

# SUBTALAR DISLOCATION: REVIEW OF 5 CASES AT 3 YEARS MEAN FOLLOW-UP. THE OUTCOMES OF EARLY MOBILIZATION

**N.Lasanianos, G.Mouzopoulos, E.Morakis, G.Nikolaras, M.Kaminaris, I.Spanos, C.Garnavos**  
1st Trauma & Orthopaedic Surgery dept., Athens General Infirmary "Evaggelismos"

- **Subtalar Dislocation (SD)**
- Disruption of the talocalcaneal and talonavicular joints, without involvement of the calcaneocuboid or tibiotalar joints or talar neck #
- Rare lesion (1% of all dislocations)
- Two basic types:     i) Medial dislocation (most usual)  
                             ii) Lateral dislocation (rarer / has worse prognosis)
- Usually complicated by impaired mobility, pain and peritalar arthritis
- Usually treated by: i) Closed or open reduction  
                             ii) Immobilization for 4-5 weeks (cast or Ex-fix)  
                             iii) Non Weight Bearing (WB) for the same period  
                             iv) Physiotherapy program after 5 weeks

## Patients & Methods

- Five patients with medial SD treated in a 3 years period
- 4 male – 1 female with mean age 32 years (23-46)
- 4 closed SD dislocations – 1 open SD
- Mean follow-up : 3 years
- All dislocations were reduced in the A & E dept. under regional anesthesia
- The open dislocation case was thoroughly washed out and reduced in the A & E. Antibiotic treatment followed and the wound was closed 2 days later.
- Immobilization period for 3 weeks in a below knee cast
- Early passive & active ROM started at week 3 post injury and PWB mobilization at week 4

# Cases

Male 32 years old, Medial SD – Road Traffic accident



Pre & post reduction  
AP & Lateral X-rays

Male 46 years old, Medial SD – Fall from height



Pre & post reduction AP & Lateral X-rays. Pre reduction clinical view

# Cases

Female 35 years old, Open Medial SD – Road Traffic accident



Pre reduction AP / Lateral X-rays  
& Clinical view

Post reduction AP / Lateral X-rays  
& Clinical view



Full ROM 4 weeks post injury

CT Scan 3 years post injury not indicating peritalar degenerative lesions

## Results

- All patients acquired full ROM 4 weeks post injury and reduction
- All patients easily anticipated early ROM exercises and early weight bearing mobilization
- No complications of peritalar pain or ROM restriction were noted during the 3 years follow-up

## Conclusions

- The results are favorable of early ROM and early WB mobilization
- Three weeks cast immobilization appears sufficient for simple Medial SD
- Joint stiffness and pain problems were avoided in all cases
- The number of patients and the time of follow up do not allow definite conclusions to be extracted but are indicative of the safety and efficacy of early mobilization in SD

# SUBTALAR DISLOCATION: REVIEW OF 5 CASES AT 3 YEARS MEAN FOLLOW-UP. THE OUTCOMES OF EARLY MOBILIZATION

N.Lasanianos, G.Mouzopoulos, E.Morakis, G.Nikolaras, M.Kaminaris, I.Spanos, C.Garnavos  
1st Trauma & Orthopaedic Surgery dept., Athens General Infirmary "Evaggelismos"



## Literature

1. Rockwood CA, Green DP (1984) Fractures, 2nd edn, vol 2. Lippincott, Philadelphia
2. Bibbo C, Anderson RB, Davis WH (2003) Injury characteristics and the clinical outcome of subtalar dislocations: a clinical and radiographic analysis of 25 cases. Foot Ankle Int 24(2):158–163
3. Brunet P, Dubrana F, Burgaud A, Nen De Le, Lefebvre C (2004) Subtalar dislocation: review of ten cases at mean ten-year followup. J Bone Joint Surg Br 86B:57
4. Merianos P., Papagiannakos K, Hatzis A, Tsafantakis E (1988) Peritalar dslocation: a follow-up report of 21 cases. Injury 19:439–442

