OrthoArizona
Arizona Orthopaedic Associates

9/2017

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Dear Jacqueline Kurth & Commission,

I believe the ODG is a great start for Evidenced based guidelines for injured workers. If being used as a source of guidelines for the "average injured worker" I think they will be found to be quite helpful. The evidence produced is up to date and thorough albeit not exhaustive. It will be imperative to have continued updates to the ODG as additional evidence is reported. A yearly or biennial literature search would likely suffice. In answering the three questions posed:

1. The ODG can absolutely improve medical treatment for injured workers. It helps to identify the most effective treatment measures, both surgical and non-surgical for specific injuries. This can cut down on "waste" and hopefully help guide improved outcomes based on research/evidence.
2. Using the ODG as a guideline can make treatment claims and processing more efficient and cost effective. A common problem with guidelines in general is thinking that all specific injury type (rotator cuff tear) is the same. There must always be some leeway with the practicing physician in regards to treatment options available. For the right reasons some treatments may be better for that individual patient. A guideline shouldn't completely take that personalized decision making away. That being said, identifying poorly supported treatments and preventing their application can save money and time for the injured worker and their employers.
3. The guidelines adequately cover the Shoulder and its most common associated conditions.

The most common and pertinent sections for the guidelines in my opinion for the shoulder chapter (in no particular order) would be:

Shoulder arthroplasty: TSA over Hemi

Clavicle fracture surgery

Physical Therapy for shoulder conditions

Surgery for Impingement, Rotator Cuff Tears, Adhesive Capsulitis, AC joint separation, Biceps tenodesis

A MSK practitioner should be trained and comfortable in identifying and recognizing pathology/diagnoses so I am not sure the explanation of individual physical exam maneuvers is necessary. I felt the causality section was very interesting. Determining causality is often the trickiest part of an evaluation when it comes to an injured worker.

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This section can help some understand the most common mechanisms for RTC impingement and SLAP tears. Determining causality is still subjective and it is rare when objective data can be found to prove causality.

The ODG was well thought out and executed. I am impressed. Why have I not heard or had access to this before?

Thanks for allowing me to contribute,

Keith Jarbo, MD

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