



Complete Summary

GUIDELINE TITLE

Ankle and foot complaints.

BIBLIOGRAPHIC SOURCE(S)

Ankle and foot complaints. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2004. 27 p. [47 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Harris, J, ed. Occupational Medicine Practice Guidelines: American College of Occupational and Environmental Medicine. Beverly Farms, MA: OEM Press; 1997.

** REGULATORY ALERT **

FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse: This guideline references a drug(s) for which important revised regulatory information has been released.

- [June 15, 2005, Non-Steroidal Anti-Inflammatory Drugs \(NSAIDs\)](#): U.S. Food and Drug Administration (FDA) recommended proposed labeling for both the prescription and over the counter (OTC) NSAIDs and a medication guide for the entire class of prescription products.
- [April 7, 2005, Non-steroidal anti-inflammatory drugs \(NSAIDs\) \(prescription and OTC, including ibuprofen and naproxen\)](#): FDA asked manufacturers of prescription and non-prescription (OTC) non-steroidal anti-inflammatory drugs (NSAIDs) to revise their labeling to include more specific information about potential gastrointestinal (GI) and cardiovascular (CV) risks.

COMPLETE SUMMARY CONTENT

** REGULATORY ALERT **

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INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

SCOPE

DISEASE/CONDITION(S)

Ankle and foot complaints

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Orthopedic Surgery
Physical Medicine and Rehabilitation
Preventive Medicine
Surgery

INTENDED USERS

Advanced Practice Nurses
Physician Assistants
Physicians
Utilization Management

GUIDELINE OBJECTIVE(S)

- To provide information and guidance on generally accepted elements of quality care in occupational and environmental medicine
- To improve the efficiency with which the diagnostic process is conducted, the specificity of each diagnostic test performed, and the effectiveness of each treatment in relieving symptoms and achieving cure
- To present recommendations on assessing and treating adults with potentially work-related ankle and foot complaints

TARGET POPULATION

Adults with potentially work-related ankle and foot complaints seen in primary care settings

INTERVENTIONS AND PRACTICES CONSIDERED

Note from the National Guideline Clearinghouse (NGC): The following general clinical measures were considered. Refer to the original guideline document for information regarding which specific interventions and practices under these general headings are recommended, optional, or not recommended by the American College of Occupational and Environmental Medicine.

1. History and physical exam
2. Patient education
3. Medication
4. Injections
5. Physical treatment methods
6. Rest and immobilization (e.g., braces, supports)
7. Activity and exercise
8. Detection of physiologic abnormalities
9. Radiography
10. Surgical considerations

MAJOR OUTCOMES CONSIDERED

Missed work days

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Note from the National Guideline Clearinghouse (NGC): The American College of Occupational and Environmental Medicine contracted the Work Loss Data Institute to provide medical library research services.

Disability-Duration Data

This edition includes disability-duration data that have been extracted from National Health Interview Survey data. Only data from interviews with individuals without workers' compensation claims has been included.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus
Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

A = Strong research-based evidence (multiple relevant, high-quality scientific studies).

B = Moderate research-based evidence (one relevant, high-quality scientific study or multiple adequate scientific studies).

C = Limited research-based evidence (at least one adequate scientific study of patients with foot or ankle complaints).

D = Panel interpretation of evidence not meeting inclusion criteria for research-based evidence.

METHODS USED TO ANALYZE THE EVIDENCE

Review
Review of Published Meta-Analyses

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Contributors reviewed at least one chapter each and reviewed the relevant medical literature that had been published since the creation of the original Guidelines in 1997.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Following the chapter and literature review, participants provided written or verbal comments to the American College of Occupational and Environmental Medicine's Practice Guidelines Committee.

Verbal comments were in the form of participation in multi-specialty conference calls, during which the issues raised in each chapter were extensively discussed. Draft chapters were prepared and distributed by the American College of Occupational and Environmental Medicine to all chapter reviewers. Follow-up multi-specialty teleconferences were then held as appropriate, during which time the draft was again reviewed.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Recommendations are followed by evidence classification (A-D) identifying the type of supporting evidence. Definitions for the types of evidence are presented at the end of the "Major Recommendations" field.

Summary of Recommendations for Evaluating and Managing Ankle and Foot Complaints (refer to the original guideline document for more detailed information)

Clinical Measure	Recommended	Optional	Not Recommended
History and physical exam	Basic history and physical exam, including evaluation of ability to bear weight, tenderness, and ligament stability (C)		
Patient education	Patient education regarding diagnosis, prognosis, and expectations of treatment (D)		
Medication (See Chapter 3 in the original guideline document)	Acetaminophen (C) Non-steroidal anti-inflammatory drugs (NSAIDs) (B)	Opioids, short course (C) NSAID creams (D)	Use of opioids for more than 2 weeks (C)
Injections	For patients with point tenderness in the area of a heel spur, plantar fasciitis, or Morton's neuroma, local injection of lidocaine and cortisone solution (D)		Repeated or frequent injections (D)
Physical treatment methods	For acute injuries, at-home ice applications, range-of-motion and strengthening exercises, as taught by primary provider (D)	Pneumatic or pulse devices to reduce swelling (C) Extracorporeal shock wave	Passive physical therapy modalities, except as initial aid prior to home exercises (D) Laser treatment (B)

