

Noteworthy Decision Summary

Decision: WCAT-2011-02335 **Panel:** Beatrice Anderson **Decision Date:** September 20, 2011

Section 6(1) of the Workers Compensation Act – Occupational Disease – Plantar Fasciitis - Causation

This decision is an example of a panel's analysis of causation in a case of bilateral plantar fasciitis.

Plantar fasciitis that occurs without trauma is an occupational disease recognized by the *Occupational Disease Recognition Regulation*, B.C. Reg. 71/99, and it is adjudicated under section 6 of the *Workers Compensation Act* as an activity related soft tissue disorder (ASTD). The pathophysiology and causes of plantar fasciitis are discussed in the ASTD Reference Guide (Guide). The Guide is not binding policy, but provides useful information about the symptoms and causes of occupational diseases. The occupational risk factors identified in the Guide are direct trauma and unaccustomed activity that cause strain to the plantar fascia. Examples given in the Guide are walking or running for prolonged periods or weight bearing on the ball of the foot. The Guide also recognizes that workers are at increased risk for developing plantar fasciitis when they are exposed to direct trauma or there is an unaccustomed physical strain or impact to the bottom of the foot through an accident. Prolonged weight bearing or standing activities are not considered to be significant risk factors.

In this case, the worker was employed as a labourer in a nursery. There was no evidence of a traumatic incident or episode followed by the development of foot symptoms. A Workers' Compensation Board, operating as WorkSafeBC, medical advisor identified risk factors for the development of plantar fasciitis as including excessive torsion and hyperpronation with poor supportive footwear, poor shock dissipation with cavus (high arch) foot, hind foot valgus (outward turning) with pronation deformity, and increase in age and weight.

The panel noted that a worksite visit report found the worker's two main tasks required her to be on her feet all day and to walk short distances while loading Styrofoam containers onto trailers. The ground over which the worker walked was reported to be a level, well-packed gravel road. There were no awkward foot postures, there was no trauma, and the work was not unaccustomed. The medical advisor's opinion was that the work did not demonstrate a significant combination of forceful work, repetition, extremes of posture, or local mechanical stress. There were breaks every two hours, and rotation of tasks that allowed for rest periods. The worker's age and weight were significant non-occupational risk factors.

The panel found that the evidence did not establish that the worker's employment, although it did require her to be on her feet most of her shift, was a significant cause of her bilateral plantar fasciitis. The panel accepted the medical advisor's opinion, and there was no contrary medical opinion.

The worker's appeal was denied. The panel concluded the worker's plantar fasciitis was not due to the nature of her employment.

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Panel:

Beatrice K. Anderson, Vice Chair

Introduction

- [1] By letter dated July 21, 2010 the worker was advised by an officer of the Workers' Compensation Board¹ (Board) that her claim for bilateral plantar fasciitis would not be accepted because it had not been caused by her employment as a labourer for a reforestation company.
- [2] The worker appealed and on January 27, 2011, a review officer confirmed the Board's decision (see *Review Reference #R0120805*). The worker now appeals the Review Division decision.
- [3] The worker asked that the appeal be decided on the basis of written submissions, a request granted by the Registry. I note that the worker did not provide a submission either to the Review Division or to the Workers' Compensation Appeal Tribunal although the participating employer has. Nonetheless, the facts are not in dispute nor are they complex. Credibility is not an issue. The appeal involves the application of statutory criteria and Board policy to undisputed facts. I conclude that the appeal can be determined in the manner requested by the worker in her notice of appeal.

Issue(s)

- [4] At issue is whether the worker's bilateral plantar fasciitis was caused by her employment as a nursery worker.

Background and Evidence

- [5] The Review Division decision gives a detailed description of the worker's application for compensation, the employer's report of injury, the reports from the attending physician Dr. Francis and the adjudicator's visit to the worker's job site on June 30, 2010. These details are well known to the participating parties and I will not duplicate this effort. This decision should be read in conjunction with the Review Division decision. This 43-year-old worker has been employed since 1989 by a reforestation company. She has been doing the same work for ten years. She said she developed "extreme sharp pain" in the left foot on or around May 6, 2010 although did not describe any incident or event that precipitated this. The worker told the adjudicator that she had had foot problems that went back to 2008 but the pain she developed in May 2010 was different.

