**Calcaneal fractures have universally poor outcomes regardless of management**

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**Commentary**

The 156 recruited cases were a diverse patient pool with multiple uncontrollable variables, such as injury mechanism, severity, fracture patterns and surgical timing. The authors performed a pilot study with a power analysis to show that their overall data should be statistically significant. However, because other studies have claimed benefits in operative management for specific subtypes of calcaneal fractures, a larger sample size would have allowed more accuracy in further prespecified subgroup analysis.

Surgeons operating on an average of one case per year performed most of the procedures; this leads to the postulation that perhaps surgeons performed in higher volume centres may have better functional outcomes. The timing of the surgery was 1–3 weeks postinjury, which is generally acceptable. However, some advocate that urgent surgery prior to the onset of swelling may be more beneficial for the soft tissue. This drains resources, but since soft tissue problems are the most important surgical complication, the added emergency workload may be justifiable.

The relatively short follow-up of 2 years leaves some hesitation about long-term outcomes. Since secondary post-traumatic subtalar arthritis is expected to deteriorate with time, it is entirely likely that more participants in the conservative group will have significant progression of arthritis. Follow-up studies at 5 or 10 years will be interesting—as long as the number of participants is kept above 126 as calculated in the power analysis.

Despite some limitations, this is a well-performed study, which has the frustrating conclusion that efforts to develop surgery for calcaneal fractures may have been futile. The silver lining is that we have braved new ground with improved techniques on dealing with complications, such as preliminary successes with arthroscopic assisted subtalar joint arthrodesis and endoscopic calcaneoplasties. The result also encourages us to be more innovative in pursuit of fixation methods with less soft tissue trauma, such as percutaneous fixation. We should continue to strive and help our patients regain meaningful function so that they will enjoy uniformly good outcomes after calcaneal fractures, not uniformly poor ones.

**Contributors** SKKL has reviewed the article and drafted the commentary. THL has supervised and revised the work.

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**References**

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Tun Hing Lui and Samuel Ka Kin Ling

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