

(To be filed with all Metatarsal Waiver Requests)

MINE/PATIENT INFORMATION
(Please print or type)

PATIENT INFORMATION:

Patient's Name _____

Address _____

Date of Birth _____ Phone Number _____

Job Classification/Occupation _____

Coal Seam Height Working Under _____

Name of Miners' Representative (if any) _____

Address or telephone number of Miners' Rep. _____

Injured Foot (left, Right, or Both) _____

PHYSICIAN INFORMATION:

Physician _____ Phone _____

Office Address _____

MINE INFORMATION:

Company Name _____ Mine Name _____

Mine Mailing Address (include ZIP Code) _____

Superintendent or Safety Manager _____

Mine Telephone _____ County _____

Return to: Technical Review Committee
Attention: Administrator
Building 6, Suite 652
1900 Kanawha Blvd.,E
Charleston, WV 25305
(304)957-2309

West Virginia Coal Mine Safety and Technical Review Committee

1900 Kanawha Blvd., E., Building 6, Suite 652; Charleston, WV 25305 – 304.957.2309 – FAX: 558-1224

Dear Doctor:

Coal miners are required by State regulation to wear metatarsal boots to lessen the chance of serious foot injury. A small number of patients may have difficulty utilizing certain boots with metatarsal protectors due to direct irritation to the dorsum of the foot. Individuals with a high “instep” or (pes cavus) are somewhat more prone to dorsal irritation.

There are possible problems arising from chronic irritation to the dorsum of the foot including bursitis, skin irritation, tendinitis, and compression or irritation of the superficial peroneal nerve with resultant distal.

Solutions to such problems may include the following:

- (1) Selection of a metatarsal boot, from the variety available which does not irritate the dorsum of the foot.
- (2) Providing the patient with a prescription to have the length of the metatarsal protector reduced by an orthopedic shoe repair store. Reduction of the length of the metatarsal protector will decrease the area of protection. The amount of reduction should thus be kept to a minimum; only that necessary to prevent irritation.
- (3) No use of metatarsal boots. (*Must complete Page 2)

Since option three removes an important device for injury prevention, it will only be considered for severe deformity or if options one and two have been tried but have proven ineffective.

Signed _____

This is to acknowledge that **physician** understands the contents of this letter.

Please complete the following questions relating to the patient's diagnosis and symptoms.

- (1) Diagnosis and symptoms – please attach a letter of explanation of precise diagnosis and type of symptoms. Also please specify which foot is injured (left right or both).
- (2) Date of onset of symptoms: _____
- (3) Are symptoms related to patient's use of metatarsal boots, in your opinion:
 Yes No
- (4) Have you recommended or has the patient tried metatarsal boots other than the pair which caused the problem?
- (5) Have you altered the size or length of the metatarsal protector?
 Yes No
- (6) Were the symptoms relieved or cured when the length of the metatarsal protector was reduced? Yes No
- (7) This waiver will not require the patient's use of metatarsal boots. Do you recommend granting this waiver?

Physician's signature

Patient's Signature

I agree with the foregoing.

Sec. 22A-1A-19(d) - Whoever knowingly makes any false statements, representation, or certification in any application, record, plan, or other document filed or required to be maintained pursuant to this law or any order or decision under this law shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than \$5,000.00, or imprisoned in the county jail not more than six (6) months, or both fined and imprisoned.