

TRAUMA

Calcaneus fractures

Heel bone fractures, including injuries affecting the subtalar joint, heel shape and the surrounding skin.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding your injury

The calcaneus is the heel bone. A fracture may change its height, width or alignment and can damage the subtalar joint, which helps the foot adapt to uneven ground. Assessment includes the skin, circulation and nerves, with X-rays and often CT. After a major fall or collision, the team also looks for associated injuries, including injuries elsewhere in the legs or spine.

Treatment and the procedure

Treatment is tailored to the fracture, skin, health and activity needs. Some fractures are managed without surgery using protection and rehabilitation. Selected displaced fractures may benefit from repositioning and fixation through small incisions or a larger approach. Surgery is often delayed until swelling settles, but an open wound or a fragment threatening the skin needs urgent treatment. Severe joint damage may require discussion of fusion, either initially or later.

Benefits, risks and expectations

If surgery is planned, discuss bleeding, anaesthetic risks and complex regional pain syndrome as well as the risks specific to your injury. Your general health and the extent of surgery affect your personal risk.

- Fixation aims to improve heel shape, joint alignment and stability. The decision also considers the wound risks of an operation; surgery is not the best option for every fracture.
- Risks include wound breakdown, infection, nerve irritation, tendon problems, poor healing, loss of correction, metalwork symptoms and further operations.
- Lasting swelling, a wider heel, shoe-fitting difficulties, stiffness and subtalar arthritis can occur. Severe injuries may limit walking on uneven ground and return to heavy work or impact sport.

RECOVERY AND YOUR CONSULTATION

Calcaneus fractures

Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Your written plan determines when the heel can take weight and when movement begins. Premature loading may displace the fracture or overload the fixation. Use walking aids correctly and protect wounds and casts. Physiotherapy progresses through permitted motion, strength, balance and gait training; supportive footwear or orthoses may be helpful. Recovery depends on both bone healing and joint or soft-tissue damage. Arrange practical support and discuss work adjustments early.

When to get urgent help

- Urgent assessment is needed for skin being stretched over a heel fragment, sudden severe pain or a cold or increasingly numb foot. Report fever or wound discharge promptly.
- Get urgent advice for new calf pain or swelling. Call 999 for chest pain or breathlessness.

Your consultation

Ask whether the joint is involved, why surgery or nonoperative care is recommended and what lasting limitations are possible. Consent is individual and includes the risk of future arthritis and reconstruction.

Sources and further reading

AAOS: Calcaneus heel bone fractures

<https://www.orthoinfo.org/diseases--conditions/calcaneus-heel-bone-fractures/>

BOFAS: Calcaneal fractures

<https://www.bofas.org.uk/hyperbook/trauma/calcaneal-fractures>

NHS: Compartment syndrome

<https://www.nhs.uk/conditions/compartment-syndrome/>

NHS: Broken leg

<https://www.nhs.uk/conditions/broken-leg/>

NHS: Deep vein thrombosis

<https://www.nhs.uk/conditions/deep-vein-thrombosis-dvt/>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Calcaneus fractures

This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

Calcaneus fractures

Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

When to seek urgent help

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