JOINT REPLACEMENT, PROSTHESIS (81)
HIP; KNEE; OTHER

CRITERIA → N/A

1) Six mos. post surgery, no limitation in ambulation.
2) Period > 6 mos. Post surgery, limitation in range of motion.

ACTION
CLEAR
CLEAR WITH RESTRICTIONS
DEFER
MNQ

RESTRICTIONS/DEFER
1&2) No mountainous placements. Functional limitations and distance can ambulate as recommended by personal MD. Sedentary job placement. No F/U needed

RATIONALE
Most common is hip replacement, done for arthritis, trauma or congenital conditions.

MEDICAL INFORMATION NEEDED:
Generic Information;
Functional limitations;
Ambulating abilities.
JOINTS: OSTEO-ARTHRITIS (715.9)
(DEGENERATIVE JOINT DISEASE)

CRITERIA
- X ray or physical exam shows degenerative joint changes without symptomatic episodes.
- Pain relieved with intermittent, non-prescription analgesic, NSAIDS, Feldene.
- Continuous use of NSAIDs.

ACTION
- CLEAR
- CLEAR WITH RESTRICTIONS: Restrict placement to clearly stated functional capacity as defined by Application's Physician.

RESTRICTIONS/DEFER
- MRB/ MED ADVISOR
- DEFER UNTIL:
  1) Defer until weight < 120% IBW
  2) Defer until 1 yr. post-inflammatory episode.

RATIONALE
1) Obesity contributes to complication.
2) Cannot treat unstable, inflammatory condition in the field.

MEDICAL INFORMATION NEEDED:
- Generic information;
  If history of inflammatory episodes, request R/O rheumatoid arthritis by laboratory test: RA factor;
  Functional capacity, severity of disease.

1) Requires braces.
2) Intermittent inflammatory episodes.
3) Functional limitations, not compatible with work requirements.
4) Need for surgical repair of joint within 3 yrs.

Unable to support needs in the field.

7/17/95
### Knee: Chondromalacia (717)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Resolved with exercises &gt; 6 mos.</td>
<td>CLEAR</td>
<td>Exercise increases strength of knee ligament and decreases pain.</td>
</tr>
<tr>
<td>2) Post-surgery, 6 mos and asymptomatic</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td></td>
</tr>
<tr>
<td>3) Hx Osgood-Schlatter; resolved.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Minimal discomfort self-managed with PRN NSAIDs.</td>
<td></td>
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</tbody>
</table>

### Osgood Schlatter (732.4)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Severe pain, interferes with ADL's surgery recommended</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>2) Post surgery &lt; 6 mos.</td>
<td>DEFER</td>
<td>Post surgery extensive physical therapy is usually needed.</td>
</tr>
<tr>
<td>3) Pain controlled with continuous medication.</td>
<td></td>
<td>Time for clearance post surgery depends on the surgery, severity of the condition, and age of patient. Clearance should be decided by Orthopedist and Physical Therapist.</td>
</tr>
</tbody>
</table>

### Medical Information Needed:
- Generic Information;
- Orthopedist consultation if symptomatic within 2 yrs;
- Activity limitations.
**CRITERIA**

1. Repaired, 2 mos. post arthroscopy or surgery, no sequellae.
2. Single episode resolved
3. Mildly symptomatic (mild swelling, ache)

**ACTION**

- CLEAR
- CLEAR WITH RESTRICTIONS
- DEFER

**REstrictions/Defer**

- Period of 2 mos. post arthroscopy or surgery

**Rationale**

Defer 2 mos to determine outcome of surgery. Time is variable with individual, severity of derangement and age. Physical Therapy usually needed post surgery. Requires individual Orthopedist and PT evaluation. Joint needs time to heal and muscle tone return.

Need to evaluate capability after joint has stabilized

**Medical Information Needed:**

- Generic Information;
- Orthopedist evaluation, if symptomatic;
- Activity limitations.
<table>
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<tr>
<th>CRITERIA</th>
<th>ACTION</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Single episode, other than ACL sprain, resolved.</td>
<td>CLEAR</td>
<td>Two-thirds of individuals recover from ACL injury without disability.</td>
</tr>
<tr>
<td>2) ACL injury, treated with physical therapy 6 mos. post-injury, no disability.</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td></td>
</tr>
<tr>
<td>3) ACL or ligament injuries 1 yr. post surgical reconstruction no disability.</td>
<td>DEFER</td>
<td></td>
</tr>
</tbody>
</table>

**RESTRICTIONS/DEFER**

1 & 2) No mountainous placements. Restrictions as specified by orthopedist.

1) Period > 1 yr. post surgery

2) Resolved

**MEDICAL INFORMATION NEEDED:**

Generic information;

Orthopedist evaluation, if symptomatic or loose knee (instability);

Activity limitations.