

OCCUPATIONAL HEALTH

SPECIAL INTEREST GROUP

GREETINGS OHSIG MEMBERS!

OHSIG Bulletin Board

Did you receive the OHSIG E-mail blast from OHSIG Communications Chair, Sandy Goldstein? We are excited about the opportunity we have for an active communication link with OHSIG members, via the Electronic Bulletin Board. This is for members only! It's a great place to ask questions of your colleagues and share ideas. The link is https://www.orthopt.org/message_boards.php. Login is required.

For those of you who have not used an asynchronous communication (not all users have to be online at the same time) platform before, you can use the Online Bulletin Board whenever:

- you want to mail a single message to other OHSIG members, and
- when you want to communicate ideas or thoughts for brainstorming or discussion.

GUIDELINES:

1. All members will see your messages.
2. Be courteous.
3. Keep message clear and goal directed.
4. Messages should be related to Occupational Health.
5. We will be unable to accept postings pertaining to advertisements or employment opportunities.

Please make every effort to use correct grammar, punctuation, spelling, and sentence structure.

Most of all, have fun! This is a benefit of belonging to the OHSIG. We hope you will use it!

Petition for Specialization in Occupational Health PT

We expect a response to our Petition any day from ABPTS. ABPTS met mid-May, and indicated we would receive a summary after the meeting. More to follow.

Work Rehab Guidelines Update

Mary Fran Delaune, from the Department of Practice, notified the OHSIG, that APTA's BOD voted to rescind the Occupational Health Guidelines as Board documents with the SS as written. In essence these are now in the purview of the Orthopaedic Section. APTA staff will continue to review for policy/position agreement before updates move onto the APTA Web site.

The following documents were rescinded:

- Occupational Health Guidelines: Physical Therapist In Occupational Health (BOD G03-01-17-59)
- Occupational Health Physical Therapy Guidelines: Evaluating Functional Capacity (BOD G10-08-01-01)
- Occupational Health Physical Therapy Guidelines: Legal And Risk Management Issues (BOD G02-02-16-21)
- Occupational Health Physical Therapy Guidelines: Physi-

cal Therapist Management of the Acutely Injured Worker (BOD G03-01-17-56)

- Occupational Health Physical Therapy Guidelines: Work Conditioning And Work Hardening Programs (BOD G03-01-17-58)
- Occupational Health Physical Therapy Guidelines: Work-Related Injury/Illness Prevention and Ergonomics (BOD G03-01-17-57)

SS: This recommendation is consistent with and supports the Vision for the Future of APTA Governance, adopted by the Board of Directors (Board) at its November 2010 meeting, which identifies the primary role of sections to serve as key resources for content knowledge. The decision for the Board to serve as the body to approve these documents was made at a time when the Board approved all documents prior to their being posted on the APTA Web site, which is no longer common practice. Staff will continue to work in conjunction with content experts to review and update these documents as necessary. The documents will still be available for APTA member access as they will be housed on the APTA Web site as part of the evidence-based document initiative.

Occupational Informational Development Advisory Panel (OIDAP)

We thank Karen Jost, Associate Director of Payment Policy & Advocacy, APTA for the summary of the meeting she attended May 4-5, 2011, related to OIDAP.

Occupational Information Development Advisory Panel Meeting Summary – May 4-5, 2011
Baltimore, MD

This Federal Advisory Committee is charged with providing independent advice and recommendations on plans and activities to replace the Dictionary of Occupational Titles used in the Social Security Administration's (SSA) disability adjudication process. Specifically, SSA is creating an occupational information system (OIS) tailored specifically to meet their program needs.

Following is a summary of activities at their recent meeting May 4-5, 2011, in Baltimore, MD:

- Three new panel members were introduced. John W. Cresswell, PhD, Professor of Educational Psychology at the University of Nebraska-Lincoln; Timothy J Key, MD, Medical Director of the State of Alabama Employees Injury Compensation Trust Fund; Juan I Sanchez, PhD, professor and Knight-Ridder Byron Harless Eminent Chair in the Department of Management and International Business, Florida International University.
- Panel Chair Mary Barros-Bailey, PhD, reviewed the OIDAP 2010 Annual Report and panel activities to date in 2011. She emphasized the Panel's belief that the OIS must adhere to scientific integrity principles to enable SSA

to meet its burden of proof and to be legally sound. She noted that SSA was taking steps to implement recommendations of the panel, including collaboration with other federal agencies, recruiting/hiring scientific staff, implementing a business process, and completing an R&D plan for the project.

