

Most Educational Foot and Ankle Workers Compensation Cases of the Year

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Objectives and Disclosures

Toe-tally excited to elicit the following learning objectives:

1. Understanding complex mechanisms of injury to the foot and ankle
2. Successful treatment modalities
3. Hindrances to full recovery

I have no financial disclosures.

Nathan Olszewski, MD

Kurt Hofmann, MD

Ashley Mastrangelo, DPM

Mary Taschner, DNP

Andrew DeStefano, DPT

Let's Step
Ahead to
our
Panel
Presentation

Educational Foot & Ankle WC Cases

Nathan Olszewski, MD

Assistant Professor Boston University Orthopedics

Nathan.Olszewski@bmc.org

No relevant disclosures

Disclosures

PILON FRACTURES



Case 1

- Fall from height at work
- Substantial Soft tissue swelling



Mechanism

High Energy Mechanisms

- Typically fall from height
- High speed MVC
- Crush injuries



Mechanism

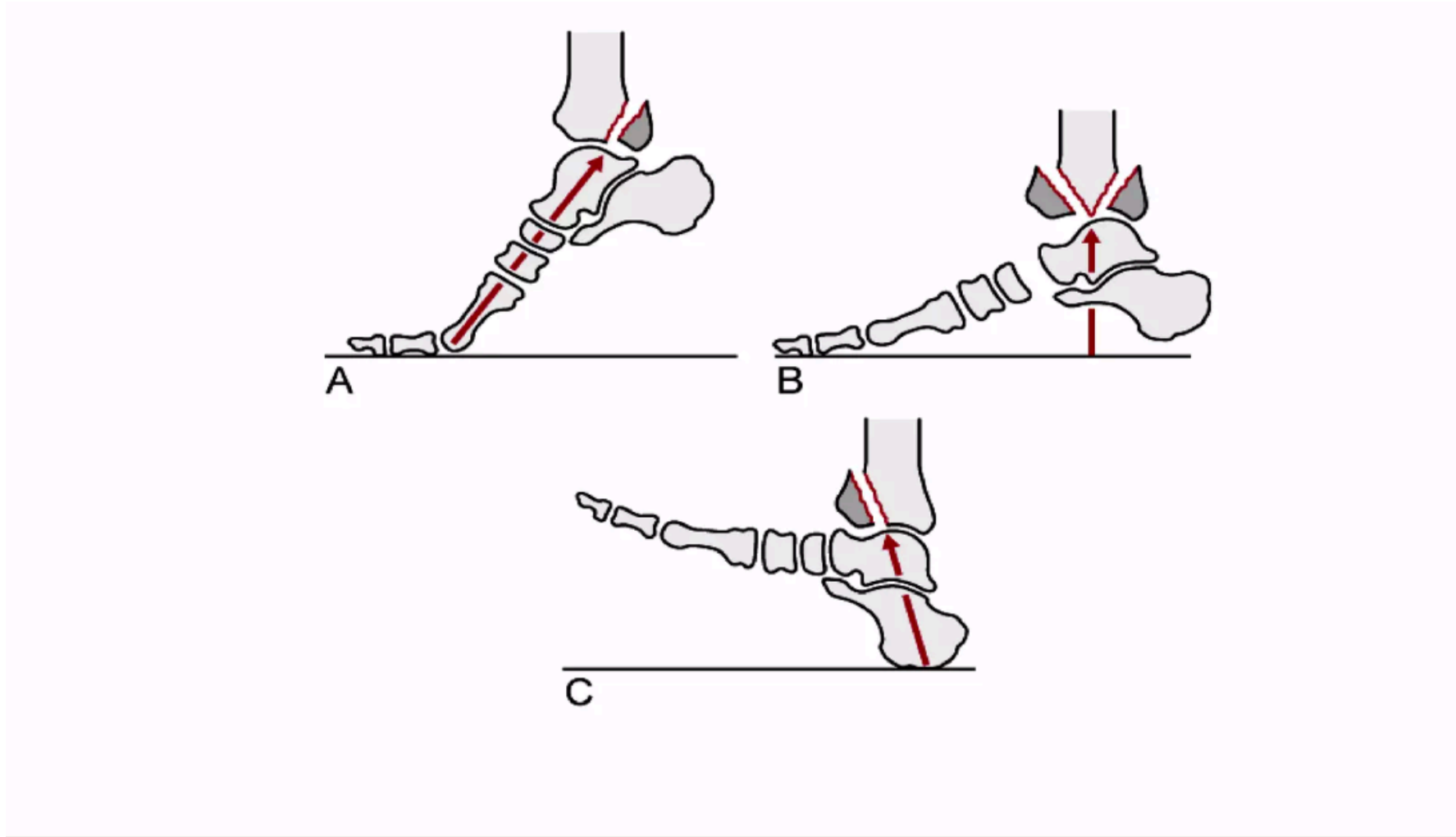
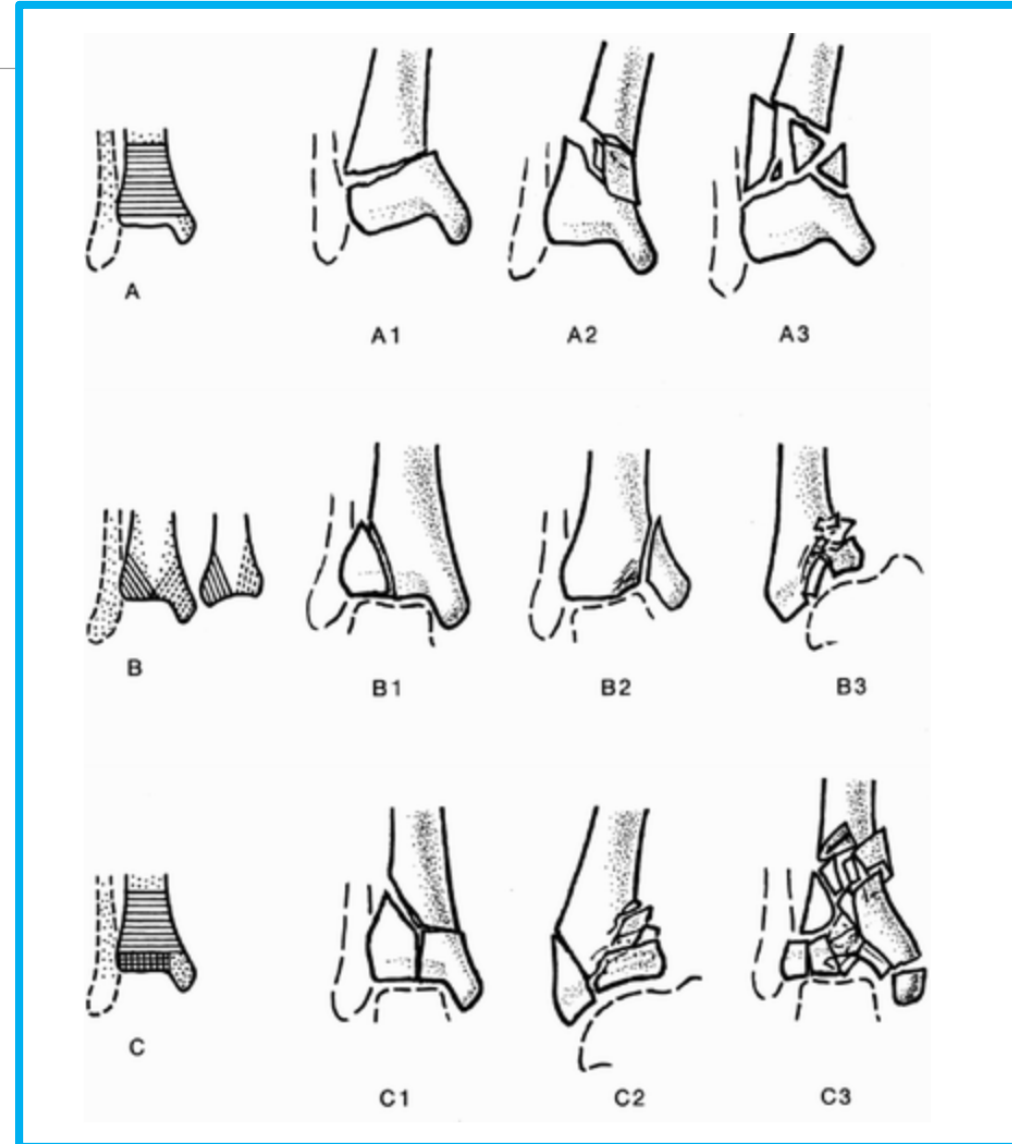


