

OCCUPATIONAL HEALTH

SPECIAL INTEREST GROUP

President's Message

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NOT JUST FOR OCCUPATIONAL HEALTH PHYSICAL THERAPISTS

Several years ago, I witnessed the debate at our state legislature regarding changes to labor and worker compensation statute. The ultimate goal was to produce a decrease in worker compensation insurance rates. With an eye on keeping the injured employee on the job and for early return following injury, legislation was passed. Treatment guidelines were adopted largely from American College of Occupational and Environmental Medicine (ACOEM). Two years later, the Department of Labor is glowing over the decline in claims. On August 19, the *Bozeman Daily Chronicle* cites a recent workers compensation report indicating that the number of claims decreased about 4% from the past year. "Representative Reichner expects that safety training and new medical guidelines going into place will further decrease rates. The Labor Department also said it continues to invest in training for safer workplaces and campaigns designed to get workers back to work more quickly. Before a slate of 2011 reforms, Montana was the most expensive state in the nation to buy such insurance. In rankings released late last year, Montana moved up 7 slots."

More recently, as a representative of the OHSIG, I have had discussions with representatives of two different states requesting resources and assistance in educating our membership in documentation and inclusion of return to work/stay at work initiatives in the plan of care and goals. The OHSIG continues to provide information through articles published here, e-blasts, an upcoming home study course, and programming at Combined Sections Meetings. The information is meant for any therapist that may treat an injured worker. Stay tuned in; it is always wise to be proactive and avoid the necessity of more legislative reforms.

Limitless Opportunities for the Physical Therapy Professional in the Occupational Health & Workers' Compensation Industry

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AN EXCITING PARADIGM SHIFT FOR OUR PROFESSION

The role of the Physical Therapist in occupational health has been an exciting paradigm shift for our profession. It can be a means of providing value to industry by serving employers

and employees alike with injury prevention and management programs. These programs can reduce ergonomic risk factors, provide post-offer/pre-employment assessments and develop return-to-work programs that can facilitate a prompt and safe return to work following a work-related injury. Physical therapists are well prepared to determine work-related injury diagnosis, prognosis, and intervention. As physical therapists, our core competencies are in anatomy and the pathomechanics of injury. We understand how injuries happen in the workplace. As experts in movement science and treatment intervention, we know how to address work-related injuries and prevent them from happening again. Our understanding of biomechanics and work physiology allows us to step into the setting of the workplace, assisting with workplace design, ergonomic adaptations, and employee education programs. Additionally, venturing out into the workers' compensation industry can provide a physical therapist with new personal and professional experiences. Occupational health physical therapists visit various work environments, put on steel toed boots, hard hats, and get a little dirty! It allows us to experience what the workers experience, from the factory line conveyor belts, to driving forklifts, to engineering design, to attending union meetings. The work takes us out of the traditional clinical setting to ride in a semitrailer, watch glass bottles being made in an orange juice factory, see how firefighters train to do their job, and measure fingertip pressure of an employee typing on a keyboard. We get to test our creative problem solving skills by thinking of new ergonomic adaptations and solutions. We get to walk in the shoes of the employee, case manager, adjuster, engineer, and line manager, if even for a minute, to see how their goals can align with the therapy goals. If you are new to occupational health or want to kick the tires, so to speak, then read on! This article provides an overview of the workers' compensation industry and describes some of the limitless opportunities you have as a physical therapy professional, to learn, grow, and serve in the realm of occupational health.

HISTORY OF WORKERS' COMPENSATION IN THE UNITED STATES

A great starting point is understanding a little about workers' compensation, what it is, how it began, why it is in place, and the benefits it provides to both employers and their employees. Workers' compensation is a form of insurance that provides wage replacement and medical benefits to employees who are injured in the course of employment, in exchange for the mandatory relinquishment of the employee's right to sue her employer for the tort of negligence.

The first form of workers' compensation in the United States officially began in 1855, when the states of Georgia and Alabama passed an "Employer Liability Act." This Act permitted employees to sue their employers when they were injured or got sick at work, but the employees also had to prove fault. Under this Act the employee, if injured, had no medical coverage or wage replacement. Additionally, the employer, if sued,

was exposed to big settlements, high costs, and unpredictable outcomes. In the years following the drafting of the Employer Liability Act, there was a drastic increase in occupational claims and costs, forcing the states to develop an alternative solution.

Over the next few decades, each state one by one created their own form of workers' compensation legislation. This resulted in a fairly standardized workers' protection and compensation system nationwide, but workers' compensation claims were still administered at the state level. The goal of the system was to provide a worker with rights to medical treatment and compensation due to a partial or permanent disability that was incurred due to a work-related incident. Additionally, the new system was considered a "no fault" system. This "no fault" system eliminated the need for the employee to prove fault of the employer in order to receive benefits. Therefore, this new system eliminated the high costs to employers from the claims involving employer negligence.

