or fractures before. The physician orders an x-ray and diagnoses him with a clinically significant (over 3 mm in breadth) fracture of his fifth metatarsal. The bone is adequately aligned. He is released from the hospital the same day with pain medication, crutches, and a splint, which he wears for the next two weeks. He follows up with an orthopedic specialist twice. On the first visit, the specialist removes the splint, and places a weight-bearing cast on the ankle. On the second visit, six weeks later, the specialist takes another x-ray, removes the cast, and orders physical therapy sessions to restore mobility and regain strength.

***DISCLAIMER:*** *This narrative and the accompanying benefit scenario illustrate care for a hypothetical patient receiving treatment for an ankle fracture. The care, and cost of care, will vary for each patient. No portion of this narrative or the accompanying benefit scenario should be construed as recommendations for care, or cost of care, by the United States Government.*