Figure 56-1 Mechanism of injury. Ankle position as it relates to fracture pattern. *A*, Plantar flexion injury results in a posterior lip fragment. *B*, Neutral ankle injury results in an anterior and a posterior fragment. *C*, Dorsiflexion injury results in an anterior lip fragment. (A-C, Redrawn from Gay, R.; Evrard, J. *Rev Chir Orthop* 49:397-512, 1963.)

Mechanism

Varying levels of complexity of the injured bone and cartilage



Challenges

- Skin injuries
- Soft tissue swelling
- Nerve Damage
- Vascular injuries



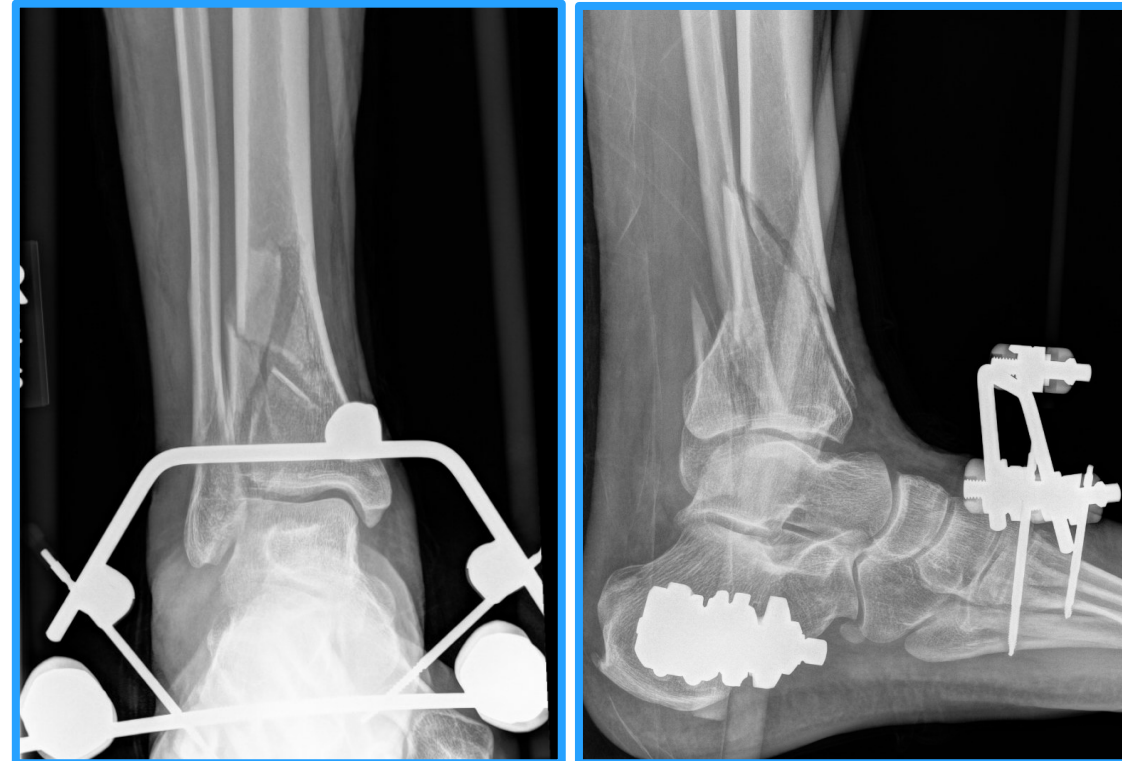
Challenges

- Cartilage Damage
 - No regeneration
 - Damage is permanent and cumulative



Treatment

- Requires staged management
- External fixation
- Delayed fixation
 - May require multiple fixation procedures
- Soft Tissue Management
 - Respect the soft tissues



Treatment

- Multiple fixation strategies
- Plates and Screws
- IMNs
- Soft tissue management



