SCOLIOSIS, HARRINGTON ROD INSERTION (737.30)

CRITERIA → 1) Mild, asymptomatic. → 1) Moderate curve of spine by → 1) Under active treatment (cast. orthopedic evaluation with: Mild brace, other, exercise) → 2) Period of 2 yrs. postback pain, muscular ache requiring operative (Harrington Rod). modification of ADL's, functional → 2) Period of < 2 yrs. post-</p> asymptomatic by orthopedist restriction. surgical, with Harrington Rod evaluation. insertion with or without → 2) Pain, discomfort managed by nonrequiring a brace. → 3) Moderate curve of spine by prescription analyesics; aspirin, orthopedic eval.; does not Tylenol, NSAID's. interfere with ADL, requires no functional limitations. → 3) Period of > 2 yrs. post-surgery with Harington Rod, with functional imitations required. **ACTION** CLEAR **CLEAR WITH** DEFER RESTRICTIONS UNTIL: RESTRICT-1,2&3) Restrict to job, country, 1) Treatment completed by IONS/DEFER lifting limitations orthopedist. appropriate to Individual's capacity. 2) Orthopedic. evaluation of status at 2 yrs. post-insertion.

Severe pronounced spinal curve by orthopedic exam, in pain, chronic muscular backache.

MNQ

Pre-disposed to injury; may effect work productivity.

MEDICAL INFORMATION NEEDED:

RATIONALE

Generic information;

Orthopedic evaluation to include degree of scoliosis, amount of pain, possible problems next 3 yrs., need for surgical intervention, functional capacity, restriction, need for monitoring, care over next 3 yrs.

SPONDYLOLISTHESIS (SUBLUXATION) (756.12); SPONDYLOSIS (756.11) CRITERIA → 1) Asymptomatic incidental finding on → 1) Grade I & II (> 25% and N/A Grade III & IV > 50% X-ray. < 50%) symptomatic, severe subluxation. lower back pain, sciatic pain. → 2) Grade I & II (50% subluxa-fion) asymptomatic or occasional mild → 2) Spondylosis, symptomatic episodes releved with non-narcotic severe lower back pain, analgesic. Controlled by exercise. sciatic pain. no medication. → 3) Period< 1 yr. post spinal</p> → 3) Spondylosis, symptomatic or fusion. occasional mild episode releved with non-narcotic analgesic. → 4) Post spinal fusion, 1 yr. Asymptomatic. **ACTION** CLEAR **CLEAR WITH** DEFER MNQ RESTRICTIONS UNTIL: RESTRICT-1) Asymptomatic and stable by IONS/DEFER orthopedist evaluation 2) 1 yr. post-operation,

asymptomatic

RATIONALE

Match applicants individual activity tolerance level for heavy physical work, lifting, bending, stooping, squatting as determined by orthopedist.

Cannot be supported by PCMU's.

MEDICAL INFORMATION **NEEDED:**

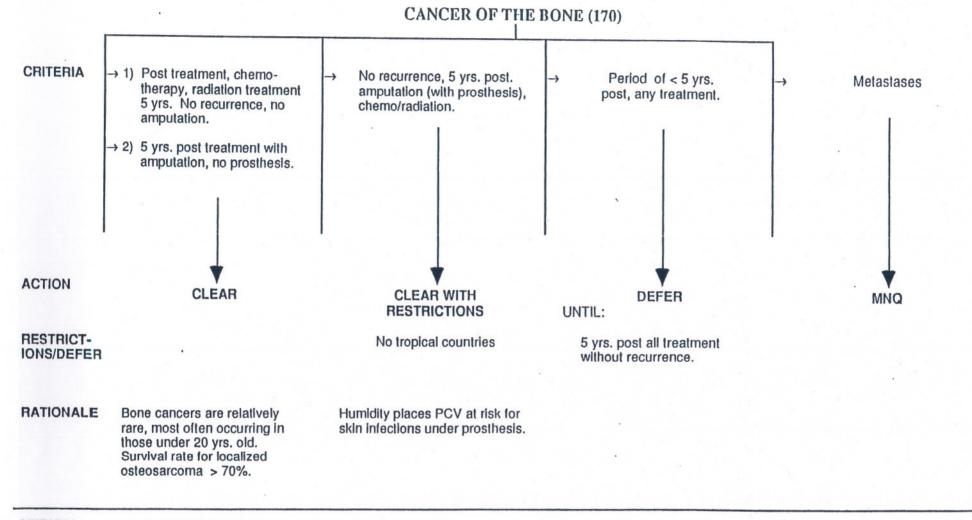
Generic information; Orthopedist evaluation if symptomatic in past year.

Orthopedic evaluation to determine Grade of involvement, possible difficulty over next 3 yrs. Specific work/living physical restrictions (i.e. squatting, etc.).