Presently, the workers' compensation laws in the United States vary from state to state, including their corresponding fee schedules, payment policies, and treatment guidelines. Most states allow private insurance companies to administer their claims, whereas 12 states operate individual state funds and a few states have a state-owned monopoly. Lastly, there is also a Federal Workers' Compensation Program, called the Federal Employees Compensation Act (FECA) that was adopted in 1908. The FECA is administered by the federal government and applies only to federal employees.

BENEFITS OF WORKERS' COMPENSATION

The following are benefits of workers' compensation insurance for both the employer and their employees.

- **For the Employer:** it provides protection and substantial cost savings from potential negligence. For example, prior to workers' compensation laws, the injured or sick employee could sue their employer and receive large claims from employer negligence. Under the current system, the employee gives up their right to sue for negligence in return for medical treatment and wage replacement.
- **For the Employee:** it provides wage replacement and medical benefits to injured employees in return for mandatory relinquishment of their right to sue their employer for negligence. Workers' compensation does not cover pain and suffering, punitive damages, or employer negligence. Workers' also receive protection of their job, as the employer cannot terminate or refuse to hire an employee after reporting or filing of a workers' compensation claim. The specific benefits are:
 - Medical Care
 - Temporary Disability Benefit
 - Permanent Disability Benefit
 - Vocational Rehabilitation Services
 - Death Benefits

It is important for the physical therapy professional practicing occupational health to be aware of the intent and benefits of workers' compensation insurance, as they can affect our treatment plans, our remuneration for services provided, and also the motivation of our patients, who are injured workers.

OUR WORKFORCE IS CHANGING, BRINGING NEW OPPORTUNITIES FOR THE PHYSICAL THERAPY PROFESSIONAL

It is well documented that our workforce is changing. Workers are getting older and heavier, and both of these characteristics provide new opportunities for the therapist in occupational health to ensure this changing workforce stays healthy, fit, and productive.

Aging Workforce

The aging workforce is traditionally defined as those individuals aged 55 and higher. This part of our workforce is growing, reflecting 19% of the workforce in 2009, up from 12% of the overall workforce in 2003.¹ Many individuals continue to work past the traditional retirement age due to both financial and personal reasons. When we look at financial impacts, we see that the economic recession, the invention of a 30-year mortgage, and higher overall living costs have all been linked to the growth of the aging workforce. Additionally, people are living longer and they desire a more active lifestyle, a lifestyle that continues to challenge them both physically and mentally. This fact is also shown to be correlated to the increase in the percentage of people foregoing retirement until later years.

When we examine work-related absences following a work-related injury, we see that the duration of work absences steadily increases and the median number of lost work days after injury increases with age.² When we examine various injury trends of this 55+ demographic of our workforce, we find some interesting facts that can help us to develop more focused treatment and injury prevention plans. Falls are the most common means of injury in this group. Overexertion and contact with an object are the next most common ways these workers are getting injured. The conditions and types of issues that appear most commonly are strains, sprains, or soft tissue injuries. Additionally, a higher incidence of fracture rates in this population may correlate to the higher incidence of falls noted above. We also tend to find more patients with multiple injuries and more co-morbidities. This means clinical complications and even the side effects of certain medicines to treat these medical complications can delay the healing process, or the pace in which we can progress these patients through the therapy process. All of these factors may in effect contribute to a delay in the healing process, longer recovery times, extended episodes of therapy, and longer absences from work.³

As physical therapy professionals practicing in occupational health, we have an opportunity to assist in the general wellness, education, and injury prevention for the aging workforce. Points of focus may include educating and encouraging our older patients to participate in wellness programs. When preventing injuries in the workplace for this aging population, reducing fall risk is a priority. Programs that include pre-employment screening and matching the abilities of the aging worker to the physical demands of the work tasks can help to ensure safety and minimize the risk for injury. Upon injury, physical therapy may include a specific focus on increasing balance and muscle power. A recent article demonstrates the benefits of an eccentric focused exercise program for the older population. This article produced data that supports an eccentric-based exercise program, demonstrating superior gains in muscle strength tolerance by the individuals.⁴ If, after formal therapy, the injured worker is still

not tolerating full duty, then a formal return-to-work program may be appropriate to help the worker safely transition back to full work duties. Lastly, ergonomics programs at the worksite can help ensure workplace safety by analyzing body mechanics and changes in posture due to the aging body. These programs can offer ergonomic adjustments to workstations and identify alternate equipment solutions that will reduce joint stress or modify work cycles for this population.