Post-op Complications

- Wound Healing



Post-op Complications

- Wound Healing
- Debridement
- Soft tissue transfers



Post-op Complications

- Causes delays to entire process
- Must manage the soft tissue first



Post-op Complications

- Chronic Regional Pain
 - Challenging and requires early identification
 - Difficult to predict who will get
 - Requires multimodal management
 - Extremely debilitating



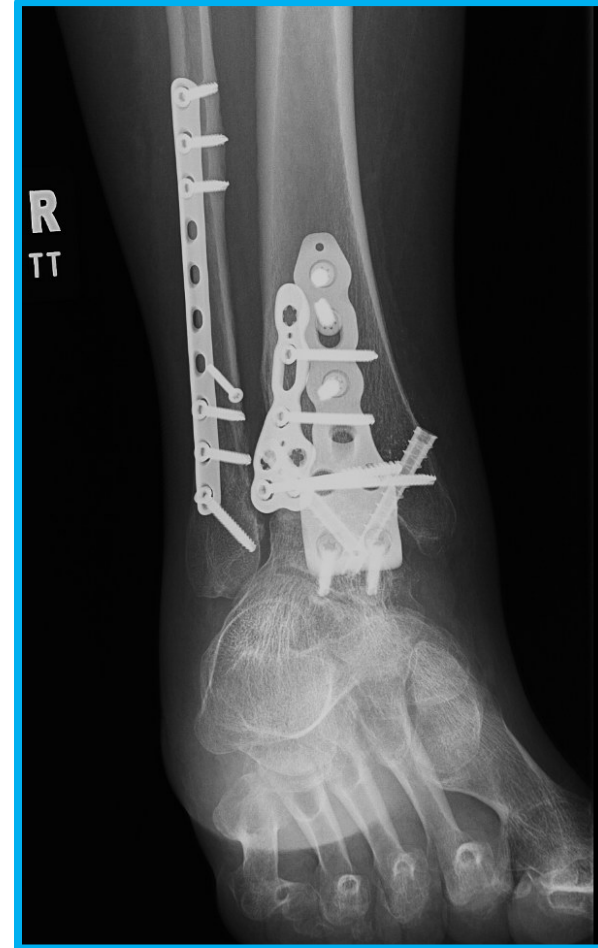
Post-op Complications

- Post Traumatic Arthritis
 - Major problem
 - Stiffness and painful



Post Traumatic Arthritis

- Injections
- Pain Meds
- Arthrodesis
- Removal of Hardware



Post-op Complications

- Painful Hardware



Post-op Complications

- Painful Hardware
- Requires additional surgery



Case 1

- Fall from height at work
- Substantial Soft tissue swelling



Case 1

- External fixation



Case 1

- Fixation once soft tissue ready
- Started with Tibia
- Fibula still off



Case 1

- Two weeks later fixed the fibula



Case 1

- 6 months out
- Complicated by CRPS
- Still not back to work



Summary

- Life altering injuries
- Challenging cases and difficult to manage
- Many complications
- 2 years recovery to MMI
 - Unlikely to return to labor work

2026
WORK RELATED
Injuries Workshop

Thank you!



Be Good, Do Good, God Bless!!