5/4/93

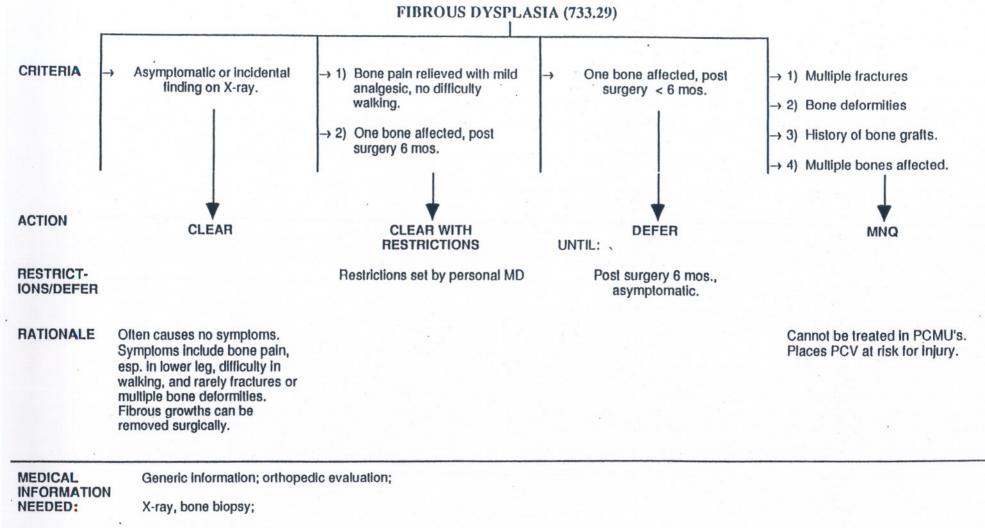






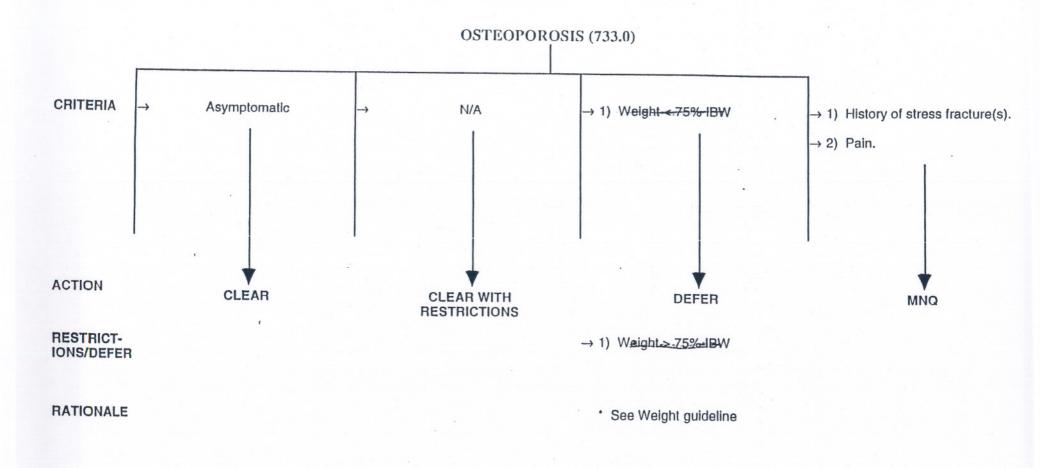
MEDICAL INFORMATION NEEDED: Generic Information;

Orthopedic, oncology evaluation



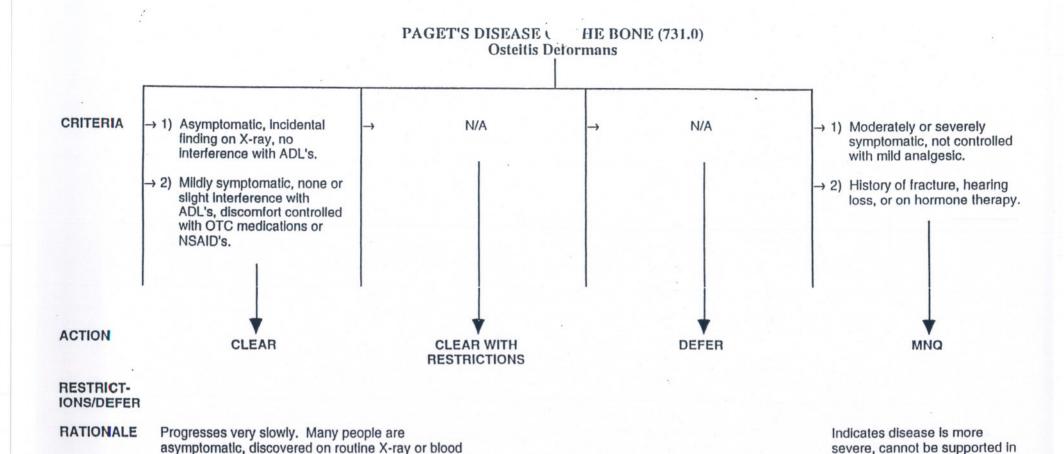
F/U needed next 3 yrs.;

Activity limitations.



