

OCCUPATIONAL HEALTH

SPECIAL INTEREST GROUP

Greetings OHSIG Members!

HAPPY NEW YEAR! THIS IS THE FIRST ISSUE OF 2013. WE HOPE YOU HAD A WONDERFUL HOLIDAY AND ARE LOOKING FORWARD TO A GREAT YEAR AHEAD!

THANK YOU!

This is my last message as President of OHSIG. It has been an honor to serve you. I will continue my involvement as a member of OHSIG, supporting the OHSIG BOD initiatives. I look forward to continuing our work together, supporting those of us working in the area of occupational health. Stay tuned for an announcement of our new officers at CSM!

OHSIG PROGRAMMING CSM 2013

We are looking forward to Combined Sections in San Diego! It's not too late to register—but note the January date. CSM is January 21-23, 2013.

OHSIG programming takes place Tuesday, January 22, 2013. The OHSIG Membership Business Meeting will immediately follow the programming, 12:00 noon – 1:00.

“Unsticking the Stuck Worker – Efficiently Getting Back to Work”

Part I: 8:00 a.m. – 10:00 a.m.

Speaker: Jason Parker, B. HK

Work-related injury or illness comes with a unique set of conditions that may prolong recovery and frustrate the worker, employer, and the physical therapist. This session will provide a set of evidence-based skills and strategies specific to assessing return-to-work motivation and determining risks and predictive factors for prolonged absence from work. These interventions will engage the injured worker, lowering resistance in returning to work. More important, this session will enlighten providers as to behavioral principles from social psychology and motivational science. Attendees will be introduced to a workable model that can be easily used and implemented.

Upon completion of this course, you'll be able to:

1. Identify the significant predictive barriers to returning to work.
2. Recognize the factors that can predict workers having 3 times the odds of chronic disability.
3. Identify the 3 types of resistance to returning to work.
4. Use resistance-reducing strategies to help your client or patient become “unstuck.”
5. Discuss work-related goals with your patient.
6. Engage the worker in problem solving.

****Break: 10:00 a.m. – 11:00 a.m.**

“Working Matters: Patients/Clients at Work”

Part II: 11:00 a.m. -1:00 p.m.

Speakers: Jill Dulich; Karen Jost, PT, MS; Kevin Svoboda, PT; Rick Wickstrom, PT, DPT, CPE, CDMS

On average, over 57% of Americans over 16 years of age are employed in some manner. Physical therapists play a vital role in ensuring that they remain at work. From injury prevention and consultation, to postinjury treatment and rehabilitation, physical therapists interact with workers to keep them working. This session will explore the variety of settings, services, and payment sources that you should be aware of as you support the working population. Learn from a panel of experts representing employers, insurers, and physical therapists about what matters when it comes to work.

Upon completion of this course, you'll be able to:

1. Discuss the variety of opportunities available to physical therapists in relation to supporting the workforce.
2. Explain what is important to employers and insurers who are paying for your services.
3. Understand how physical therapists can influence the issues driving reform in the workers' compensation insurance system.
4. Modify your approach to working patients/clients.

12:00 Noon – 1:00 p.m.

OHSIG Membership Meeting

Meet your Board and find out what's new with OHSIG!

We hope to see you!

OHSIG ACTIVITIES since August 2012

- Dee Daley, Rick Wickstrom, and Jill Galper from the OHSIG attended the Second Scientific Conference on Work Disability Prevention and Integration: Healthy Aging in a Working Society. They also attended the 1st International FCE Research Meeting in the Netherlands, Oct 22-25, 2012. See below for a summary from Dee. Thanks to Dee for the excellent summary.
- OHSIG responded to a request for participation regarding the Palace of Service for CMS. This was officially adopted and available to APTA members as of November 2012.
- Continue our work toward specialization/certification in Occupational Health PT. Considering a rewrite after speaking with ABPTS in November.
- Committee to produce 6 monographs for the Independent Study Courses. Authors are in place—we thank the many who responded to our E-mail blast related to the need for authors. Topics include the following:
 - a. Work Injury Prevention and Management – Determining Essential Job Demands (What, Why, How) Job Analysis, Functional Job Description and Gap Analysis
 - b. Work Injury Prevention and Management – Legal and