Most Interesting Foot and Ankle Case of the Year

KURT J. HOFMANN, MD

ORTHOPEDIC SURGERY

CHIEF - FOOT AND ANKLE SURGERY, NEBH

BOSTON BONE AND JOINT INSTITUTE

Nothing to disclose

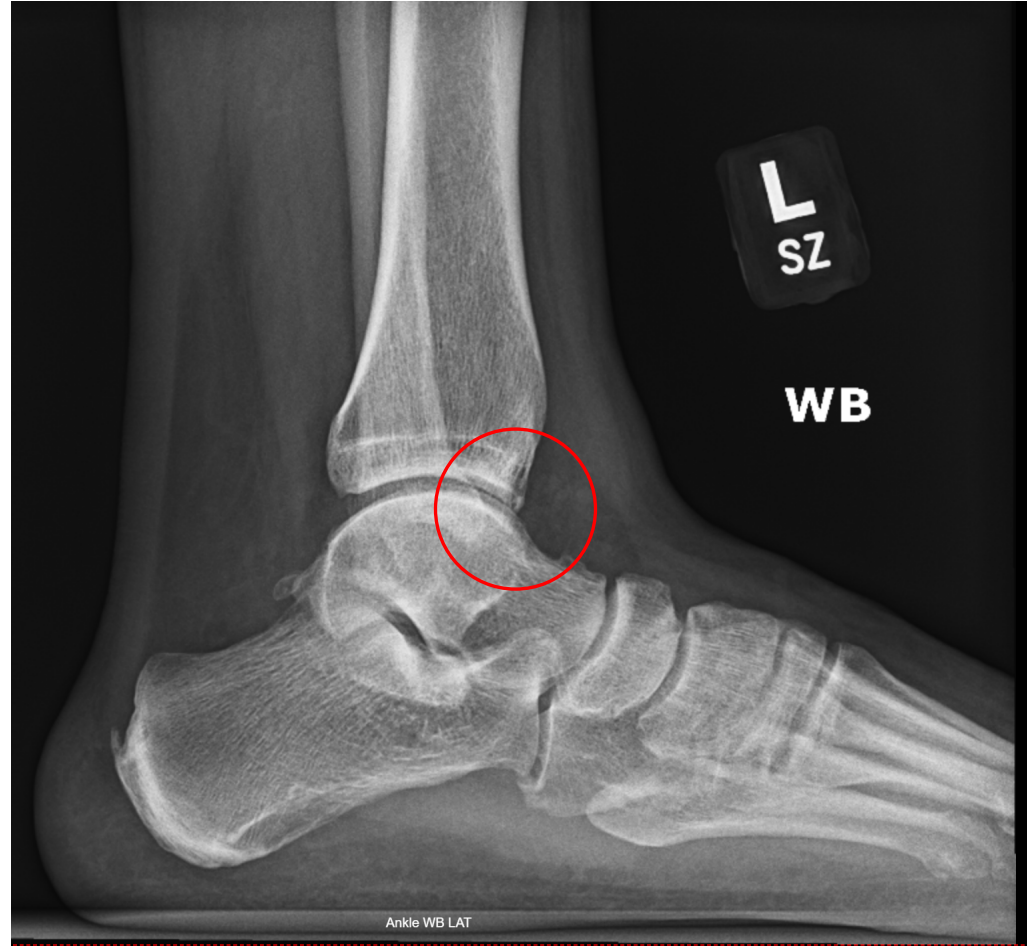
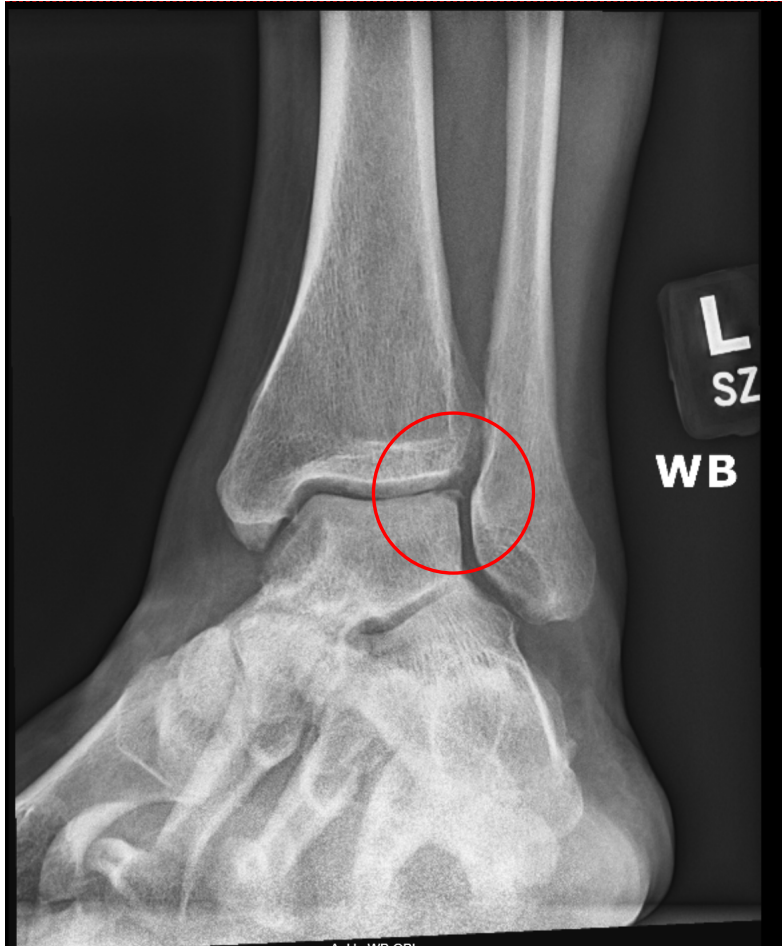
Disclosures

