

## SCOLIOSIS, HARRINGTON ROD INSERTION (737.30)

CRITERIA	<ul style="list-style-type: none"> <li>→ 1) Mild, asymptomatic.</li> <li>→ 2) Period of 2 yrs. post-operative (Harrington Rod), asymptomatic by orthopedist evaluation.</li> <li>→ 3) Moderate curve of spine by orthopedic eval.; does not interfere with ADL, requires no functional limitations.</li> </ul>	<ul style="list-style-type: none"> <li>→ 1) Moderate curve of spine by orthopedic evaluation with: Mild back pain, muscular ache requiring modification of ADL's, functional restriction.</li> <li>→ 2) Pain, discomfort managed by non-prescription analgesics; aspirin, Tylenol, NSAID's.</li> <li>→ 3) Period of &gt; 2 yrs. post-surgery with Harrington Rod, with functional limitations required.</li> </ul>	<ul style="list-style-type: none"> <li>→ 1) Under active treatment (cast, brace, other, exercise)</li> <li>→ 2) Period of &lt; 2 yrs. post-surgical, with Harrington Rod insertion with or without requiring a brace.</li> </ul>	<p>→ Severe pronounced spinal curve by orthopedic exam, in pain, chronic muscular backache.</p>
ACTION	↓ <b>CLEAR</b>	↓ <b>CLEAR WITH RESTRICTIONS</b>	↓ <b>DEFER</b>	↓ <b>MNQ</b>
RESTRICTIONS/DEFER		1,2&3) Restrict to job, country, lifting limitations appropriate to individual's capacity.	<b>UNTIL:</b> <ul style="list-style-type: none"> <li>1) Treatment completed by orthopedist.</li> <li>2) Orthopedic. evaluation of status at 2 yrs. post-insertion.</li> </ul>	
RATIONALE				Pre-disposed to injury; may effect work productivity.

### MEDICAL INFORMATION NEEDED:

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	<ul style="list-style-type: none"> <li>→ 1) Asymptomatic incidental finding on X-ray.</li> <li>→ 2) Grade I &amp; II (50% subluxation) asymptomatic or occasional mild episodes relieved with non-narcotic analgesic. Controlled by exercise, no medication.</li> <li>→ 3) Spondylosis, symptomatic or occasional mild episode relieved with non-narcotic analgesic.</li> <li>→ 4) Post spinal fusion, 1 yr. Asymptomatic.</li> </ul>	→	N/A	→	<ul style="list-style-type: none"> <li>→ 1) Grade I &amp; II ( &gt; 25% and &lt; 50%) symptomatic, severe lower back pain, sciatic pain.</li> <li>→ 2) Spondylosis, symptomatic severe lower back pain, sciatic pain.</li> <li>→ 3) Period &lt; 1 yr. post spinal fusion.</li> </ul>	→	Grade III & IV > 50% subluxation.
ACTION	CLEAR		CLEAR WITH RESTRICTIONS		DEFER		MNQ
RESTRICT-IONS/DEFER				UNTIL:	<ul style="list-style-type: none"> <li>1) Asymptomatic and stable by orthopedist evaluation</li> <li>2) 1 yr. post-operation, asymptomatic</li> </ul>		
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:	<p>Generic information; Orthopedist evaluation if symptomatic in past year.</p> <p>Orthopedic evaluation to determine Grade of Involvement, possible difficulty over next 3 yrs. Specific work/living physical restrictions ( i.e. squatting, etc.).</p>						

5/4/93

## CANCER OF THE BONE (170)

CRITERIA	→ 1) Post treatment, chemotherapy, radiation treatment 5 yrs. No recurrence, no amputation.  → 2) 5 yrs. post treatment with amputation, no prosthesis.	→ No recurrence, 5 yrs. post. amputation (with prosthesis), chemo/radiation.	→ Period of < 5 yrs. post, any treatment.	→ Metastases
ACTION	↓ <b>CLEAR</b>	↓ <b>CLEAR WITH RESTRICTIONS</b>	↓ <b>DEFER</b>	↓ <b>MNQ</b>
RESTRICTIONS/DEFER		No tropical countries	UNTIL: 5 yrs. post all treatment without recurrence.	
RATIONALE	Bone cancers are relatively rare, most often occurring in those under 20 yrs. old. Survival rate for localized osteosarcoma > 70%.	Humidity places PCV at risk for skin infections under prosthesis.		

**MEDICAL INFORMATION NEEDED:** Generic Information;  
Orthopedic, oncology evaluation

5/4/93

# FIBROUS DYSPLASIA (733.29)

## CRITERIA

→ Asymptomatic or incidental finding on X-ray.

→ 1) Bone pain relieved with mild analgesic, no difficulty walking.

→ 2) One bone affected, post surgery 6 mos.

→ One bone affected, post surgery < 6 mos.

→ 1) Multiple fractures

→ 2) Bone deformities

→ 3) History of bone grafts.

→ 4) Multiple bones affected.

## ACTION

CLEAR

CLEAR WITH  
RESTRICTIONS

UNTIL:

DEFER

MNQ

## RESTRICT- IONS/DEFER

Restrictions set by personal MD

Post surgery 6 mos.,  
asymptomatic.

## RATIONALE

Often causes no symptoms. Symptoms include bone pain, esp. in lower leg, difficulty in walking, and rarely fractures or multiple bone deformities. Fibrous growths can be removed surgically.

Cannot be treated in PCMU's. Places PCV at risk for injury.

## MEDICAL INFORMATION NEEDED:

Generic information; orthopedic evaluation;

X-ray, bone biopsy;

F/U needed next 3 yrs.;

Activity limitations.

5/4/93

# OSTEOPOROSIS (733.0)

CRITERIA	→ Asymptomatic	→ N/A	→ 1) Weight $\leq$ 75% IBW	→ 1) History of stress fracture(s). → 2) Pain.
ACTION	↓ CLEAR	↓ CLEAR WITH RESTRICTIONS	↓ DEFER	↓ MNQ
RESTRICT- IONS/DEFER			→ 1) Weight $>$ 75% IBW	
RATIONALE			• See Weight guideline	

MEDICAL  
INFORMATION  
NEEDED:

Generic information

**PAGET'S DISEASE OF THE BONE (731.0)**  
Osteitis Deformans

CRITERIA	→ 1) Asymptomatic, incidental finding on X-ray, no interference with ADL's.  → 2) Mildly symptomatic, none or slight interference with ADL's, discomfort controlled with OTC medications or NSAID's.	→ N/A	→ N/A	→ 1) Moderately or severely symptomatic, not controlled with mild analgesic.  → 2) History of fracture, hearing loss, or on hormone therapy.
ACTION	↓ <b>CLEAR</b>	↓ <b>CLEAR WITH RESTRICTIONS</b>	↓ <b>DEFER</b>	↓ <b>MNQ</b>
RESTRICTIONS/DEFER				
RATIONALE	Progresses very slowly. Many people are asymptomatic, discovered on routine X-ray or blood test. Symptoms include pain or warmth over involved bones, headache, bowing of lower limb, hearing loss. Usually diagnosed between 50 - 70 yrs.			Indicates disease is more severe, cannot be supported in PCMU's and places PCV at risk for injury.

**MEDICAL INFORMATION NEEDED:**

Generic Information

## ADDENDUM

### 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 Orthopedist 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 applicant's 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.

**Osteoarthritis:** 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 Cruciate**

**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.

