Prevention of Industrial Injuries ..... Use of Early Intervention for Minor Sprains & Strains

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Why We Care

• After 12 Weeks, only 50% of employees will ever RTW

• Back Injuries and sprains/strains account for 30% of Recordables

• Manufacturing leads all Industry type with injuries

• In 1980 the average workers’ comp claim was $6,000; today it is $24,000

  Etc, etc, etc
Current Climate

- Economic Stress for Employer and Employee
  - Financial need to limit WC Cost
- Aging Workforce
- Pressure to PRODUCE
- Fear of REPORTING
  - Attempting to stay below the radar
WE MUST CHANGE THE WAY WE HANDLE WORK RELATED INJURIES

The TRADITIONAL MODEL is no longer affordable
Example

Area employer

Tenured employee with shoulder pain
Safety team “inspection”
Occ. Health then Orthopedic eval
Carrier disputed claim
Specialist - work relatedness assessment
Now Work related claim
Permanent restrictions after IME
Example

Area employer

Tenured employee with shoulder pain  5 hrs = $200
Safety team “inspection”  5 members x 1.5 hrs = $300
Occ. Health then Orthopedic eval  $5,500
Carrier disputed claim  10 mgmt hrs = $ 1,000
Specialist - work relatedness assessment   $500

Now Work related claim

Permanent restrictions   ?????????????
REALITY
POSTURE was the REAL issue
Safety Team inspection & review
$1,000

Conservative medical care $10,000

Permanent Restrictions & IME $25,000

JOB COACHING - PRICELESS
Setting the Stage

What we see today

Traditional Medical Model
Case Managers,

Health/Safety and HR Community

- See WORKERS
- Define by CAPABILITIES
- Focus SAFE PRODUCTION
- Approach is often AGGRESSIVE
Traditional Medical Community

• See PATIENTS
• Define by LIMITATIONS
• Focus HEALING, PROTECTING
• Approach is often CONSERVATIVE
What we know – 3 CRITICAL POINTS

- Rate increases as the workforce ages
- Rate increases with stress
- Often ignored/not reported at their earliest stages
Typical demographic make-up

- **Associate Demographics**
  - ☑ female
  - ☑ > 40 yr old
  - ☑ smoker

- **Manual Labor for**
  - ☑ > 10 years

- **General Health**
  - ☑ fair to poor

- **Job Tasks High Risk**
Additional Risk Factors...

- Complacency
  - Mgmt and Employees

- Stress at home and work
  - Mgmt and Employees

- Poor posture/movement patterns

- Lack of education/accountability regarding personal health
High Risk Activities: Shoulder

Based on the normal anatomy of the shoulder, the strength and general health is jeopardized with...
Reaching Above Shoulder Height
Repetitive Reaching
Where It Starts…

• First
  • Fatigue of shoulder/upper trap muscles

• Second
  • Limited motion of the neck

• Third
  • Aching in the shoulder joint

• Fourth
  • Limited motion and strength in the arm
Process tree...

- Condition worsens
  - NO ACTION
  - SEND TO CLINIC
    - Restrictions
      - Meds
      - Special Testing
    - Therapy

Minor Complaint

Treated as health issue
$75,000 Rotator Cuff Claim
Re-visit Scenario

LOOK FOR THE MISSED OPPORTUNITIES
What we know – 3 CRITICAL POINTS

• Rate increases as the workforce **ages**

• Rate increases with **stress**

• **Often ignored/ not reported** at their earliest stages

**JOB ROTATION**

**Pre-Work Stretching**
Typical Demographic Make-up

- **Associate Demographics**
  - male
  - female
  - <40 yr old
  - >40 yr old
  - non-smoker
  - smoker

- **Manual Labor for**
  - <10 yrs
  - >10 years

- **General Health**
  - great to fair
  - fair to poor

- **Job Tasks High Risk**

WELLNESS INITIATIVES
Additional Risk Factors…

- Complacency
- Stress at home and work
- Poor posture/movement patterns
- Lack of education/accountability regarding personal health

**HOLD MANAGEMENT and EMPLOYEES ACCOUNTABLE**
Where It Starts…

• First
  • Fatigue of shoulder/upper trap muscles

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**EARLY REPORTING**

.....followed by ACTION
How you handle complaints of pain

**Two options**

1. Another “issue” to handle

2. An opportunity for improvement
   Partner with a HCP
Athletic Trainer
A New Kind Of Ergonomic Specialist

Recognized by AMA as Allied Health Professionals
  • B. A. or Masters, Certified AND Licensed

Knowledgeable in:
  • Understand Anatomy, posture and body mechanics
  • Triage of complaints – QUICK assessments on the “field”
  • Preventative Stretching
  • Experts at First Aid application
  • Wellness Initiatives
  • Return-to-work programs – initiate safe activity
  • Design and implementation of injury prevention programs
Conservatively, 70% of work related injuries are musculoskeletal sprains or strains

Attributable to:

• Lack of conditioning / de-conditioning
• Repetitive stress
• Poor body mechanics
• Gradual breakdown
• Aging work force
How the AT reacts regardless of the “FIELD”

• Quickly assess complaints and injuries
• Provide First Aid
• Keep people on the job
  • Protective Limitations
• Direct injury prevention and early intervention initiatives
  • Job-site assessments
• Coach employees
• Organize and Administrate
Process tree…

Treated as health issue

Condition worsens

NO ACTION

SEND TO CLINIC

Restrictions
Meds
Special Testing
Therapy

Minor Complaint – 75% Resolution
Early Intervention System

- On-Site Injury Triage
- Ergonomic Assessments
- Functional Job Descriptions
- Job Site Analysis
- On-Site Specialist
- Associate Education

Maximizing Potential
HOW it works

example

• Using Self Insured Funding – NO NEW BUDGET ITEM
• AT on-site 3 days/wk, 4 hrs per day
• Received as employees as POSITIVE
On-call

- First encounter $25 - $75 dollars
  - FU if needed $25 - $75 dollars

On-site

- 2 employees seen per hour
- $45 - $75/hour
- Also performs FJ D, JSA, education
ATProgram

• 75% FULL resolution within 4 visits or 2 Weeks
• 50 – 70% drop in recordables
• 50 – 70% drop in Occupational Center visits
• Referrals go directly to the specialist when appropriate
• Gate keeper to Occupational Center is an unbiased health care professional