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email blast

Dear Occupational Health SIG members,

Hope this newsletter finds you planning for a relaxing summer!

We appreciate feedback from our members and encourage you to send any comments, suggestions or questions to sanfordgoldstein@hotmail.com or to any board member.

Greetings from OHSIG President, Margot Miller PT

Combined Sections APTA in San Diego February 16-20 offered learning, networking, and sharing of information related to Occupational Health. A great opportunity for OHSIG members!

Your OHSIG BOD met to review the Strategic Plan, progress with the Petition Document for Specialization in Occupational Health, progress with Defensible Documentation project, and to update the timeline for revision of the remaining Occupational Health Guidelines.

The OHSIG Member Business Meeting was held before the OHSIG educational session, "Functional Testing Update – Work Injury Management and Prevention." OHSIG officers and members were introduced. OHSIG Officers include:

- Margot Miller, President
- Dee Daley, VP/Ed Chair
- Lorena Pettit, Education Committee Member
- John Lowe, Nominating Committee Chair
- Patricia Brubaker, Nominating Committee Member
- Kathy Rockefeller, Research Chair
- Drew Bossen, Membership Chair
- Rick Wickstrom, Practice and Payment Policy Chair
- Sandy Goldstein, Communications Chair
- Gwen Simons, Advisor to OHSIG BOD
- Bill O'Grady, Board Liaison

On behalf of OHSIG BOD and OHSIG members, I want to thank Bill O'Grady for serving as OHSIG Interim President this past year. His support, along with that of the Orthopaedic Section Board has been much appreciated. Bill, thank you for your time, effort and talent!

At the meeting, members were updated on OHSIG goals for 2011. We have many initiatives in the works that we believe will give members an opportunity to be involved to a greater extent

in OHSIG activities. We will continue to reach out via our email blasts related to such opportunities. We look forward to member input, feedback and expertise!

The educational session, “Functional Testing Update” was well attended. Thank you to Gwen Simons for facilitating and presenting. Other presenters included Rick Wickstrom, Drew Bossen and Margot Miller. Information focused on current FCE Guidelines, case study examples of FCE and PWS used in return to work, legal issues with FCEs and post offer screens. The audience had great questions and insights related to providing these services. An excellent interactive learning session for all of us!

A Message from Practice & Payment Policy Chair, Rick Wickstrom, PT, CDMS, CES

It has been my pleasure to assume a new role as the Occupational Health SIG Practice & Payment Policy Chair. This year marks the start of several key initiatives that support practice & payment policy efforts by our SIG:

1. **Creating State Payment Policy Liaisons for our Occupational Health SIG:** We are developing a key contact liaison program of Occupational Health SIG members in each state who are passionate about networking to help disseminate practice information and advocate for more favorable practice opportunities & payment policies related to our occupational health specialty. My service as the Ohio Chapter liaison to the Ohio Bureau of Workers Compensation has taught me that networking with other stakeholders and PTs in other states often uncovers critical information that helps advocate for more favorable payment policies in occupational health. For example, physical therapists in Ohio are now reimbursed for travel time and mileage when they go to work-sites to provide services such as ergonomic accommodation studies, functional job analysis, and transitional return to work services. A letter will be going out to all State Chapter Presidents and Executive Directors that requests their assistance in identifying persons who may be interested in active service in this role.
2. **Promoting Occupational Health Guideline Updates:** We need to do a better job of sharing relevant information with physical therapists, payers, regulators and other occupational health professionals as a public relations strategy to promote the professionalism of physical therapists in our specialty. The state-specific payment policy liaisons program will be a great vehicle to disseminating important information about matters that impact practice and reimbursement for our specialty. Our initial plan is to disseminate the recently updated APTA FCE Guidelines update. This guideline has already made an impact on quality/administration concerns related to FCE services in the state of Maine!
3. **Collaborating with APTA Payment Policy and Advocacy Department:** We are very fortunate to have Karen Jost recently join APTA’s Payment Policy and Advocacy Department. Karen previously worked on payment policy matters on the payer side for Washington State Department of Labor & Industries. This experience her a valuable resource to our SIG. Karen has already hit the ground running by developing

a new Workers Compensation Resource Guide and working with our SIG to initiate planning for a couple of future audio conferences on the “Role of the PT in Workers Compensation” and “Collaborating with Insurance Companies”.

Please don't hesitate to email or call me about any matters related to Practice and Payment Policy! I am also responsible for coordinating the update on the Ergonomics Guideline and would welcome some additional task force members who have ergonomics expertise to contribute to a more evidence-based update of the existing guideline.

Professional regards,

Rick Wickstrom, PT, CPE, CDMS
Practice & Payment Policy Chair, APTA Occupational Health SIG
WorkAbility Wellness Center
7665 Monarch Court, Suite 109
West Chester, OH 45069
Work 513-821-7420
Mobile 513-382-5818
Fax 513-672-2552
Rick@WorkAbility.US

WORKERS' COMPENSATION STATE RESOURCE GUIDE AVAILABLE

A Worker's Compensation State Resource Guide is now available on the APTA website. The Guide includes the following:

- links to the state workers' compensation authority website
- contact information
- how to get state workers' compensation news/updates
- links to payment policies and fee schedules
- other helpful links

In addition, an FAQ is available of common questions related to Workers' Compensation.

