Medical Treatment Guidelines

Washington State Department of Labor and Industries

Criteria for ankle/foot

	Conservative care	Clinical findings			
Procedure		Subjective	Objective	Imaging	
Fusion	Immobilization	Pain including	Malalignment	Positive x-ray confirming	
- ankle	which may include:	that which is	AND	presence of:	
- tarsal	-	aggravated by			
- metatarsal	Casting, bracing,	activity and	Decreased range	- Loss of articular	
to treat non- or	shoe modification,	weight-bearing	of motion.	cartilage	
mal-union of a	or other orthotics.	ANID	ANID	(arthritis).	
fracture.	OR	AND	AND	OR	
OR	OK	Relieved by		OK	
J OK	Anti-inflammatory	Xylocaine		- Bone deformity	
Traumatic	medications.	injection.		(hypertrophic	
arthritis		J		spurring,	
secondary to on	AND	AND		sclerosis).	
the job injury to the affected joint.				OR	
Joint				- Non or mal-union of a fracture.	
				Supportive imaging could include:	
				Bone scan (for arthritis only) to confirm localization.	
				OR	
				MRI.	
				OR	
				Tomography.	
	- Requests for intertarsal or subtalar fusion will be referred to Physician Adviser.				
	will be referr	la to i figuration	114,1501.		

Date Introduced: March 1992.

Medical Treatment Guidelines

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Criteria for ankle/foot continued

Procedure	Conservative care	Clinical findings			
Procedure		Subjective	Objective	Imaging	
Lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury.	Physical Therapy: - immobilization with support cast or ankle brace Rehab program. For either of the above, time frame will be variable with severity of trauma. AND	For chronic: - Instability of the Ankle. Supportive findings: - Complaint of swelling. For acute: - Description of an inversion. AND/OR Hyperextension injury, ecchymosis, swelling. AND	For chronic: Positive anterior drawer. For acute: - Grade 3 injury (lateral injury). AND/OR Osteochondral fragment. AND/OR	Positive stress x-rays identifying motion at ankle or subtalar joint. At least 15° lateral opening at the ankle joint. OR Demonstrable subtalar movement. AND Negative to minimal arthritic joint changes on x-ray.	
	- Requests for cal	prosthetic ligame ed. y plastic implant ysician Adviser fo	fragment. AND/OR Medial incompetence. AND Positive anterior drawer. AND ents will will be or review. mies will be	ů č	