- Project Director Sylvia Karman (SSA) reported on the status of several project activities, noting that a final report on job analysis methodologies is due in late June 2011 and a final report on training, recruiting, and certifying job analysts is due in late August 2011. Project staff shared the results of the international OIS survey.
- Staff from the Bureau of Labor Statistics, Department of Labor (O*NET), and the Census Bureau provided information about the systems they use to collect employment information.
- SSA staff presented results from an Occupational and Medical-Vocational Claims Review Study designed to identify the primary occupational, functional, and vocational characteristics of disability insurance (DI) and social security insurance (SSI) adult applicants whose claims were approved or denied at the initial or hearing levels at step 4 or 5 of SSA's sequential evaluation process. They noted that a substantial majority of the jobs held by claimants have been unskilled (22.4%) and semi-skilled (40.4%) jobs that required a relatively short time (< 1 to 6 months) to learn, and the 75% of the jobs were associated with light to medium strength requirements.
- Director Karman and project staff reviewed the Content Model and Disability Evaluation Constructs (DEC) Inventory that is underway. They noted that the review will be shared with the panel and SSA OIS Development Workgroup for comments.
- Three panel subcommittees provided brief status reports with no new content for discussion.

The next quarterly meeting of the Panel will be by teleconference July 27, 2011 from 10 am to 2 pm EDT.

WCPT

Dee Daley is attending the World Confederation of Physical Therapy (WCPT) in Amsterdam later this month. Look for a summary of her visit/presentation in the next OHSIG Update!

Need Authors

If you are interested in submitting an article for OPTP, please let us know.

Member Involvement

If you have suggestions, questions, or comments, you can contact any of the BOD members. We'd love to hear from you! You can find the officer listing on the Orthopaedic Section Web site, under Special Interest Groups.

Professional Regards,
Margot Miller, PT
OHSIG President

HEALTH PROMOTION, FITNESS, AND WELLNESS

By Margot Miller, PT

An article, "Workplace Wellness Programs Can Generate Savings" in Health Affairs, reported the following:

"Amid soaring health spending, there is growing interest in workplace disease prevention and wellness programs to improve health and lower costs. In a critical meta-analysis of the literature on costs and savings associated with such programs, we found that medical costs fall by about \$3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about \$2.73 for every dollar spent. Although further exploration of the mechanisms at work and broader applicability of the findings is needed, this return on investment suggests that the wider adoption of such programs could prove beneficial for budgets and productivity as well as health outcomes."¹

There is a bigger than ever focus today on health promotion, fitness, and wellness in an attempt to target the increasing health care costs, absenteeism and productivity at work, and general lifestyle. The evidence is everywhere: the Internet, newspapers, journals, and magazines. In "Workplace Clinics: A Sign of Growing Employer Interest in Wellness," the authors discussed the recent resurgence of workplace clinics.² Employers have faced relentless growth in health care spending and view workplace clinics as a means to contain medical costs, improve worker productivity, as well as enhance their reputation as an "employer of choice." And consider Healthy People 2010, the federal health promotion and disease prevention agenda developed to promote healthy lifestyles for America.^{3,4} Healthy People 2010 was designed to increase the quality and years of healthy life and eliminate health disparities among various populations. Healthy People 2010 contains 467 objectives to improve health, organized into 28 focus areas, many of which are central to a physical therapist's practice scope including arthritis, osteoporosis, heart disease and stroke, chronic back conditions, obesity, occupational health and safety, injury prevention, physical activity and fitness, to name a few.

Prevention encompasses promoting health, fitness, and wellness through education and providing appropriate guidance to prevent or delay the progression of pathology. Preventive care not only focuses on general health; preventive care aims at minimizing the impairments and functional limitations arising from conditions affecting an individual's quality of life. Examples of preventive care we can provide include screenings for potential health problems, education, and appropriate activities to promote health, fitness, and wellness. Screening may include identification of children with potential developmental delays, identification of ergonomic risk factors at the workplace, or identification of factors putting older adults at risk for falls. Activities that promote general health include prepartum and postpartum exercise classes, classes for older adults to enhance balance and flexibility, cardiovascular condition-

