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FOOT AND
ANKLE
CLINICS

Foreword

Foot and ankle injuries in the industrial setting



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I have long had a fascination with foot and ankle injuries in the industrial setting. The spectrum of work related foot injury is enormous. What is far more of a challenge than the foot and ankle pathology however, is taking care of the patient, and their timely return to work. We and others have repeatedly noted how difficult it is to return these patients to work in an expeditious manner. For many patients, the pain and difficulties with returning to an occupation which is demanding on the lower extremity can be difficult, if not impossible.

However, there is a substantial percentage of patients who are able to resume work albeit of a lesser capacity, but who are not willing to do so. Motivation, issues of compensation, chronic pain, and secondary gain are all factors which we as the clinician must take into consideration. We have noted that if the injured worker is not returned to work following a calcaneus fracture within one year, the likelihood of them ever obtaining and maintaining gainful employment is markedly reduced. (*Myerson M, Quill GE, Jr. Late complications of fractures of the calcaneus. J Bone Joint Surg 75A: 331–341, 1993*). The problem however is that post-traumatic conditions, for example deformity and arthritis may develop, precluding the ability to rapidly return to work. For this reason, I have tried to be far more aggressive with the management of these conditions. For example if subtalar arthritis occurs following a calcaneus fracture, one should not wait indefinitely to “see how the patient does” with therapy and immobilization. I would advocate a subtalar arthrodesis as soon as the diagnosis is made to facilitate as rapid a return to work as possible.

Dr. Conti has done a superb job of organizing this issue. The manuscripts contained are all well presented, and are a thorough overview of industrial injury. From a personal standpoint, I have found the paper by Dr. Harper particularly

helpful. The determination of foot and ankle impairment and disability is an arbitrary process at the best. I am certain that these papers will assist the treating physician with the management of the injured worker.

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