Abstract:
Ten cases of bimalleolar ankle fractures were studied. All were anatomically reduced and internally fixated. However, the data gathered from this group was insufficient in the eyes of the research team in terms of reliability, population number, and ability to follow up. Initially, these patients were contacted via telephone, verbally consented, asked a series of questions from a validated lifestyle questionnaire[1] and were scheduled for a follow-up consultation at the Medical Arts Building office. None of these patients came in to be seen, and thus no physical data could be obtained.

In lieu of this problem, a new IRB proposal was created, and a prospective model was adopted. Patients who fit the previous inclusion criteria (bimalleolar fracture that was anatomically reduced and internally fixated) that were still being followed by either the MAB clinic or the residents' clinic were brought to the research team's attention. The team would then speak with the patient the day of their scheduled appointment, consent them, fill out the lifestyle questionnaire, and be physically evaluated at this point. The patient would be informed that a follow-up phone call would be made to their place of residence each month, and an in-home physical evaluation would be performed every six months. The follow up would continue for a total of three years. This prospective study would alleviate the need for a large population (since there would be intensive data from each patient), and ensure that the patient's would comply with the research protocol (the research team would come to them, instead of vice versa). It is the hope that much insight will be gained into the long term effects of bimalleolar fractures through this prospective study which will reach completion by 2001.

[1]Kaikkoncn A, Kannus P, Jarvinen M: A performance test protocol and scoring scale for the evaluation of ankle injuries. *Am J SportsMed* 22:462-469, 1994.