History of Present Illness

- 37 M, 6'4", 280 lbs, owns his own roofing business
- Initial injury: May 2024
 - 12 foot fall off of a roof
- Initial treatment
 - Boot x 8 weeks, PT, continued to work
- Continued pain and instability
 - My initial consult – July 2025



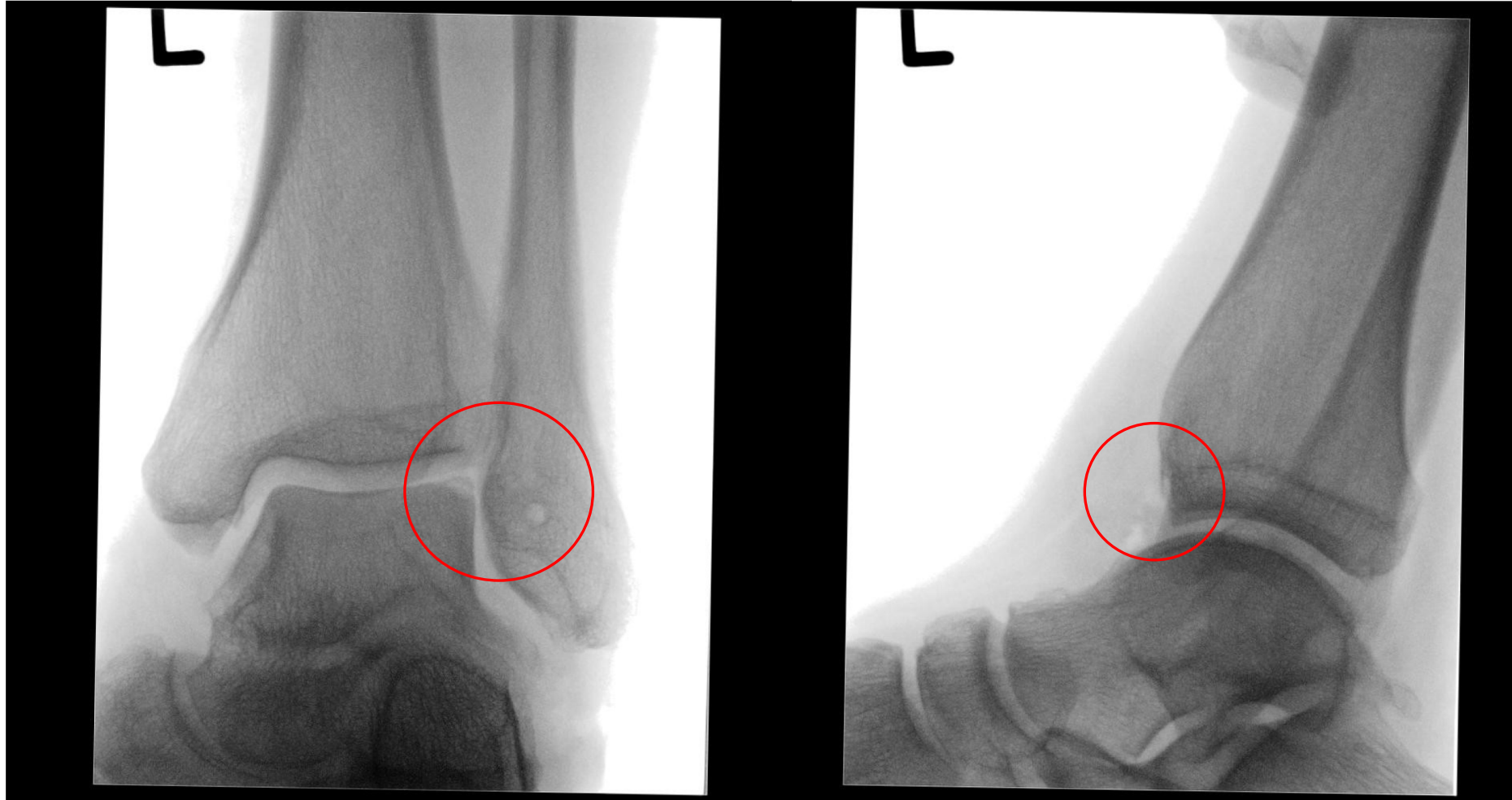
Initial XR



