Scope
This guideline makes recommendations for adults aged ≥ 19 years with acute ankle and mid-foot injuries, presenting for the first time in a clinical setting. This guideline excludes recommendations for patients younger than 19 years, with multiple painful injuries, pregnant, cognitively impaired or with sensory deficits in their lower extremities.

Key Recommendations
• Use the Ottawa Ankle Rules (OAR) to exclude fractures and reduce unnecessary imaging.
• Advise patients to seek follow-up care if their pain or ability to bear weight has not improved in five to seven days.

Diagnosis
Historically imaging is ordered for most patients presenting with an ankle and/or mid-foot injury even though only about 15% have clinically significant fractures.

This guideline recommends the use of the OAR when diagnosing ankle and mid-foot fractures and to reduce unnecessary imaging.

Screening
Ankle x-rays are required only if there is pain in the malleolar zone (refer to Figure 1) as well as any one of:
• Bone tenderness at A; or
• Bone tenderness at B; or
• Inability to bear weight both immediately and in the clinical setting (unable to take four steps independently, even if limping).

Foot x-rays are required only if there is pain in the mid-foot zone (refer to Figure 1) as well as any one of:
• Bone tenderness at C; or
• Bone tenderness at D; or
• Inability to bear weight both immediately and in the clinical setting (unable to take four steps independently, even if limping).

Whether or not an x-ray is ordered, it is recommended that the patient seek follow-up care if their pain or ability to bear weight has not improved in five to seven days.

Figure 1: Zones of the Ankle and Mid-Foot According to the Ottawa Ankle Rules

- A: Posterior edge or tip of lateral malleolus
- B: Posterior edge or tip of medial malleolus
- C: Base of 5th metatarsal
- D: Navicular