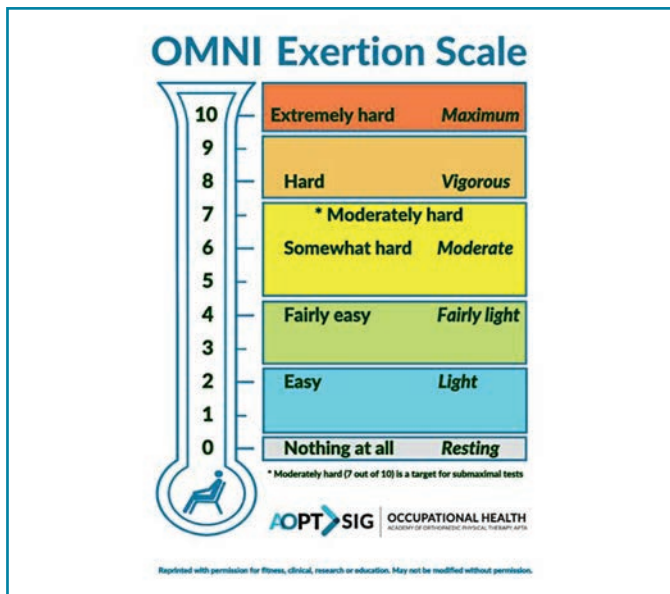


PRESIDENT'S MESSAGE

Rick Wickstrom, PT, DPT, CPE, CME

CSM is just around the corner. To learn more about best practice in the next frontier of Occupational Health, be sure to attend OHSIG's featured session OR-10588 Return to Work- It Does Not Happen by Accident on Thursday, February 3rd from 3-5 p.m. by speakers Lorena Payne, PT, MPA, OCS and Dee Daley, PT, DPT. Lorena and Dee have served the OHSIG as occupational health experts, advocates, and leaders for decades. Join me and other SIG leaders on Thursday, February 3, 2022, from 7:30-9:00 p.m. at the OR-11575 - AOPT OHSIG Meet and Greet Reception. We will hand out OHSIG branded OMNI Exertion Scales and safety vests, to help monitor dance opportunities led by the PASIG, or pub crawls for those of you who still have stamina to burn afterwards. This latest version of the OMNI was created in collaboration with Dr. Robert Robertson who originated the OMNI pictorial scales for rating perceived exertion. It aligns with the Heart Rate Reserve model to support physical activity prescriptions.



The OHSIG is on the move! The New Year marks the release of the first ISC course for our Occupational Health Advanced Practitioner credentialing program is on track for release in 2022, titled Bridging the Gap Between the Workplace and Therapy Clinics. We also have a presentation planned for early January 2022 to our OHSIG State Resources about victory by North Dakota Chapter in getting physical therapists included as Primary Treating Providers in ND Workers' Compensation. The article that follows sets a great tone by our OHSIG Vision statement to *Lead the world in optimizing movement, musculoskeletal health, and work participation from hire to retire.* We need to communicate the value of direct-to-employer services that demonstrate value that physical therapists contribute to Total Worker Health®.

Employers are recovering from the negative impacts of COVID-19. Our new normal provides new opportunities for

direct-to-employer services that optimize movement and function from hire to retire. I am confident that you will appreciate the perspectives from Michael J. Kean, CSP and Cory Blickenstaff, PT, MSPT, OCS on how to establish a value proposition with employers on the value of work-site physical therapy. Enjoy!

Perspectives from Occupational Health and Safety Management of the Value of Work-Site Physical Therapy

Michael J. Kean, CSP and Cory Blickenstaff, PT, MSPT, OCS

PREFACE

The purpose of this document is to provide an overview of the history, knowledge, and professional roles of occupational health and safety management and the benefits of Physical Therapists within occupational health and safety management organizations. This document expounds upon “Current Concepts in Occupational Health: Role of Physical Therapists in Occupational Health” as published by the Academy of Orthopedic Physical Therapy.¹ All physical therapists and occupational health and safety professionals may find it beneficial to understand the benefits of using physical therapists within an occupational health and safety management organization. This document will also guide physical therapists in collaborating with occupational health and safety management organizations to drive sustainable improvements in occupational health while enhancing the quality of life of those they serve.

Hyperlinks are provided to underlined text to access information on other websites about key regulations, best practice examples, or explanatory guidance.

