## Operative Treatment of Jones Fractures (Type 87,5.2A) is Not Associated with Earlier Clinical or Radiographic Healing

Matthew Thomas Kingery, Manasa Lakshmi Kadiyala, Raymond Walls<sup>1</sup>, Sanjit R Konda<sup>2</sup>, Abhishek Ganta<sup>3</sup>, Philipp Leucht, Steven Rivero, Kenneth A Egol<sup>2</sup>

<sup>1</sup>NYU Langone Orthopaedics, <sup>2</sup>NYU Langone Medical Center, <sup>3</sup>NYU Hospital For Joint Diseases

INTRODUCTION: The purpose of this study was to compare the time to radiographic and clinical healing between patients with proximal metadiaphyseal fifth metatarsal fractures (Zone 3, or true Jones fractures) treated operatively and those treated nonsurgically.

METHODS: This was a retrospective cohort study of patients presenting to a single large, urban, academic medical center with "Jones" fractures between December 2012 and April 2022. Jones fractures were defined as 5th metatarsal base fractures occurring in the proximal metadiaphyseal region, just distal to the articulation of the 4th and 5th metatarsals on the oblique radiographic view (Zone 3). Clinical healing was defined as the timepoint at which the patient had returned to their baseline ambulatory status without pain, and there was an absence of tenderness to palpation on physical examination. Radiographic healing was defined as the presence of bridging callus across at least three cortices. RESULTS:

A total of 2,450 patients presented with 5th metatarsal fractures during the study period, and 166 fractures (6.8%) were categorized as true Jones fractures. Among the patients with Jones fractures, 120 patients with 121 Jones fractures received care at our institution beyond the initial acute presentation and were included in the analysis (mean age 46.5 +/-18.5 years). Among the included patients, 99 fractures (81.8%) were initially treated nonoperatively and 22 fractures (18.2%) were treated operatively. There was no evidence of any difference between groups with respect to the time to clinical healing (12.7 +/- 7.1 weeks for the nonsurgical group versus 12.8 +/- 4.8 weeks for the operative group, p = 0.931) or the time to radiographic healing (13.2 +/- 8.1 weeks for the nonsurgical group versus 11.7 +/- 5.9 weeks for the operative group, p = 0.331) (Table 3).

DISCUSSION AND CONCLUSION: Contrary to popular opinion, operative treatment of true Jones fractures was not associated with faster or more reliable radiographic union or time to clinical healing compared to patients treated nonsurgically. The rate of delayed union in true Jones fractures was found to be lower than previously described, and there was no evidence of any difference in delayed union rate with nonsurgical treatment compared to operative management.

		Characteristic	N = 99 <sup>1</sup>	Characteristic	Treatment					Initial Treatment			
		characteristic			Nonoperative, N = 95 <sup>1</sup>		p-value!		Overall N = 121 <sup>7</sup>	Nonoperative N = 997	Operative N = 22 <sup>1</sup>		
a <u>a</u>	Treatment Nonoperative Operative	Initial presentation setting		Time to clinical healing (weeks)	12.7+/-7.1	12.8 +/- 4.8	0.931	Age (years)	N = 121* 46.5 +/- 18.5	47.4 +/- 18.7	42.5 +/- 17.5		
				Time to radiographic healing (weeks) Delayed union (> 180 days)	4 [4,29]	11.7 +/- 5.9	0.331	Age (years) Sex	46.5 47-18.5	47.4 +/- 18.7	42.5 +/- 17.5		
		Emergency department	35.7%	Delayed union (> 380 days) / Mean +/- SD; n (%)	4 [4.2%]	1(5.8%)	×0.999	Female	83 (68.0%)	70 (70.7%)	13 (59.1%)		
		Urgent care	36.7%	<sup>2</sup> Welch Two Sample 1-test: Fisher's exact test				Male	38 [31,4%]	29 (29.3%)	9 (40.9%)		
								BMI	28.3 +/- 6.2	28.2 */- 6.1	28.7 +/- 7.0	0	
		Office	27.6%					Race	11 (9.1%)	11 (11.2%)	0 (0.0%)	<	
		Initial weightbearing restriction						Disck	13 (20.7%)	2 (9.2%)	4 (18.2%)		
								Other	18 [14.9%]	9 (9.2%)	9 (40.9%)		
		Non-weightbearing	74.7%					Pacific Islander	1 (0.8%)	1 (1.0%)	0 (0.0%)		
	Treatment Nonoperative Operative	Partial weightbearing	5.1%					Unknown White	14 [11.6%] 64 [52.9%]	14 (14.1%) 55 (55.6%)	0 (0.0%) 9 (40.9%)		
								Smoking status	64 [52,996]	55 (50.4%)	3 (40/330)		
		Weightbearing as tolerated	20.3%					Daily	13 (10.8%)	12 (12.2%)	1 (4.5%)		
		Treating office weightbearing restriction						Former	19 [15.8%]	16 (16.3%)	3 (13.6%)		
								Never	88 (73.3%)	70 (71.4%)	18 (81.8%)		
		Non-weightbearing	61.4%					Sharlison Cornorbidity Index	92 [76.7%]	76 (77.6%)	16 (72.7%)	0	
		Partial weightbearing	9.1%					1	17 [14.2%]	14 (14.3%)	3 (13.6%)		
								2	8 (6.7%)	5 (5.2%)	3 (13.6%)		
		Weightbearing as tolerated	29.5%					3	2 [1.796]	2 (2.0%)	0 (0.0%)		
		Splint or cast	36.4%					6 Follow-up duration (weeks)	1 (0.8%) 18.4 +/- 17.8	1 (1.0%) 17.0 +/- 16.8	0 (0.0%) 24.7 +/- 21.3		
		•						<sup>7</sup> Mean #/- SD; n (%)	76/4 43- 71/9	11.0 17: 16.8	24.747-21.5		
		CAM or walking boot	M or walking boot 81.8%					<sup>2</sup> Welch Two Sample t-test; Pearson	y's Chi-squared test; i	ii-squared test; Fisher's Exact Test for Count Data with simular			
		Hard sole shoe	33.3%					[based on 2000 replicates]					
		Duration of foot immobilization (weeks)	9.0 +/- 4.8										
		1 %; Mean +/- SD											