Workers' Comp

Specialty Solutions Spotlight: What Adjusters Need to Know About Foot and Ankle Injuries in Workers' Comp

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4 MIN READ
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What steps can prevent foot and ankle injuries from turning into complex claims?

Foot and ankle injuries are among the most common musculoskeletal conditions in workers' compensation, making up 10-15% of all claims. In some high-risk industries, such as construction, their prevalence can reach upwards of 20%. On average, these cases cost $15,000-$17,000 in medical expenses alone. While many resolve without issue, others lead to complications, extended recovery and long-term disability. For adjusters, getting the first 10 days right in these cases can directly influence claim outcomes and keep routine cases on track.

Common Ankle and Foot Injuries

Sprains (ligament damage) and strains (muscle or tendon damage) represent the most frequent foot and ankle injuries, accounting for 50-60% of workers' compensation claims, with about 85% of ankle injuries being lateral sprains. Severity varies and is usually determined by a clinical examination that does not require imaging unless it's particularly complex.

Other conditions include fractures, Achilles tendon ruptures, and plantar fasciitis. Crush injuries are another common workplace injury, particularly in industries such as construction, manufacturing and transportation and can have significant implications.

When to Consider Imaging

Imaging is not always necessary to assess ligament or tendon injuries. A clinical assessment can often provide sufficient information to guide management. For example, X-rays, primarily used to rule out fractures, may not show ligament or tendon pathology. MRI, the most sensitive imaging modality, should be reserved for cases where a clinical exam is inconclusive, for significant injuries, or when surgery is being considered. Using the Ottawa Ankle and Foot Rules to determine when imaging is required can provide a standardized, evidence-based approach, reducing unnecessary imaging, saving time and resources. For adjusters, this can mean fewer MRIs and faster transitions into rehabilitation.

The Role of Physical Therapy (PT)

Physical therapy plays a critical role in hand and foot injury recovery, and PT should begin with RICE (rest, ice, compression, elevation) and progress to manual therapy, exercise, balance retraining, and functional mobility in subacute and chronic phases. Adjusters should expect providers to:

- Schedule regular reassessments every two weeks or six visits
- Track range-of-motion benchmarks
- Assess gait and balance
- Provide education on footwear and home exercise plans

Adjusters should expect physical therapists to provide clear documentation early in treatment with measurable benchmarks (range of motion, strength, balance, gait) to prevent reinjury and keep return-to-work plans on schedule.

When Surgery Makes Sense

Surgery is typically reserved for higher-grade injuries. For severe complications like osteonecrosis or advanced arthritis, fusion is considered a last resort. Red flags that may escalate surgical need include crush injuries, often requiring multidisciplinary care and sometimes multiple surgeries. Risk factors like smoking, diabetes and poor circulation can also raise the likelihood of complications and prolong recovery. When surgery is warranted, postoperative expectations should match procedure complexity; for example, after plantar fasciitis surgery, about six weeks of focused therapy with attention to scar management is typical.

Return-to-Work Strategies

By implementing a collaborative and evidence-based approach to return to work, adjusters can help achieve a successful and sustainable transition for patient recovery by facilitating:

Job task analysis: Assess the specific physical job requirements (standing, walking, climbing or carrying loads), and use this information to guide the rehabilitation program to ensure a safe and appropriate transition back to work.

Workplace ergonomics: Identify and implement modifications to the work environment (assistive devices, furniture, workflow, footwear and floor surfaces) to accommodate limitations.

Gradual return to work: Implement a phased or gradual return-to-work approach, starting with modified duties or reduced hours, and gradually increase as tolerated.

When Recovery Gets Complicated

Most injuries heal as expected, but complex cases such as crush injuries, high-impact fractures, or those involving the talus bone need a multidisciplinary approach. Watch for complications that can prolong claims, including:

- Nerve injuries: fractures, dislocations, or soft tissue swelling
- Vascular compromise: can lead to limb threatening ischemia and necrosis
- Compartment syndrome: increased pressure within the confined fascial compartments of the leg, foot and ankle
- Complex Regional Pain Syndrome (CRPS): a chronic and debilitating pain condition
- Infection: open fractures risk developing deep soft tissue or bone infections
- Delayed union or non-union: certain fracture patterns, poor blood supply, or underlying medical conditions
- Osteonecrosis/Avascular Necrosis (AVN): death of bone tissue due to lack of blood supply
- Post-traumatic arthritis: can result in chronic pain, stiffness, and functional limitations
- Deformity and instability: inadequate fracture reduction or healing

Solutions That Move Claims Forward

Even mild sprains can lead to reinjury if gait mechanics and balance aren't corrected. Specialty PT providers, such as those within the Apricus network, address these issues to reduce reinjury risk and support faster return-to-work timelines. These providers are:

- Specialty-trained PTs with expertise in lower extremity rehab
- Experienced in advanced care coordination for complex cases
- Knowledgeable about integrated return-to-work planning

Apricus connects you to high-quality, outcome-focused physical therapy providers, coordinates care on complex injuries and tracks measurable outcomes that support confident return-to-work decisions. You get faster scheduling, fewer surprises, and clearer documentation, so adjusters can close claims sooner and return injured employees to work quicker.

This information is meant to serve as a general overview, and any specific questions should be fully reviewed with a health care professional or specialty service provider.

To make a referral for physical medicine, diagnostics, transportation and other services, call us today at 877.203.9899 or send an email to apricus.referrals@enlyte.com.

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