Table 2: Recommendations for determining Entry Point	
Reference	**Recommendation**
Quill (2003)	A 3 cm longitudinal plantar incision is made anterior to subcalcaneal fat pad and slightly lateral to the midline, especially in patients with preoperative valgus. The ideal position for the plantar calcaneal entry site is anterior to the weight- bearing surface of the calcaneal tuberosity and approximately 2 cm posterior to the articulation of the calcaneus with the transverse tarsal joint.
Mader (2003)	A 2.5 cm incision is made in the foot over the center of the tuberosity of the calcaneus, and blunt dissection is extended to its plantar surface. The neurovascular bundle is then protected with Langenbeck retractors.
DiDomenico & Adams (2005)	Approximately 3 cm distal to the plantar fascial insertion, in direct alignment with the medullary canal of the tibia. The guide wire should be placed into the central medial aspect of the calcaneus and centered in the medullary canal of the tibia.
Roukis (2006)	The guidewire should be first aligned with the lower leg soft tissue outline, which approximates the location of the calcaneocuboid joint , and then translated 2.0 cm posteriorly to increase the efficacy of properly seating the guide wire. This allows more efficient and accurate placement while decreasing dependency on intraoperative fluoroscopy.

Table 2 Several recommendations for determining proper IM nail entry points.