Clinical Measure	Recommended	Optional	Not Recommended
		therapy (ESWT) for plantar fasciitis (C) Coupled electrical stimulation or impulse compression for fracture (C)	
Rest and immobilization (e.g., braces, supports)	For acute injuries, immobilization and weight bearing as tolerated; taping or bracing later to avoid exacerbation or for prevention (C) For acute swelling, rest and elevation (D) For appropriate diagnoses, rigid orthotics, metatarsal bars, heel donut, toe separator (C)	Tension night splints for plantar fasciitis (B)	Prolonged supports or bracing without exercise (due to risk of debilitation) (D)
Activity and exercise	Stretching Aerobic exercise Maintenance of general activity to avoid debilitation (C) Early mobilization of patients with ankle sprain (C)		Full activity in presence of swelling and other signs of acute trauma (D)
Detection of physiologic abnormalities			Electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies (D)
Radiography	Plain-film radiographs only for patients with acute ankle injuries who have signs identified in Ottawa Criteria ankle rules (B)		Routine plain-film radiographs for ankle injuries (B) Routine radiographic films for soft tissue diagnoses (D)

Clinical Measure	Recommended	Optional	Not Recommended
	Further evaluation if radiographic films show ankle effusion >13 mm anteriorly (C)		
Surgical considerations	<p>Bunionectomy if conservative treatment fails and radiographs are positive for >14-degree intermetatarsal angle (D)</p> <p>Excision of neuroma if conservative treatment (injections, toe separator) fails (D)</p> <p>Reconstruction of lateral ankle ligament for symptomatic patients with ankle laxity demonstrated on physical exam and positive stress films (C)</p>		<p>Diagnostic arthroscopy of ankle if diagnosis obtainable by other non-invasive method (D)</p> <p>Arthroscopy of ankle for synovial impingement before conservative care, including injections, is tried (D)</p>

Definitions:

Levels of Evidence

A = Strong research-based evidence (multiple relevant, high-quality scientific studies).

B = Moderate research-based evidence (one relevant, high-quality scientific study or multiple adequate scientific studies).

C = Limited research-based evidence (at least one adequate scientific study of patients with foot or ankle complaints).

D = Panel interpretation of evidence not meeting inclusion criteria for research-based evidence.

CLINICAL ALGORITHM(S)

The following clinical algorithms are provided in the original guideline document:

- American College of Occupational and Environmental Medicine Guidelines for care of acute and subacute occupational ankle and foot complaints
- Initial evaluation of occupational ankle and foot complaints
- Initial and follow-up management of occupational ankle and foot complaints

- Evaluation of slow-to-recover patients with occupational ankle and foot complaints (symptoms >4 weeks)
- Surgical considerations for patients with anatomic and physiologic evidence of bunions, or Morton's neuroma, and persistent symptoms
- Further management of occupational ankle and foot complaints

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Improved efficiency of the diagnostic process
- Effective treatment resulting in symptom alleviation and cure

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The American College of Occupational and Environmental Medicine (ACOEM) provides this segment of guidelines for practitioners and notes that decisions to adopt particular courses of actions must be made by trained practitioners on the basis of the available resources and the particular circumstances presented by the individual patient. Accordingly, the ACOEM disclaims responsibility for any injury or damage resulting from actions taken by practitioners after considering these guidelines.
- The guidelines for modification of work activities and disability duration (see original guideline document) are general guidelines based on consensus or population sources and are never meant to be applied to an individual case without consideration of workplace factors, concurrent disease or other social or medical factors that can affect recovery. The parameters for disability duration are "consensus optimal" targets as determined by a panel of ACOEM members in 1995, and reaffirmed by a panel of ACOEM members in 2002. In most cases persons with one non-severe extremity injury can return to modified duty immediately. Restrictions should take into consideration the opposite extremity also to prevent strain injuries to the uninjured extremity.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Clinical Algorithm

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Ankle and foot complaints. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2004. 27 p. [47 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1997 (revised 2004)

GUIDELINE DEVELOPER(S)

American College of Occupational and Environmental Medicine - Medical Specialty Society

SOURCE(S) OF FUNDING

American College of Occupational and Environmental Medicine

GUIDELINE COMMITTEE

American College of Occupational and Environmental Medicine Practice Guidelines Committee

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

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GUIDELINE AVAILABILITY

Print copies are available from ACOEM, 25 Northwest Point Boulevard, Suite 700, Elk Grove Village, IL 60007; Phone: 847-818-1800 x399. To order a subscription to the online version, call 800-441-9674 or visit <http://www.acoempracguides.org/>.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on May 31, 2006. The information was verified by the guideline developer on November 3, 2006.

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