


'CRYOCUFFS'

EVIDENCE BASED PRACTICE GROUP

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 **Compensation and Rehabilitation Services Division**
Workers' Compensation Board of BC



CRYOCUFFS

EXECUTIVE SUMMARY

- Cold compressive therapies for musculoskeletal disorders have been in use since Hippocrates' time.

- While the recent literature on this therapy is not voluminous, there is evidence that suggests use of this modality post joint surgery may result in decreased hospital stays, decreased pain and swelling, increased range of joint motion and quicker return to normal activities including work.

- The WCB should accept prescribed cold compressive aids (i.e. cryocuff) when ordered by the attending surgeon or physician for WCB accepted joint injuries and surgeries.

COLD COMPRESSIVE POST OPERATIVE DEVICES

i.e. CRYOCUFF

May 2003

At the request of numerous clinical and adjudicative staff, the Evidence-Based Practice Group (EBPG) has reviewed the topic of 'Cryocuff' and 'Cold Compressive' therapy in postoperative orthopaedic care.

BACKGROUND

Since the inception of the EBPG, numerous requests for 'advice' on payment for cryocuff/cold compressive therapies and aids have arisen. These requests for a review of this treatment modality have been received from case managers, health care service payment officers, medical advisors, and sports medicine and orthopaedic specialists. The majority of these requests have to do with patients who have undergone anterior cruciate ligament reconstructive surgery. While cold compressive treatment devices (Cryocuff is one) are most frequently used post knee surgery, there are numerous products available for post operative shoulder and elbow treatment. However, there is little doubt both anecdotally from community surgeons, and the literature in general; that the majority of post operative cold compressive treatment devices are used post knee surgery. With this in mind, the EBPG undertook a review of this subject with knee surgery in mind.

STATISTICS

In the 10 year period 1991 – 2000, the WCB accepted 640 tears/sprains of the cruciate ligaments, for a mean of 64 cases per year. This is consistent with data from the Visiting Specialists Clinic that suggests the year 2001 will see approximately 70 surgeries for cruciate ligament repair completed. The average cost/claim (including health care and short term disability) is noted to be \$135/day - with the mean number of days lost per claim being 124 days. Of interest is that approximately 9 of the 64 claims per year go on to receive long term disability (LTD) benefits. The average LTD reserve cost is approximately \$48,000.

Consultation with both community surgeons and VSC associated surgeons was also found to be informative. None of the VSC surgeons routinely recommend cryocuff use post operatively but there are a significant number of community based surgeons that do. This is important in a WCB context since we know approximately 80% of all elective surgeries on WCB claimants take place via the VSC/expedited surgical program.

LITERATURE REVIEW

One member of the EBPG undertook a nonsystematic review of the literature and assessed those papers deemed to be of importance. The attached bibliographical reference list outline these papers and others that were added by the remaining EBPG members. In essence, the review finds that there is some evidence that the use of cold compressive therapy via 'aids' i.e. cryocuff may be helpful in promoting faster recovery, less use of pain medication and quicker return to work.

RECOMMENDATIONS

The EBPG recommends that it is appropriate and reasonable from a medical and rehabilitative standpoint for the Board to accept the cost of such cold compressive devices where the surgeon or attending physician recommends the device for WCB accepted surgeries.



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