Go to www.apta.org, click on Reimbursement and select Worker's Compensation.

Petition for Specialization in Occupational Health PT

The petition is nearly completed and attendees at our business meeting at CSM were able to scan the draft document. Dee Daley leads the efforts along with the entire BOD. We will keep you posted on the submission and progress of the petition.

Defensible Documentation

John Lowe and his committee are working with APTA on Defensible Documentation. The information is anticipated to be part of the APTA website late summer/early fall, similar to other focused practice materials already posted.

Guidelines Update

Work Rehabilitation Guideline revision is in process, and should be available soon. Watch for it. Other guidelines will be revised in 2010/2011, including Ergonomic and Legal.

Research Chair would appreciate suggestions.....

Have you read any articles with relevance to evidence-based practice in occupational health physical therapy? The Research Chair would appreciate suggestions as the SIG develops a database and process to share these resources with members of our SIG! Please send to Kathleen Rockefeller at krockefe@health.usf.edu

Occupational Health Research Article Commentary

I had the opportunity to review a 2003 study (JOEM . Volume 45 . Number 8 . August 2003) entitled *Integrated Case Management for Work-Related Upper-Extremity Disorders: Impact of Satisfaction on Health and Work Status*.

The study examined an integrated case management (ICM) approach (ergonomic and problem solving intervention) and its relationship to patient satisfaction, future symptoms severity, function and return-to-work (RTW).

ICM group assignment was significantly associated with greater patient satisfaction. Regression analysis found that higher patient satisfaction levels predicted decreased symptoms severity and functional limitations at 6 months and a shorter RTW. At 12 months, predictors of positive outcomes included male gender, lower distress, lower levels of reported ergonomic exposure and receipt of ICM. As pointed out by the authors, the findings of this study highlight the utility of targeting workplace ergonomic interventions and problem solving skills.

The ICM group received case management intervention from nurses that were trained to perform a standardized initial interview, an ergonomic assessment, and to use problem solving skills in order to develop an individualized case management plan.

Patient satisfaction for the ICM group was compared to the "Usual Care" (UC) group and was significantly higher (72.8% variance) for the following:

1. Were appointment times available and convenient?
2. Was case manager's responsiveness timely?
3. Were useful problem-solving strategies provided?
4. Was case manager knowledgeable?
5. Were workstation changes initiated and helpful?
6. Were opportunities provided to ask questions?
7. Was sufficient background information collected?
8. Did case managers help solve problems?
9. Did case manager teach coping strategies?
10. Was useful information about care provided?
11. Was case manager respectful?
12. Did case manager effectively coordinate care?



WHAT DOES CARPAL TUNNEL SYNDROME FEEL LIKE?

Perhaps most interesting, the nurse case managers trained in the ICM approach generated 1.5 times as many workplace accommodation recommendations for their patients compared to the UC nurses. In turn, the ICM group showed UE related changes in symptoms and function to be improved at 12-months post-intervention.

Physical Therapists that specialize in Occupational Health intervention are skilled in providing the "third party" intervention described as ICM in this study. Physicians, employers and case managers can dramatically improve outcomes by using therapists to provide this type of workplace intervention known as Transitional Work Therapy.

When injury or illness is affecting an individual's work ability, Transitional Work Therapy often proves to be advantageous over traditional clinic-based therapy care. A job-specific treatment approach combines therapeutic work to increase worker functional capabilities with coaching the worker in safe work methods to avoid re-injury, and progressive accommodation to reduce job demands through administrative or engineering controls. Despite the fact that transitional work programs are often hampered by misperceptions, effective transitional work therapy overcomes this obstacle by supporting the primary relationship between the employer and injured worker and by integrating evidence-based treatment with the goal of matching job demands with the worker's ability.

If done correctly, the end result is greater patient satisfaction and safe, efficient return-to-work.

Sandy Goldstein, PT, CDMS
 Communications Chair, APTA Occupational Health SIG
 Sandy Goldstein & Associates
 9375 E Shea Blvd., Suite 100
 Scottsdale, AZ 85260
 P 480-285-6212
 F 888-843-0625
 sanfordgoldstein@hotmail.com

Looking for Authors

I am asking all who are interested in writing a simple article from 2-4 pages double spaced concerning any topic in occupational health and/or ergonomics to email them to me. This is a great opportunity to get the word out on unique areas that you are working on in your field. I hope to hear from many of you. Don't worry about perfection as much as getting the word out. Thanks in advance. Call if you have any questions.

Sandy Goldstein, PT, CDMS
Communications Chair, OHSIG
480-285-6212

Learn more about the Occupational Health SIG

Go directly to the website at http://www.orthopt.org/sig_oh.php. This list includes some of the information available on the website.

- A summary of the OHSIG activities and focus
- Contact information for the entire OHSIG Board
- OHSIG news with posting of recent Email Blasts
- A direct link to the Occupational Health Guidelines
- Minutes of the Board meetings and the Annual Business Meeting at CSM
- Occupational Health resources and websites
- Occupational Health Specialist Locator
- The OHSIG Strategic Plan
- The OHSIG Bulletin Board

If you are a member of OHSIG, make sure your information is current. If you are not a member join today!

There is no extra charge to be a member of the OHSIG, once you are a member of the Orthopaedic Section!