MEDICAL INFORMATION NEEDED: Generic Information

7/17/95



MEDICAL INFORMATION NEEDED: Generic Information

test. Symptoms include pain or warmth over involved bones, headache, bowing of lower limb, hearing loss.

Usually diagnosed between 50 - 70 yrs.

Orthopedi

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PCMU's and places PCV at risk

for injury.



MUSCULOSKELETAL

For many conditions in the Musculoskeletal Section, no precise guidelines could be established. The healing time post orthopedic injury varied greatly due to the age of the patient, their general health, the extent of the injury, the treatment and the amount of physical therapy done. For many conditions, the Orthopedic Surgeons consulted stated that the applicant must be evaluated individually and that no "hard and fast" guidelines could be established.

General conditions:

Bursitis, uncomplicated: will heal usually within 3 months. Recurrent Bursitis requires up to one year to heal.

Fractures: Simple fractures of the ankle and hand will heal in 3 months. More complicated fractures (tibia, femur) require additional healing time, usually 6 months. Fracture of the pelvis is variable; it can be a slight crack or a crushing injury that has broken the pelvis in several places. Fractures of the spine, hip, skull, pelvis, or multiple fractures from an auto accident or fall require individual evaluation by the Orthopod and the Physical Therapist.

Ligaments: mostly heal within 6 weeks (excluding knee ligament injuries). Surgery is rarely done except for injured knee ligaments.

Sprains: Are variable, require case-by-case evaluation.

Specific conditions:

Bunions: Steroid injections are no longer standard treatment for bunions. If bunions cause pain while wearing sensible shoes, surgery is recommended.

Carpal Tunnel

Syndrome: Standard treatment consists of splinting, injections with steroids, or surgery. 2-3 months is required to evaluate treatment. The applicants functional capacity should be assessed, and then placed in a job without repetitive wrist movements that will aggravate the syndrome.

Ganglion: Standard treatment consists of needle decompression of the ganglion. If the ganglion recurs, the procedure may be repeated as many as 3 times. If the ganglion recurs after repeated decompressions, and/or is painful, surgery is indicated. Many ganglions require no treatment.

Arthroscopy: this procedure is done for many conditions, that vary in severity. The procedure can be minor or extensive. The recovery time varies from 1-6 months, depending on the what was done during the arthroscopy.

Joint

Replacement: Any joint replacement requires at least 6 months post op to heal. There is approx. 10% rejection rate. All post joint replacements require restriction placement based on the individual's functional ability.

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Osteonrthritis: Is very common. It can be severe or very mild or effect only one joint or many. Minor pain due to OA can be controlled with daily NSAID's or Feldene.(1) The functional limitations of each individual must be considered for placement. If a brace is required the disease is considered advanced.

Chondromalacia: Standard treatment consists of exercise to strengthen the knee, medications to control pain and inflammation (aspirin, NSAID's, Feldene) or surgery if pain and disability persists. Six months post surgery followed by extensive physical therapy and no residual disability is considered the usual criteria to release from medical care.

Knee, Ligament

Injury/repair, Anterior Cruchiate

Ligament injury/repair: ACL or other knee ligament surgery requires 1 year post-op to heal. ACL repair requires extensive physical therapy. Usually two-thirds of people recover without disability. Some people have mild residual symptoms such as slight osteoarthritis with instability, mild swelling and aching. They are still functional and need restrictions set by personal MD. A knee brace indicates an unstable knee. ACL injuries can also resolve with PT only and usually takes aprox. 6 months.

Internal

Derangement

of the Knee: Requires Arthroscopy. The condition varies greatly in severity and out come of arthroscopy or surgery. The time post arthroscopy should correlate with completion of physical therapy and the Orthopod's evaluation.

Dislocation of

Shoulder, Acute

or Recurrent: The younger the age of the initial dislocation, the higher risk for further dislocations. Some individuals have learned to put their own shoulders back in the socket. No recurrent episodes in 2 years, with motion and activity restrictions, is considered a well controlled condition with a reduced risk of further episodes. Usually, surgical repair will prevent future dislocations.

Back Pain: Back pain is a symptom and a diagnosis is required. C/o back pain requires an individual evaluation by an Orthopod. The only exceptions are uncomplicated muscle strain or sprain with no loss of time from work.

Cervical Spine Injury,

Whiplash: This condition is very variable and needs an individual evaluation. However, the minimum time should be 6 months w/o any symptoms before being considered released from medical care. One year post injury with mild stable symptoms, controlled with exercise, is considered by some Orthopods to be safe to travel. Other Orthopods state that total recovery is the proper criteria.

Herniated, Ruptured, or

Prolapsed Disc: Controversy surrounds this condition. Estimates for time post op required for optimal healing vary from 1-4 years.

Spinal conditions

(Scoliosis,

Spondylolysis): Needs individual consideration. Condition can vary from very slight and asymptomatic to debilitating and very painful.

Orthopedics