Operative Procedure

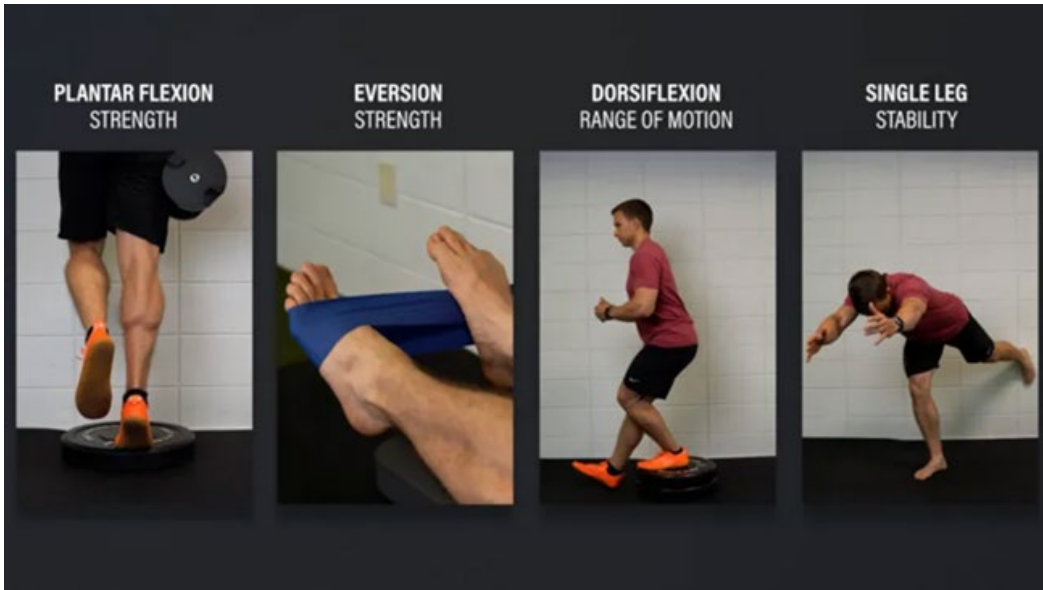
- Ankle arthroscopy with extensive debridement/partial synovectomy
- Ankle arthroscopy with microfracture and repair of lateral osteochondral defect
- Ankle arthroscopy with removal of loose body
- Arthroscopic Brostrom ligament reconstruction with collagen suture tape