- Regulatory Consideration – In Both Outpatient and Job Site Settings, Considerations for State and Federal Regulation
- c. Work Injury Prevention and Management – The Physical Therapist Role in Injury Reduction/Prevention and Work Force Wellness. Employer needs survey, post offer screen and worker selection, personal protective equipment, wellness initiatives, education of the work force, ergonomics and safety program development and team participation
 - d. Work Injury Prevention and Management – Injury Management Considering Employment Goals. Onsite triage and clinical applications, job coaching, graduated RTW program outcome measures related to clinical care, functional testing (FCE and fit for duty exams)
 - e. Work Injury Prevention and Management – Ergonomics – Individual Case and Group Level Evaluation and Interventions and Working with Onsite Resources
 - f. Work Injury Prevention and Management – Coordination and Communication – Coordinating Medical, Insure, and Employer Stakeholders. Case management and guidelines” such as therapy, AMA, CDG, etc, program outcome measurement, development of ergonomics and prevention programs, nonclinical competencies such as cost benefit analysis, ROI, etc.
- Responded to press release related to Safe Patient Handling (watch for the complete response in the next OPTP President’s Message)

Overview of the Second Scientific Conference on Work Disability Prevention and Integration provided by Dee Daley

The Second Scientific Conference on Work Disability Prevention and Integration (WDPI) was held in Groningen, the Netherlands October 22-24, 2012. Several hundred participants and presenters joined together for multidisciplinary scientific presentations, poster presentations, and topical sessions that focused on emerging research related to work disability prevention. Although the conference attendees hailed from around the world, the moderate convention size allowed for face to face interaction with world renowned researchers and interactive sessions/panels.

The theme for day 1 focused on moving from “disability to ability” with key note speakers including Dr. Paul Schnabel speaking on healthy working in an aging society and Dr. Tom Shakespeare on breaking disabling barriers. Their themes of promoting productive capabilities for people of all ages or those with disabilities were explored by break out and topical sessions in the areas of mental health, policy considerations for stay at work/return to work, cancer interventions, disability evaluation, and self management of chronic disorders. Mental disorders and cancer segments reviewed factors influencing long term work absence, predictors of return to work, socio-political and economic challenges, and the impact of vocational programs. Perspectives on the outcomes and consequences of policy changes related to return to work management and compensation were also presented, including the relationship between changes in claims management and claim duration, negotiation of responsibility in return to work and work dis-

ability trajectories. The disability evaluation segment considered the role of the International Classification on Function (ICF) in disability evaluation, evolving use of structured interview to enhance return to work decisions as well as a literature review revealing challenges to independent medical examination. The segment on facilitation of self management in chronic disorders illustrated Dr. Schnabel’s notation that the World Health Organization (WHO) is looking at health not only as the absence of sickness, but the ability to cope and adapt, which reflects many of the findings discussed during day 1.

The day 2 theme “early detection and work disability prevention” started with key note speaker professor, Paul Watson who addressed early identification and management of work related musculoskeletal pain, discussing the facilitation roles of health care professionals, patients and employers in the “return to work” or “retention at work” process. Topical sessions included an expansive look at stakeholder groups as well as qualitative studies on the reasons workers stay at work despite chronic nonspecific musculoskeletal pain and disseminating information through knowledge transfer for best practice use by all stakeholders. Considerations in seasonal/temporary worker populations, the impact of various national standardized benefit time limits (or part time benefits), and the impact of organizational policies and procedures were viewed through the lenses of social, functional, and economic evaluation. The influence of mental health surveillance, exploration of the “worker role,” and the role of significant others/family members were also discussed as factors facilitating or preventing return to work, while another session looked at work disability and health inequity assessment challenges facing the BRICS countries (Brazil, Russia, India, China, and South Africa).

