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**Affirming the obvious**

**Roy Sanders**  
Chairman, Dept. Orthopaedic Surgery  
University of South Florida

Thank you for the interesting article. This treatment has been standard of care (at least at our institution) for the last 20 years. I am unclear as to why you would place anyone with this sort of an injury in a device across the ankle. Excessive pain or shifting on X-ray could alter the treatment on subsequent visits but casting poses risks to skin, is labor intensive and time consuming not to mention difficult for patients to manage especially, if it involves the driving foot. My question is: what made you decide to perform this study?

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