



September 11, 2017

Dear Ms. Kurth,

Thank you for the opportunity to review the Ankle and Foot chapter of the ODG. I congratulate the ICA for asking input from the physician community. It is an honor and privilege to treat injured workers. As a board certified orthopedic surgeon with fellowship training in the area of Ankle and Foot, I have limited my practice exclusively to treating ankle and foot problems since 2001. I believe my training, experience, and continuing medical education through the American Orthopaedic Foot and Ankle Society as well as the American Academy of Orthopaedic Surgeons makes me uniquely qualified to give the following opinions.

I found several items in the Ankle and Foot chapter that are not consistent with current teaching and accepted treatment recommendations. There are at least 30 recommendations and/or lack of recommendations that did not sit well with me as I reviewed the Ankle and Foot chapter. Although the ODG attempts to support everything with current literature, I find many of their references to be out of date. Furthermore, the level of evidence of many of these studies is low. One must keep in mind that there are many treatments in medicine that are not supported by specific literature, but that does not make them obsolete or substandard. Although the ODG are “guidelines”, I believe this cookbook approach of treatment recommendations is not in the best interest of the injured worker.

In summary, it is my opinion that the ODG Ankle and Foot chapter will not improve the medical treatment of injured workers. I believe that it will delay specialty care for the injured worker. Thus, I believe that this will make the treatment process less efficient and less cost effective. This will further compound the difficulty and challenge of the psychosocial aspects of treating the injured worker. Finally, I do not think the ODG Ankle and Foot chapter adequately covers the most commonly encountered traumatic conditions of the ankle and foot such as the various fractures, dislocations, crush injuries, compartment syndrome, lacerations, flexor tendon injury, extensor tendon injury.

Respectfully,

*John A. Nassar*

Board Certified, American Board of Orthopaedic Surgery