Intra-Op Fluoro



Post-Op Rehab

- NWB x 6 weeks
- Splint x 2 weeks, boot x 6 weeks
- Start PT at 4 weeks



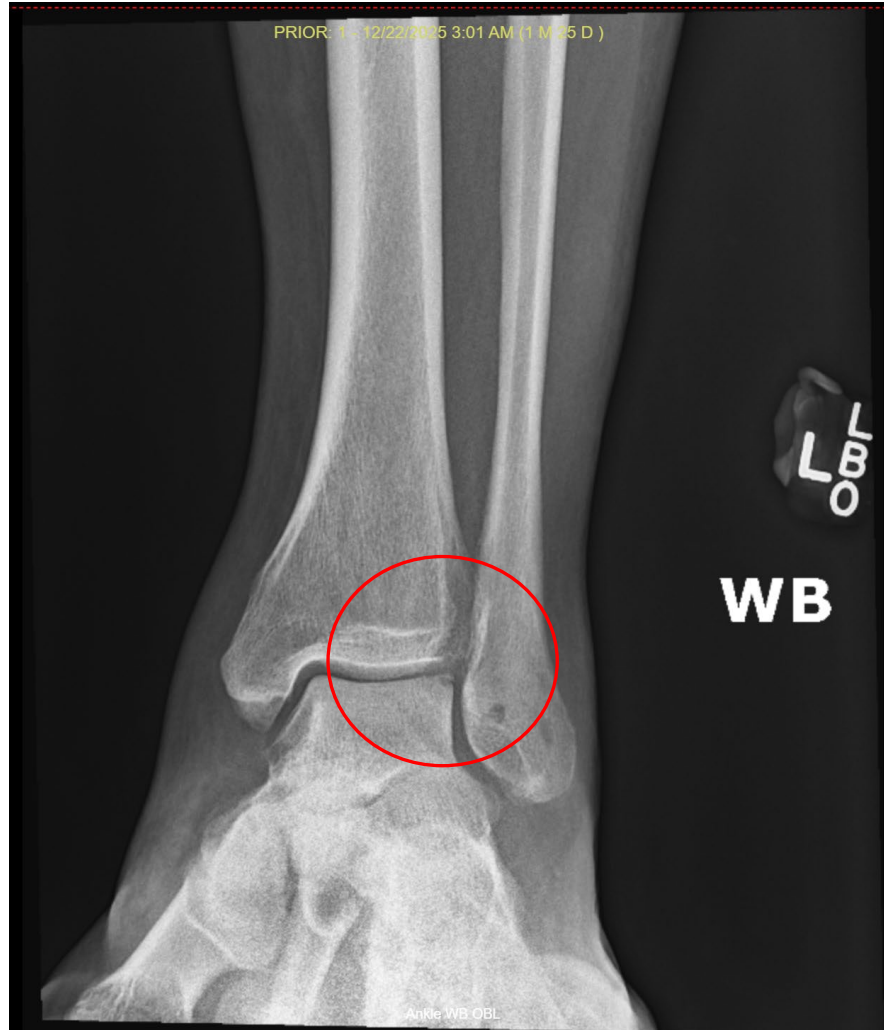
A, Resistance training



B, Balance training



Final Post-Op XR



Final Visit/Challenges

- 6 months post-op
 - Complained of some soreness, no instability
 - RTW at 10 weeks
 - However, had to sell his previous business and was working for his father at that time
- Was this a success?
- Would earlier intervention have improved outcome?
- How do you rehab multiple injuries in the same extremity?

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Crush injuries and CRPS

Ashley Mastrangelo, DPM

Division Chief of Podiatry, Northeast Hospital Corporation

Coastal Orthopedic Associates, Contact: amastrangelo@coastal-ortho.com

Patient AF

HPI: 24 yo male presents with a crush injury after a metal palette dropped onto his right foot while at work

Wearing work approved steel toe boots

Notified supervisor and went to the ED

Emergency Room

Afebrile, hemodynamically stable

No open wounds

Midfoot warmth and tenderness

Loss of sensation across midfoot and toes

Rule out compartment syndrome





Clinical exam

Muscle strength weak, but intact

Persistent loss of sensation to midfoot and toes

Allodynia, burning to the dorsum of the foot

Skin color asymmetry

“When can I go back to work?”

Surgical intervention





Post operative course

1 week visit

Persistent loss of sensation across midfoot and toes

Allodynia, burning to the dorsum of the foot

Gave Prednisone taper

Post operative course

2 week visit

Persistent loss of sensation across midfoot and toes

Mottled appearance with dependent rubor

Allodynia, burning to the dorsum of the foot

Suture removal

Started Gabapentin

Start physical therapy for desensitization

Post operative course

4 week visit

Improved sensation across midfoot and toes, burning

Improved, but persistent allodynia

Continue Gabapentin, physical therapy

Start topical compounded cream

Post operative course

6 week visit

Improved sensation across midfoot and toes, burning

Improved allodynia

Continue Gabapentin, physical therapy, topical compounded cream

Start weight bearing in CAM walker

Post operative course

8 week visit: Reduced Gabapentin

10 week visit: Transition to sneaker with brace

16 week visit: Return to work

Hindrances to full recovery

Complex Regional Pain Syndrome following crush injury

- Early diagnosis is key
- Loss of motor function
- Continued, unrelenting pain
- Inability to wear appropriate shoe gear
- Need for medication

Thank you!

Brace yourself



Questions:
How do
ankles stay in
shape?

They do LEG-endary workouts

THANK YOU

A solid blue horizontal bar at the bottom of the slide.