**Bilateral Bifurcated Base of the Fifth Metatarsal on a College Field Hockey Player**  
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**Background:** A twenty year old female field hockey player forcefully landed on her left foot in an inverted position. The patient had no initial pain but later began to feel discomfort. Three days later she went to a physician and was then referred to get an X-ray. Upon evaluation at the athletic training facility following diagnostic testing, she complained of pain over her lateral ankle. Her pain scale was a seven out of ten with the most pain perceived during push-off. Physical findings showed ecchymosis and slight edema over the base of the fifth metatarsal. Palpations indicated point tenderness over the base of the fifth metatarsal and Cuboid. Range of motion assessment showed pain and limited movement with dorsiflexion and eversion. Manual muscle testing showed strength deficits that were graded four out of five to the peroneus brevis, peroneus longus, and peroneus tertius. Special tests showed negative findings for Kleiger’s, Anterior drawer, and Talar Tilt but positive findings for Tarsal glide. Upon initial assessment it was believed the patient suffered a Jone’s fracture.

**Differential Diagnosis:** Jones fracture, Avulsion fracture to the styloid process of the fifth metatarsal and bone contusion to the fifth metatarsal, peroneus brevis tendon rupture.  
**Treatment:** The X-rays of the athletes left foot were initially thought to have confirmed the diagnosis of a Jones Fracture. While speaking with the athletic trainer, the athlete noticed how identical the bone looked compared to X-rays she received on her right foot a year prior. The athletic trainer then asked the athlete to bring in her radiographs for further evaluation and comparison. While observing X-rays of both feet, there appeared to be fracture lines on both bases of the 5th metatarsals in the same location. The final diagnosis concluded that the patient had Bilateral Bifurcated Bases of the Fifth Metatarsals. The patient began rehabilitation and was able to return to play immediately. Rehabilitation consisted of plantarflexion, dorsiflexion, inversion and eversion using a theraband, balance exercises, gastrocnemius and soleus exercises.  
**Uniqueness:** No research was found on the Bilateral Bifurcated Bases of the Fifth Metatarsal making the history aspect of the evaluation important for diagnosis. This pathology is quite rare and has not been seen often in the athletic population. Knowing the patient had an identical x-ray in the past to her opposite foot was a key contributing factor in finding the proper diagnosis. Without knowing about the identical x-ray, the patient would have been misdiagnosed and taken into unnecessary surgery.  
**Conclusions:** While all evidence appeared to point towards a Jones Fracture, the history and bilateral x-rays revealed a rare pathology; Bilateral Bifurcated Base of the 5th Metatarsals.  
**Relevant Evidence:** No relevant evidence has been published about this particular pathology.  
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