

## Conservative Care Options for Work-Related Foot & Ankle Conditions: Summary Table of Public Comments with Responses

General Feedback	
Public Comment(s):	IICAC Practice, Policy & Quality Subcommittee Response(s):
<p>1. Several comments wondered why there was inclusion of information of non-work-related issues (e.g., referral for a concurrent metabolic condition, or information about conditions unlikely to be work-related)</p>	<p>Attending providers of various levels of occupational health expertise see patients who may present with conditions having onset concurrent with work activities and the subcommittee feels it is important to provide context and clarification from a clinical practice perspective as well as clarify that such issues may not be accepted as part of the worker's claim.</p>
Clinical Content Feedback	
Public Comment(s):	IICAC Practice, Policy & Quality Subcommittee Response(s):
<p>2. Low light laser therapy is not covered under an L&amp;I coverage decision. Did you want to update this section?</p> <p><a href="http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/ByCondition/CovMedDev/SpecCovDec/LLLT.asp">http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/ByCondition/CovMedDev/SpecCovDec/LLLT.asp</a></p>	<p>Clarification has been made to the language.</p>
<p>3. Is there any evidence that WC/WH is better to no intervention. The document speaks to work placed based interventions as more effective but not compared to no intervention.</p>	<p>Using the current search strategies, no studies addressing this were found. Clarification was made to language about the study comparing on-site rehab to office-based.</p>
<p>4. Anti-fatigue mats or shoe inserts, foot stools to manage edema are common accommodations for ankle conditions, Rollabout kneeling crutch alternative, leaning stools...</p>	<p>One additional narrative literature review was retrieved and included addressing anti-fatigue mats. The section on orthoses addresses shoe inserts and other forms of bracing. No studies directly addressed orthoses in terms of job task modification; rather these devices are addressed clinically as structural support for recovery from the condition.</p>
<p>5. There is mention of job coaching in the WC/WH section. L&amp;I doesn't use the term job coaching or have a mechanism to pay for this (except for those with brain injuries). We may want to change the term or ??</p>	<p>Language was clarified to better reflect the study design and findings.</p>

<p>6. In the Exercise section, under posterior tibial, peroneal tendinosis or tendinopathy – There's a very good study by Alvarez on PTTD that supports exercise and custom foot orthoses (UCBL type). I believe upwards of 70% of their study population avoided surgery using custom orthoses and exercising.</p>	<p>The subcommittee appreciated the pointer to this study as it was not retrieved in the original literature search. It has been included in the resource.</p>
<p>7. In the Exercise section, under Ankle Sprains – they did not include the plethora of evidence regarding strength deficits, biomechanical control and neuromuscular training/proprioception that demonstrates reduced recurrence rates</p>	<p>Actually several studies included in the document addressed recurrence rates and those findings are reported in the various study summaries, particularly the systematic reviews. It should be noted that Washington workers' compensation coverage allows care that is curative and rehabilitative from an occupational injury or exposure. This has been defined in law to mean functional improvement of the accepted condition, and precludes care that would be deemed to be primarily preventative. Thus, the evidence summaries in this resource do not emphasize such findings as central relevant outcomes. Because it would be of obvious benefit to injured workers to prevent re-injury, to the extent NM retraining fits in the care of a work injury, the committee wishes to encourage it. It should be pointed out that all of the studies identified focused on sports activity as opposed to work activity, and most of the data related to younger, more highly motivated athletes. Caution in extrapolation to non-athletes, in particular an aging workforce should also be exercised. The committee decided no modification to these summaries would be appropriate.</p>
<p>8. They suggest over the counter is as good as custom foot orthoses in a general way – but there is evidence based on condition custom is much more beneficial (see Alvarez article on PTTD).</p>	<p>The Alvarez study is an observational, pre-post cohort design that did not compare custom-made vs. off the shelf orthoses. It is not possible to draw a conclusion of superior effect from such a design. Further, the comparative research that has been conducted to date along with the systematic reviews of such studies does not support that custom-made orthoses have a better outcome than generic ones. The committee welcomes input of well-designed studies that may be, or become available and will consider these for future revisions</p>