Subtalar Joint Arthroereisis Procedure

Guideline for Chiropodists and Podiatrists

1. Introduction

Subtalar Joint Arthroereisis ("**STJA**")[1] formally known as Extraosseous Subtalar Joint Implant Procedure, (**"ESJIP"**) is a surgical procedure designed to limit excessive pronatory motion within the subtalar joint. The main indication for this procedure is flexible pes planus ("Flexible Flatfoot").

Flexible Flatfoot is a common musculoskeletal condition most commonly characterized by the partial or total collapse of the medial longitudinal arch of the foot. Symptomatic forms of Flexible Flatfloot can produce pain in the foot, leg and knee. Often noted during the physical exam are the following: decreased endurance, gait disturbances, prominence of the medial plantar arch, everted heels and tightness of the posterior muscles of the leg. Failure to control the medical issues associated with Flexible Flatfoot can lead to long-term complications

Non-surgical treatment for Flexible Flatfoot may include activity modifications, footwear modifications, orthoses and physical therapy. Surgical intervention using various approaches (including **STJA**) may be considered when non-surgical treatment options have been ineffective at improving symptoms or foot function. The patient[2] may opt to forego non-surgical treatment options and proceed directly to surgical intervention. In such cases a written informed consent should be obtained.

STJA relies on a subtalar implant (the **"Stent"**) that is inserted within the sinus tarsi along its main axis, a space between the talus and the calcaneus. Typical placement is provided through an incision at the lateral foot while utilizing appropriate anesthesia. The stent inhibits pronatory movement between the talus and calcaneus. Placement of the stent typically does not require resection of bone and cartilage around the implant

It is of importance to note that although **STJA** can be performed as a stand-alone procedure it often requires other soft tissue or bony procedures that fall outside the scope of chiropody and podiatry within Ontario.

[1] Also known as Extraosseous Talocalcaneal Joint Implant Procedure, Sinus Tarsi Implant Insertion and Extraosseous Talotarsal Stabilization.

[2] Patient when used in this Guideline includes the patient's legal guardian or the substitute decision-maker.

2. Guideline

i. Before performing the STJA procedure, a member must:

1. Have the competency to cut into the subcutaneous tissues of the foot. The member must be competent to manage complications during the peri-operative course of treatment.

2. Have considered all non-surgical treatment options.

3. Concluded after careful consideration, that non-surgical treatment options would not be effective and documented that fact or documented that the patient has rejected all non-surgical treatments and opted for surgical intervention.

4. Have ruled out the need or requirement for any other associated procedures (which fall outside the scope of chiropody or podiatry in Ontario) that would have to be performed in conjunction with **STJA** to achieve the desired correction.

5. Provide the patient with clear information explaining the risks, uncertainties and potential outcomes associated with the procedure, including the potential need for concurrent and/or subsequent procedures or the subsequent removal of the stent.

6. Obtain informed consent from the patient and, if not in writing, document the receipt of informed consent with particularity.

7. Have access to intra-operative imaging to confirm position of the stent.

8. Use only stents that have been approved by Health Canada for the intended use.

ii. While performing the STJA procedure, a member must:

1. Document and use Stents that are authorized by Health Canada**.**

2. Have pre-operative weight-bearing x-rays of the osseous structures of the foot and/or ankle.

3. Confirm and document proper placement of the stent with intra-operative imaging.

4. Confirm and document proper placement of the stent in the immediate post-operative period with x-rays of the osseous structures of the foot and/or ankle.

PLEASE NOTE

Any member who takes x-rays must be authorized under the *Healing Arts Radiation Protection Act*[3] to operate an x-ray machine. To do so, members must either:

(a) have been continuously registered as a chiropodist under the *Chiropody Act* and the *Chiropody Act, 1991* since before November 1, 1980; or,

(b) graduated from a four-year course of instruction in chiropody[4,5] (The College and the Ministry have interpreted these eligibility criteria to include only members of the podiatrist class, members who have a Doctor of Podiatric Medicine degree and practice as chiropody members, and any other member who has completed a four-year course of instruction in chiropody or podiatry.)

[3] R.S.O. 1990, c. H.2, s. 5(2), para. 3.
[4] Members who have completed a three-year course of instruction in chiropody and who have supplemented their studies with an additional year of instruction are not entitled to operate an x-ray machine.
[5] Members who are registered as Chiropodists but who have a Doctor of Podiatric Medicine (D.P.M.) degree are entitled to operate an x-ray machine.