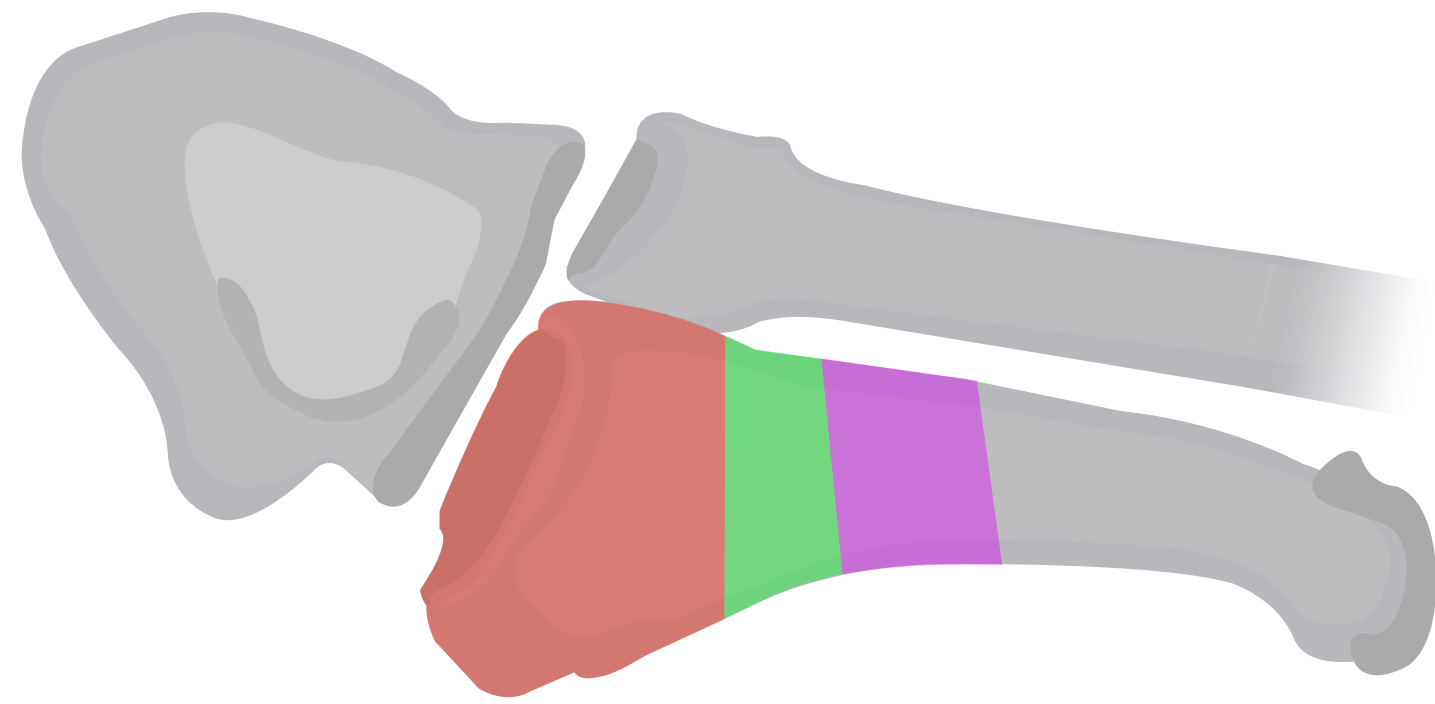


# Proximal Fifth Metatarsal Fractures: Classification and Treatment








Fractures of the proximal fifth metatarsal (PFMT) account for the majority of all foot fractures



- Tuberosity avulsion fracture - Zone 1
- Jones fracture - Zone 2
- Diaphyseal stress fracture - Zone 3

Their classification and treatment remain debated

## Location-based Lawrence and Botte classification

	 Tuberosity avulsion fracture (Zone 1)	 Jones fracture (metaphyseal–diaphyseal) (Zone 2)	 Proximal diaphyseal stress fracture (Zone 3)
 Causes	Misstep or fall with the foot in supination, adduction, and plantar flexion	Adduction force to the forefoot with the ankle in plantar flexion	Overuse and repetitive activity, typically in athletes
 Healing duration	4–6 weeks	6–8 weeks	Operative treatment: 4–12 weeks Non-operative treatment: 15–26 weeks
 Recommended treatment	Non-operative treatment is generally recommended: R.I.C.E (rest, ice, compression, elevation)	Non-operative treatment for nondisplaced fractures, operative treatment for displaced fractures (more than 2 mm) and high-demand patients and athletes	Operative treatment definitely preferred
 Common complications	Usually heals without complications	Delayed union, nonunion	Non-operative treatment – delayed union and nonunion, a long period of immobilization Operative treatment - painful prominence of implant

**The Lawrence and Botte classification divides PFMT fractures into three distinct subtypes, allowing individualized treatment and improving functional outcomes**