Criteria for ankle/foot

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Conservative care</th>
<th>Clinical findings</th>
<th>Imaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fusion - ankle - tarsal - metatarsal to treat non- or mal-union of a fracture.</td>
<td>Immobilization which may include: Casting, bracing, shoe modification, or other orthotics. OR Anti-inflammatory medications. AND</td>
<td>Pain including that which is aggravated by activity and weight-bearing AND Relieved by Xylocaine injection. AND Malalignment AND Decreased range of motion. AND Positive x-ray confirming presence of: - Loss of articular cartilage (arthritis). OR - Bone deformity (hypertrophic spurring, sclerosis). OR - Non or mal-union of a fracture.</td>
<td>Supportive imaging could include: Bone scan (for arthritis only) to confirm localization. OR MRI. OR Tomography.</td>
</tr>
</tbody>
</table>

- Requests for intertarsal or subtalar fusion will be referred to Physician Adviser.

Date Introduced: March 1992.
### Criteria for ankle/foot continued

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Conservative care</th>
<th>Clinical findings</th>
<th>Imaging</th>
</tr>
</thead>
</table>
| **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  
Medial incompetence.  
AND  
Positive anterior drawer.  
AND | 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.  
AND |

- Requests to use prosthetic ligaments will not be authorized.  
- Requests for any plastic implant will be referred to a Physician Adviser for review.  
- Requests for calcaneous osteotomies will be referred to a Physician Adviser for review.