Evidence-Based Practice GroupAnswers to Clinical Questions

Association Between Wearing Orthosis and Developing Metatarsal Stress Fractures

A Rapid Systematic Review

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About this report

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About the Evidence-Based Practice Group

The Evidence-Based Practice Group was established to address the many medical and policy issues that WorkSafeBC officers deal with on a regular basis. Members apply established techniques of critical appraisal and evidence-based review of topics solicited from both WorkSafeBC staff and other interested parties such as surgeons, medical specialists, and rehabilitation providers.

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Objectives

• To determine if there is any evidence that wearing orthosis may cause foot metatarsal stress fractures, especially among those already diagnosed with osteoporosis.

Methods

- A comprehensive and systematic literature search was conducted on October 4, 2023.
- The search was done on commercial databases, including Cochrane Database of Systematic Reviews (2005 to September 27, 2023), ACP Journal Club (1991 to September 2023), York University UK Database of Abstracts of Reviews of Effects (1st Quarter 2016), Cochrane Clinical Answers (September 2023), Cochrane Central Register of Controlled Trials (August 2023), UK NHS Health Technology Assessment (4th Quarter 2016), UK NHS Economic Evaluation Database (1st Quarter 2016), BIOSIS Previews (1969 to 2008), Embase (1974 to 2023 October 03>, Medline Epub Ahead of Print, Medline In-Process, In-Data-Review & Other Non-Indexed Citations, Medline Daily and Medline (1946 to October 03, 2023), Joanna Briggs Institute Evidence Based Practice Database (Current to September 27, 2023), that are available through Ovid platform.
- A combination of keywords were employed in these searches. These keywords include:

metatarsal AND ((stress fracture*) OR (fatigue fracture*) OR microfracture*) AND (orthotic OR orthosis OR orthoses)

- No limitation, such as on the language or date of publication, was implemented in any of these searches.
- A manual search on the references of the articles that were retrieved in full was planned.

Results

- Search results:
 - Sixty⁽¹⁻⁶⁰⁾ published studies were identified through our literature search.
 - Upon examination of the titles and abstracts of these sixty⁽¹⁻⁶⁰⁾ studies, eight^(1,13,29,35,37,45,55,59) studies were thought to be relevant and were retrieved in full for further appraisal. Two^(61,62) more studies were retrieved as the result of manual searches. Overall, there were ten^(1,13,29,35,37,45,55,59,61,62) studies retrieved in full for further appraisal in this systematic review.
- Of the ten^(1,13,29,35,37,45,55,59,61,62) studies that were retrieved in full, none provided any data showing that wearing orthoses caused metatarsal stress fracture. In fact, some of these studies, in the form of good quality systematic reviews^(37,61) (clear objective translated into clear literature search followed by robust critical appraisal and clear presentation) as well as one unclear quality (presented as an abstract only) systematic review⁽³⁵⁾ (level of evidence 1. Appendix 1), and a medium quality large size (total n=2774) controlled trial⁽²⁹⁾ (clear criteria of intervention and controls, clear data analysis, clear presentation) (level of evidence 2. Appendix 1) provided some evidence for the protective effect of wearing orthoses in the incidence of metatarsal stress fractures, especially among military personnel.

Summary

- At present, there is no data to show that wearing orthoses increases the incidence of metatarsal stress fractures.
- At present, there is some data to show that wearing orthoses provides a protective effect towards the incidence of metatarsal stress fractures.

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Appendix 1

WorkSafeBC — Evidence-Based Practice Group levels of evidence (adapted from 1-6)

1	Experimental, randomized controlled trial (RCT), systematic review RTCs with or without meta-analysis.
2	Evidence from controlled trials without randomization (quasi-experimental studies) or systematic reviews of observational studies.
3	Evidence from cohort or case-control analytic studies, preferably from more than 1 centre or research group.
4	Evidence from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments.
5	Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees based on scientific evidence.

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