Indicating bone marrow edema and increased signal intensity on T2 and decreased signal intensity on T1 and with decreased signal intensity on T1.

Figures 4-5 conservative modalities low-impact activity line therapy included non-dislocation (Figs. 1-3). First significant pain to a walking boot followed by a course of physical therapy. However, during physical therapy healed uneventfully. She was then permitted protected weight-bearing activity in a.

Case Study
A 54-year-old female sustained a fall from a balcony resulting in a right-heel fracture. Her right lower extremity was casted for approximately three months during which time she did not perform non-weight-bearing activity (AWB) with avoidance of weight-bearing, her right foot healed uneventfully. She was then permitted protected weight-bearing activity in a walking boot followed by a course of physical therapy. However, during physical therapy healing uneventfully. She was then permitted protected weight-bearing activity in a walking boot followed by a course of physical therapy. However, during physical therapy.

Operative Technique
Patient was positioned in lateral decubitus in the operating table. Image intensification was used to identify the CC joint, allowing for evaluation of the osteochondral defect in the midportion of the right foot. The CC joint was accessed through a 6 cm longitudinal linear incision. Dissection was continued down to the level of the CC joint. Care was taken to identify and cauterize as needed. A capsular incision was made to expose the CC joint. A pin-based retractor was used to stabilize and retract all neurovascular structures. All bleeding was controlled as needed. A capsular incision was made to expose the CC joint. A pin-based retractor was used to stabilize and retract all neurovascular structures. All bleeding was controlled as needed.

The osteochondral fragment, curettage, and subchondral drilling procedures (9-12). However, when symptoms and condition of the OCL progress, surgical intervention should be considered. The course of treatment for OCLs depends upon severity and chronicity of patients’ symptoms. OCL’s within the CC joint, inclusion of OCL should be considered in the differential diagnosis for adults with lateral column and calcaneocuboid joint pain.

Discussion
OCL localization to the calcaneocuboid joint has not been previously described. The scan showed a 2-cm lesion in the lower end of the calcaneus that was consistent non-surgical treatment with access to the osteochondral defect within the midportion of the CC joint allowing for distraction of the osteochondral fragment, curettage, and subchondral drilling procedures (9-12). However, when symptoms and condition of the OCL progress, surgical intervention should be considered.

When symptoms and condition of the OCL progress, surgical intervention should be considered. The course of treatment for OCLs depends upon severity and chronicity of patients’ symptoms. OCL’s within the CC joint, inclusion of OCL should be considered in the differential diagnosis for adults with lateral column and calcaneocuboid joint pain.

References