Obesity in our Workforce

An additional trend we see in our workforce demographics is the shift in the body weight of the worker. There continues to be an increase of workers classified as obese or morbidly obese, and generally less active than the previous decades. The research is abundant in pointing out that the workforce that is sedentary is at a higher risk for diabetes and heart disease, has decreases in endurance and muscle strength, and has a much higher risk for disability. In general, as body mass increases, so does physical strength, up to the body mass index of about 38. Once a patient is over a BMI of 38, near the index for severe obesity, the physical strength cannot keep up with the body's mass and the risk for injury, health issues, and lower performance increase dramatically. Additionally, both the medical costs and disability costs increase substantially. One of the best studies that quantified this point is the Duke Study.⁵ The researchers noted the following:

- Moderately Overweight, BMI 25-29.9:
 - o 7% more workers' compensation claims
 - o Missed 3.5 times more work days
 - o Medical costs 1.5 times higher
 - o Indemnity costs 2 times greater
- Morbidly Obese, BMI 40+:
 - o 45% more workers' compensation claims
 - o Missed 8 times more work days
 - o Medical costs 5 times higher than normal weight workers
 - o Indemnity costs 8 times greater

As you can see by the data, the frequency and cost of the workers' compensation claims for the moderately obese and morbidly obese is significantly higher than normal weight workers. Another recent article presented the data that supports a clinically significant increase in body weight following an occupational back injury, making return to work harder to achieve.⁶

These changes in the workforce demographics and the fact that physical therapists are experts in improving health, function, and mobility provide a unique opportunity for physical therapy professionals to make a difference in keeping our workforce healthy, productively employed, and fit. In occupational health we can help address this obesity in the workforce epidemic with fitness programs, pre-employment screening programs to ensure the worker has the physical capacity to perform the essential work duties, and also provide therapy focused on strengthening and educating the individual.

OPPORTUNITIES FOR PHYSICAL THERAPISTS IN OCCUPATIONAL HEALTH

This section will describe some of the opportunities that the occupational setting opens up for the physical therapy professional. Some of these may include: performing ergonomic assessments, injury prevention services, providing functional

assessments, and return-to-work programs. Let's look at the specific skill sets and programs and services the physical therapy professional can engage in when practicing occupational health.

Ergonomic programs and services: Ergonomics means the study of work. The term is derived from the Latin root words "ergos" meaning "work" and "nomos" meaning "the laws of" or "the study of." When therapists perform ergonomic services, we are attempting to better fit the work to the worker or injured worker. Ergonomic opportunities for the physical therapy professional in occupational health include:

- evaluating the essential functions of the job;
- evaluating range of motion, movement quality, strength, and work postures used to perform work tasks or activities;
- assessment of risk factors for work-related injury development; and
- identification of ergonomic adjustments and adaptive equipment to address ergonomic risk factors that may be causing or contributing to work-related injuries.

Injury Prevention: Physical therapy professionals practicing in occupational health may also be involved in injury prevention, wellness, and performance screening services. These programs and services help to decrease work-related costs, achieve and restore optimal functional capacity, minimize impairments, maintain health, and prevent further condition deterioration and future injury. Therapists may conduct physical screening assessments to determine the need for injury prevention services, and appropriateness of specific components of the program. Additionally, the economic value that employee focused health promotion and wellness programs in the workplace can provide in terms of reduce workers' compensation, medical, pharmacy related and indemnity costs can be significant.⁷ Truly a niche, physical therapists can serve the workers' compensation industry. Examples of prevention activities and wellness programs in the occupational health setting include:

- identification of ergonomic risk factors for musculoskeletal injuries in the workplace;
- performance testing of employees for post offer, pre-employment evaluations;
- employee education programs such as back to school programs, strengthening, stretching, and exercise program instruction; and
- workplace redesign, postural training to prevent job related disabilities, including direct trauma and cumulative trauma injuries.

Functional Assessment: Physical therapy professionals in occupational health have opportunities to provide services evaluating functional abilities. Activities that may be provided in the occupational health setting include:

- functional capacity evaluations,
- assessment of work performance and physical limitations during work activities, and
- development of functional job descriptions.

Return to Work: Physical therapy professionals in the occupational health setting may be involved in determining return-to-work interventions and programs. Return-to-work determination has evolved with the increasing use of functional capacity evaluations. However, in most cases after an injured worker completes a course of formal skilled therapy, concerns regarding return-to-work eligibility and safety remain. Physical therapists who are experts in movement science and injury

treatment make important contributions with return-to-work determinations. Activities for therapists to facilitate return-to-work outcomes include:

- assessment and implementation of work conditioning programs, including identification of needs in regards to physical conditioning; and
- assessment and implementation of work hardening programs, including identification of needs related to physical, functional, behavioral, and vocational status.

CONCLUSION

Over time, the role of the physical therapist professional has evolved into different clinical settings and specialties. The role of the physical therapist in occupational health has been an exciting paradigm shift away from the traditional setting in clinics and hospitals into the occupational setting. It has resulted in a great contribution to industry. There is no greater time for the physical therapy professional to spread their wings and fly high than in the practice of occupational health and serving the workers' compensation industry!

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Watch for Upcoming Independent Study Course 24.1 The Injured Worker



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