Occupational Outcomes Of Reconstructive Surgery For Adult Acquired Flatfoot Deformity
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Introduction/Purpose: Reconstruction of a symptomatic adult flatfoot is an involved operation with a long recovery period. No previous studies have looked at the occupational or functional results of athletically active patients who have undergone this surgery. In the United States military, the rates of return to unrestricted active duty are unknown.

Methods: A retrospective review of all active duty military patients who underwent a reconstructive surgery for adult acquired flatfoot surgery at a single institution from January 2001-2015 was performed. Surgical, inpatient, and outpatient databases were searched via CPT and ICD9 codes. Approximately 1300 cases with potential flatfoot reconstructive surgery were identified. Only those patients with the diagnosis of flatfoot treated with both a boney procedure and a soft tissue procedure were included. Patients had to have at least one year follow-up or follow-up to the point of maximum medical benefit as defined by the operative provider. Final disposition of the patients had to have been recorded in the medical record. Three possible outcomes were utilized in the review of this cohort: patient returned to duty without restrictions, patient returned to active duty with restrictions, or patient separated from active duty due all or in part to this medical condition.

Results: Fifty patients met inclusion criteria. 30/50 patients (60%) remained on active duty with permanent duty restrictions, and only two of 50 patients (4%) returned to full duty without restrictions. 20/50 (40%) underwent a Medical Evaluation Board (MEB) to separate from the military. A difference was noted in terms of the hindfoot realignment procedure performed: the probability of an MEB is higher for those patients who had a lateral column lengthening procedure than those who were treated with a medializing calcaneal osteotomy.

Conclusion: The sample size is the largest study to date of patients with surgical correction for symptomatic pes planus. The results demonstrate that a service member with symptomatic pes planus requiring surgery faces a 96% chance of failure to return to pre-injury level of function. While some (60%) were able to remain on active duty with restrictions, there is a 40% chance that service members will face separation from the military due to their foot pain. Furthermore, patients treated with a lateral column lengthening had a higher probability of being medically discharged than those who had a medializing calcaneal osteotomy.

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