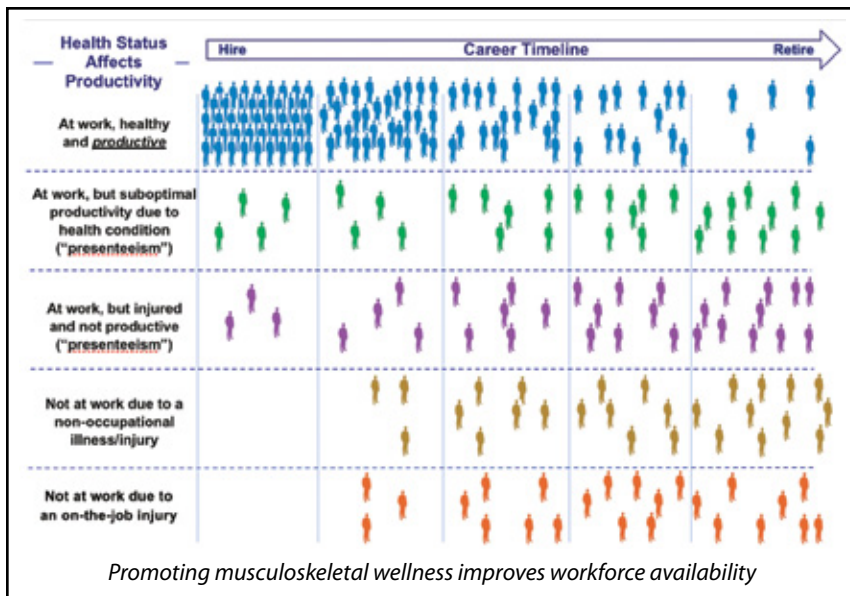


Diagram reprinted with permission from WorkWell Systems, Inc.

ing for individuals at risk for obesity, and classes to prevent back pain through exercise and proper body positioning/techniques. An important component of the preventive care is the education and instruction designed to minimize or eliminate risk. Examples include recommendations to increase functional performance, whether they are related to the individual's activities of daily living, work, or leisure.

An increased level of physical fitness enables us to better withstand physiological stressors and extreme demands made on the body. Those with higher fitness levels are less vulnerable to illness and recover from injury and disease more readily than those who are physically inactive or sedentary. A daily regimen of 30 minutes of moderate level activity, ie, brisk walking, provides proven health benefits and powerful preventive measures for increased health, fitness, and well-being. Since wellness is an active process of becoming aware of and making choices toward a healthier balance, therapists can help individuals make better choices to improve their fitness and wellness.

Regular exercise can prevent many of the chronic diseases in our society, including diabetes, heart disease, hypertension, and obesity. As therapists, we see examples of this every day in the patients/workers we see, where the "therapy" part of the problem is linked with a chronic disease that influences their progress and recovery. By taking a proactive approach that includes education and promotion of fit, healthy lifestyles, physical therapists can ensure workers remain in peak condition both on and off the job, throughout their lifespan.

The ultimate goal is to help people function optimally, enable them to remain healthy throughout their lives, reducing the likelihood of injury during work, home, and leisure activities. Physical therapists can help individuals establish and maintain safe, effective, and enjoyable health and fitness programs. Looking more broadly, occupational health physical therapists can assist employers in lowering health care costs, increasing worker productivity and morale, while decreasing absenteeism and turnover by providing prevention/fitness and wellness programs. Musculoskeletal injuries and illnesses decrease workforce health status and account for more health

care spending than any other single health condition.⁵ Musculoskeletal injuries are the largest single category of workplace injury, accounting for 28% of all occupational injuries.⁶ Musculoskeletal injuries significantly contribute to the imbalance between hours paid and hours worked resulting in a significant decrease in workforce productivity, as illustrated in the diagram to the left.

Add to this an aging workforce. Physical therapists with expertise in occupational health become a valuable partner for employers by providing services to maintain optimum health and productivity for workers throughout the entire work cycle. Prevention services such as functional job analysis, ergonomics, preventive care and preventive screens, education, job coaching, preventive stretching, job specific strengthening, etc will decrease incident rate, decrease recordable injuries, decrease claim volume per 100 workers, decrease lag time in reporting, decrease medical claims cost, decrease productivity loss, and mitigate risk. Services can be provided on an as needed basis or through an onsite clinic at the worksite, if the employee base is large enough. Onsite prevention and wellness services create a culture of healthy productive workers, as well as a stay at work mentality.

In summary, as the health care paradigm shifts from one emphasizing illness to one stressing health, function, quality of life, and well-being. Physical therapists with expertise specific to occupational health are in a prime position to work with employers to influence the health, fitness, and wellness of their workforce.

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5. Center for Financing, Access and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey; 2008.
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