¹ operating as WorkSafeBC

- [6] Dr. Francis diagnosed bilateral plantar fasciitis, a diagnosis confirmed by the medical advisor. After reviewing the history and seeing the job site, the adjudicator asked the Board medical advisor for an opinion about the relationship between the employment and the development of the plantar fasciitis. That opinion is set out in a memorandum dated July 16, 2010 and was the principal reason why the adjudicator declined to accept the claim.

Reasons and Findings

- [7] The current *Workers Compensation Act* (Act) and the policies in Chapter 4 of the *Rehabilitation Services and Claims Manual, Volume II* apply to this appeal.
- [8] The question is whether the worker's job as a labourer in a nursery operated by a reforestation company or was a significant contributor to the worker's development of bilateral plantar fasciitis.
- [9] There is no evidence of a traumatic incident or episode followed by the development of foot symptoms. I see no reason to consider this claim under section 5 of the Act for personal injury caused by trauma.
- [10] Plantar fasciitis that occurs without trauma is an occupational disease that the Board has recognized by regulation as an activity-related soft tissue disorder (ASTD) and it is adjudicated under section 6 of the Act. Section 6(1) provides that a worker is entitled to compensation for an occupational disease that is due to the nature of their employment.
- [11] Plantar fasciitis, its aetiology and pathology are discussed in the ASTD Reference Guide (Guide). This reference guide does not contain binding policy. It provides information about the symptoms and causes of occupational diseases and is useful for this reason. The occupational risk factors identified in the Guide are direct trauma and unaccustomed activity. Unaccustomed activity causes physical strain of the plantar fascia and the examples given are walking or running for prolonged periods or weight bearing on the ball of the foot. The Guide also states that the Board recognizes that:
- ...workers are at increased risk for developing plantar fasciitis when they are exposed to direct trauma to the bottom of the foot through an accident, or there is an unaccustomed physical strain or impact at the bottom of the foot. Prolonged weight-bearing or standing activities are not considered to be significant risk factors for causation of plantar fasciitis.
- [12] The medical advisor's opinion of July 16, 2010 also identifies the risk factors for the development of plantar fasciitis as "excessive torsion and hyperpronation with poor supportive footwear, poor shock dissipation with cavus foot, hind foot valgus with pronation deformity, increase in age and weight."

- [13] The employer's submission of May 30, 2011 argues that the worker's circumstances do not fit the risk factors associated with the development of occupationally induced plantar fasciitis. The worker has made no submission but since she has appealed the Board's decision, I infer that she argues that her work did cause the condition.
- [14] The adjudicator's site visit report following the assessment on June 30, 2010 confirms that the worker's two main tasks require her to be on her feet all day and to walk short distances when loading Styrofoam containers onto trailers. The ground over which the worker walks is, according to the report, relatively level and a well packed or gravel road. There were no awkward foot postures, there was no trauma and the work was not unaccustomed.
- [15] The medical advisor's opinion was that the work activities that were described by the adjudicator did not "demonstrate a significant combination of forceful work, repetition, extremes of posture or local mechanical stress." He pointed out that with breaks every two hours, the rotation of tasks was providing "sufficient rest periods for the affected plantar fascia to recover." The medical advisor also considered that the worker's age and weight were significant non-occupational factors.
- [16] In the circumstances, I do not consider that the evidence establishes that the worker's employment, although it does require her to be on her feet for most of her shift, is a significant cause of bilateral plantar fasciitis. I accept the medical advisor's opinion that the risk factors for the development of occupationally caused plantar fasciitis are not present in this job. There is no contrary medical opinion. I find that the plantar fasciitis is not likely attributable to the nature of the worker's employment.

Conclusion

- [17] For the reasons set out above, I deny the appeal. I confirm the Review Division decision. There are no requests for expenses and I make no order about this.

Beatrice K. Anderson
Vice Chair

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