

Talking Paper on Convalescent Leave

The 4MDG is tasked with recommending convalescent leave. We are a primary care facility only and perform no surgical procedures. Civilians do not have the benefit of a profile system and we cannot expect surgeons to understand how the Air Force manages convalescent leave. It is up to the patient's PCM to review the procedure performed and the surgeon's recommendations and then administer convalescent leave within the guidelines set by the AFI. Our goal is to prevent injury or harm to the post-op patient and allow for initial healing while limiting the impact on the overall AF mission. We do this by using our medical knowledge and a database called MDguidelines (see below). This database provides us with evidence based ranges on when we can safely return a patient to sedentary duties (desk duty profile).

The Air force has AFI's that govern the administration of convalescent leave after hospitalization or surgery. The following statements are excerpts pertaining to convalescent leave:


AFI36-3003 26 OCTOBER 2009 Military Leave Program:

6.4. Convalescent Leave. Convalescent leave is an authorized absence normally for the minimal time essential to meet the medical needs for recuperation. It is not chargeable leave. The Air Force Surgeon General oversees the convalescent leave program.

AFI41-210 6 JUNE 2012 TRICARE Patient Operations and Administration Functions:

4.36. Convalescent Leave. Initiate convalescent leave for military patients in accordance with AFI 36-3003. Convalescent leave is not to be used as an alternative for placing a member in an excused from duty status or when an individual could instead be returned to limited duty without adversely affecting full recovery.

Con leave is given for the medical condition not transportation difficulties, nor for lack of "desk duty" capabilities of the workplace. It is only given for minimal time needed for medical recuperation. Other issues are administrative and will be dealt with by the unit.



Return to work is the best measure of healthcare outcomes.

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Top 20 Diagnoses

1. Low Back Pain
2. Lumbar Strains
3. Knee Disorders
4. Depression, Major
5. Disc Displacement
6. Knee Sprains
7. Back Strains
8. Osteoarthritis
9. Ankle Fracture
10. Neck Strains
11. Rotator Cuff Tear
12. Ankle Sprains
13. Hernia
14. Carpal Tunnel Syndrome
15. Shoulder and Upper Arm Sprains
16. Radius and Ulna Fracture
17. Lumbar Disc Disorder
18. Back Pain
19. Disc Degeneration
20. Pregnancy, Normal

Top 20 Procedures

1. Hysterectomy
2. Knee Replacement, Total
3. Meniscectomy and Meniscus Repair

MDGuidelines is your one-stop portal for return-to-work and treatment guidelines!

July, 2013 Updates:

- Upgraded Predictive Model with more data and an enhanced geographic modifier
- New interactive graph feature: many graphs now allow you choose which medical codes to include/exclude
- Washington State Opioid Guidelines updated
- VA/DoD Clinical Practice Guidelines now available

Celebrating the eighth year of ICD-10 medical code integration into the MDA!

Content Sources


Leave of Absence Advisor ©
Medical Disability Advisor (MDA)
American College of Occupational and Environmental Medicine Practice Guidelines (ACOEM APG)
ACOEM Practice Guidelines Version 3 (ACOEM V3)

Crosswalks

ACOEM version 3: ICD-9-CM to CPT
California MTUS: ICD-9-CM to CPT
Colorado: ICD-9-CM to CPT
Louisiana: ICD-9-CM to CPT
New York: ICD-9-CM to CPT

State Guidelines

California (MTUS)
Colorado Treatment Guidelines



FMLA Guidelines

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New Topics

1. Femoral Acetabular Impingement
2. Gluteus Medius Tear
3. Hip Dysplasia
4. Ligamentum Teres Rupture
5. Meralgia Paresthetica
6. MRSA
7. Pronator Syndrome
8. TFCC
9. Trochanteric Bursitis

Revised Topics

1. Abdominal Adhesions
2. Abdominal Aneurysm
3. Abdominoperineal Resection of Rectum
4. Abortion, Surgical
5. Abscess
6. Abscess, Peritonsillar
7. Actinomycosis
8. Anemia
9. Angina Pectoris
10. Appendectomy
11. Appendicitis
12. Arterial Graft
13. Atherosclerosis and Arteriosclerosis