“Towards sustainable working life” was the theme of day 3. Keynote speaker Dr. Glenn Pransky spoke on the evolution of work disability prevention and the movement to a recognition of the importance of psychosocial/environmental dimensions beyond a biological/medical model. Dame Carol Black’s keynote included perspectives on the inter-related societal, workplace, and personal benefits of wellness and working, as well as policy and political influences in the UK. Sessions on day 3 explored the effectiveness of strategies such as insurance initiated return to work coordination, screening as an alternative to case management, empowering post op patients for return to work, work support and employment for cancer survivors, economic evaluation of participatory RTW, and qualitative studies in diverse worker groups. Topical sessions also included methodological issues in prognostic research, worker screening and assessment in areas of health questionnaires, mental health surveillance, and decision support tools.

Conference topics and presenters included diverse perspectives and backgrounds in medicine, psychology, vocational rehabilitation, public health, public administration, safety, compensation, and statistics; stakeholder participation at this level illustrated Glenn Pransky’s keynote point that the concept of “work” is evolving from a medical concept of “work readiness” or “work limitations” to a multidimensional continuum model including concepts such as work readiness, work reentry, stable return to work, and career progression. The third WDPI conference will be located in Toronto ON, Canada in September 2014.

E-MAIL BLASTS

As a reminder, be sure to watch for E-mail blasts from OHSIG. If you do NOT receive E-mail blasts from us and you are an OHSIG member, please let Tara Fredrickson at the Orthopaedic Section office know (800-444-3982 x203) or contact any of the OHSIG BOD. These opportunities are usually time sensitive, so E-mail blasts are the best avenue for us. Also, we will use the OHSIG Bulletin Board when we can.

NEED AUTHORS

If you are interested in submitting an article for OPTP, please let us know. We thank our 2012 OPTP authors:

1. "Holistic Emphasis" by Chris Juneau, PT, DPT, ATC, EMBA and Student PTs Eric Ingram and Brent Robinson.
2. "The Impact of our Aging Work Force: How Physical Therapy Professionals can Improve their Outcomes" by Nicole Matoushek, MPH, PT, CEAS, CEES
3. "Post Offer Pre-employment Testing" by Douglas P. Flint, DPT, OCS
4. "The Effects of Functional Pre-employment Testing on Work Injuries and Workers' Compensation Costs" by John Levene, DPT, OCS, CMT, MS

MEMBER INVOLVEMENT

If you have suggestions, questions, or comments, 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*

INTEGRATING SAFETY AND WELLNESS PROGRAMMING

Margot Miller, PT

Let's start with wellness. Wellness is a difficult word to define. Charles B. Corbin of Arizona State University defines wellness as "a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being." As such, wellness is an active process of becoming aware of and making choices toward a more successful existence.

- Process means that improvement is always possible.
- Aware means that we continue to find ways we can improve.
- Choices mean that we consider a variety of options and select those that are in our best interests.
- Success is determined by each individual and the result of a collection of life accomplishments.

Physical wellness is the ability to maintain a healthy quality of life that allows us to get through our daily activities without undue fatigue or physical stress. The ability to recognize that our behaviors have a significant impact on our wellness and adopting healthful habits (routine checkups, a balanced diet, exercise, etc.) while avoiding destructive habits (tobacco, drugs, alcohol, etc.) will lead to optimal physical wellness. Physical wellness involves aspects of life that are necessary to keep your-

self in top condition. Optimal physical wellness is developed through the combination of beneficial physical activity/exercise and healthy eating habits. Elemental components of physical wellness include building muscular strength and endurance, cardiovascular strength and endurance, and flexibility.

Physical wellness is also taking personal responsibility for your own health care, such as caring for minor illnesses and knowing when professional medical attention is needed. Developing physical wellness empowers you to be able to monitor your own vital signs and understand your body's warning signs. The physical benefits of looking good and feeling terrific most often lead to the psychological benefits of enhanced self-esteem, self-control, determination, and a sense of direction.

From a broad perspective, physical wellness can take into account maintaining a desirable weight, engaging in vigorous exercise such as brisk walking, strengthening exercises including warm up and cool down techniques before and after vigorous exercise, getting 7 to 8 hours of sleep each night, eating properly balanced nutritious meals, having enough energy to get through the day without being overly tired, listening to your body and seeking professional help when needed.

Next we look at a model of wellness and safety working in concert with one another. According to an article "Workplace Health Protection and Promotion: A New Pathway for A Healthier – and Safer – Workforce" published in the *Journal of Occupational and Environmental Medicine* (JOEM), employers that integrate their safety initiatives with their health and wellness programming have the potential to improve the overall health and productivity of their workforces. The article was written by a task force from the American College of Occupational and Environmental Medicine (ACOEM) looking at a new organizational model that would unite workplace safety and workplace health and wellness, which are currently separate business units. According to the article, "Traditionally, health



protection and health promotion activities have been viewed as two distinct activities and have operated independently of each other in the workplace. Placing boundaries around these activities (creating workplace ‘silos’) has been a limiting factor in their overall effectiveness.”

A new way of approaching wellness and safety is one that integrates them into a concept called “workplace health protection and promotion.” Pam Hymel, MD, lead author and past president of ACOEM states, “This is the path to creating a healthier workforce. While we have made great strides in creating separate cultures of safety and wellness in the United States in recent decades, the two have yet to meet and merge into a truly sustainable culture of health.”

Health protection can be defined as activities that protect workers from occupational injury and illness, ranging from basic safety training to the use of protective gear, work organization, and safety enhancing modifications to equipment. Health promotion, by contrast, can be defined as activities that maintain or improve the personal health of a workforce, ranging from health-risk assessments to wellness initiatives and immunizations. Integrating health promotion and health protection activities along a continuum improves personal safety in addition to enhancing personal health, while occupational safety interventions contribute dynamically to improved personal health in addition to enhancing personal safety. “The two factors, personal health and personal safety--each essential to a productive worker and to a productive workplace--are effectively combined in a symbiotic manner way that increases their impact on overall health and productivity. The whole becomes greater than the sum of its parts,” they add.

You might ask what PTs can provide from a safety and wellness perspective? There are a host of occupational health services you can provide to your local employers. Workers may be staying on the job longer and delaying retirement due to collapsed 401(k) plans and dwindling savings, this is particularly

important for the baby boomers who are likely to work well into their late 60s and 70s. The following services are targeted to all workers, including newly hired and very experienced or “seasoned” workers, with most crossing the line between safety and wellness:

- Functional Job Analysis to understand the work being performed, identify risks and identify potential ergonomic improvements that could be made.
- Functional Job Descriptions to identify the essential functions and critical demands of the jobs to assist with the hiring and return to work processes.
- Pre-work or Pre-employment Functional Screens to make sure workers have the ability to safely perform the functional aspects of the job day one.
- New Hire Training to assist new hires remaining fit and safe on the job through education specific to fitness, biometrics, proper nutrition, hydration, use of micro stretch breaks, etc.
- Job Coaching to observe workers performing their job duties at their work station and provide needed coaching education specific to proper body alignment and optimum positioning to avoid needless stress and strain.
- Individual and Group Prevention related to a specific job or group of jobs, involving one worker or group of workers.
- Preventive Care including Early Intervention Screening/First Aid to reduce reported discomfort and improve job performance.
- Physical/Occupational Therapy at the workplace with a focus on stay at work when possible to decrease lost work days.
- Functional Testing along with Work Specific Conditioning to assist return to work/stay at work following injury/illness.

Much evidence already exists to prove that a safer workforce is a healthier workforce, but the converse may be true too: that the healthier workforce may be a safer workforce. More studies need to be performed. But in the meantime, PTs have a place at the table to link safety and wellness.

REFERENCES

1. Hymel PA, Loeppke RR, Baase CM, et al. Workplace health protection & promotion: a new pathway for a healthier--and safer--workplace. *J Occup Environ Med.* 2011;5(6):695-702.
2. Definition of Wellness. <http://definitionofwellness.com/>. Accessed November 27, 2012.
3. Corbin CB, Welk GJ, Corbin WR, Welk KA. *Concepts of Fitness and Wellness: A Comprehensive Lifestyle Approach.* 8th ed. McGraw-Hill Companies, Inc.; 2008.

Margot Miller, PT, VP Provider Solutions for WorkWell Systems in Duluth MN, can be reached at mmiller@workwell.com. She currently serves as the president of the OHSIG and is on the Advisory Council for OPTP. Photos are courtesy of WorkWell Systems, www.workwell.com, Duluth MN.