INTRODUCTION

Occupational Health and Safety Management (OHSM) may be generally defined as the science of the anticipation, recognition, evaluation, and control of hazards arising in or from the workplace that could impact the health and well-being of workers, taking into account the possible impact on the surrounding communities and the general environment.² Occupational Health and Safety Management is a broad professional field, which spans many disciplines, including safety science, biology, chemistry, psychology, management, engineering, and health and wellness. A modern OHSM organization often consists of occupational safety, process safety, industrial hygiene, emergency response, and occupational health professionals. Today more than ever, OHSM is a corporate and social responsibility, and is a component of most organizations' business philosophy.

The General Duty Clause of the OSH Act of 1970 requires that, in addition to compliance with hazard-specific standards, all employers provide a work environment “free from recognized hazards that are causing or are likely to cause death or serious physical harm.”³ Compliance with the Occupational Health and Safety Administration (OSHA) regulations are necessary, but insufficient,

and mature OHSM organizations go beyond these minimum requirements. Not all countries have workplace health and safety standards specifically addressing ergonomics and this includes the United States. The National Safety Council (NSC) Injury Facts, a report of all workplace non-fatal and fatal injuries/illnesses within the United States, showed that 31.3% (275,590) of all non-fatal workplace injuries/illnesses were the result of overexertion or bodily reaction.⁴

Present day OHSM organizations include professionals focused on occupational health. Given that human movement is central to worker health and productivity, Physical therapists enable OHSM organizations to anticipate, recognize, evaluate, and control ergonomic hazards. Physical therapists may be internal (ie, employed by the organization) or external (ie, third party/contractor), and their hours of work may vary based on need (eg, 20 hours per week, 40 hours per week, etc). This article will focus on how physical therapists benefit an OHSM organization from the perspective of an experienced OHSM professional.

History of Occupational Health and Safety

The origins of OHSM start with the ancient Babylonians in 2000 BC, with the Code of Hammurabi.⁵ The code included specific clauses dealing with injuries, physician's fees, and monetary damages assessed against those who injured others. In later years, the Egyptians and Romans would give pause for concern for human health and well-being as it related to the construction of monuments (ie, Remesseeum 1500 BC) and infrastructure (eg, aqueducts, sewage systems, home ventilation, etc). Greek and Roman physicians such as Hippocrates, Pliny the Elder, and Galen documented concerns of metal exposure and its impact on human health. These concerns would be validated during the European Renaissance when Bernardino Ramazzini, an Italian physician published *De morbis artificum diatriba* or *The Diseases of Workers*⁶ effectively demonstrating that exposures in the workplace can lead to adverse health effects.

The Industrial Revolution brought about permanent change in how society produced goods. Among these changes were the introduction of inanimate power to replace people and animal power, the substitution of machines for people, the introduction of new methods for converting raw materials, and the organization and specialization of work.⁵ These changes introduced new hazards in the workplace creating the potential for serious injuries and fatalities with very little incentive to ensure worker health and well-being.

In the late 1800s and early 1900s several workplace safety accidents occurred throughout the world. In 1907, a mine explosion killed 362 boys and men working in Monongah, West Virginia. In 1911, a fire at a garment factory in New York City, New York killed 146 adults and children. Tragically, more workplace safety accidents would occur, but the public started to demand safe and healthy working conditions. These demands led to such milestones as the Massachusetts law requiring safeguards on hazardous machines (1877), introduction of a federal workers compensation program (1908), the formation of the NSC (1913), and the passing of both the Occupational Safety and Health Act (1970) and the Federal Mine Safety Act (1977).

Providing a safe and healthy workplace is an expectation of all employers today. Most large workplaces have a full time OHSM organization committed to workplace safety and health. In the United States, the Occupational Safety and Health Administration

(OSHA) and The Mine Safety and Health Administration (MSHA) enforce safety and health regulations. Other organizations such as the National Institute for Occupational Safety and Health, National Safety Council, Centers for Disease Control, American Society of Safety Professionals (ASSP), National Fire Protection Association, the American National Standards Institute (ANSI), and the International Standardization Organization help advance the OHSM field. Sadly, serious injuries and fatalities still occur, with 5,333 worker fatalities occurring in the United States in 2019.⁷

OHSM Professional Education and Experience

Occupational Health and Safety Management professionals are often college educated, with undergraduate and graduate degrees offered globally. They most often study Safety Science, Occupational Safety Management, Industrial Hygiene or Engineering. The Accreditation Board for Engineering and Technology (ABET) accredits many of the aforementioned undergraduate and graduate programs. In addition, the Board of Certified Safety Professionals (BCSP) review and qualify programs if they meet specific criteria. Occupational Health and Safety Management professionals may obtain professional certifications such as the Certified Safety Professional (CSP)⁸ offered by the BCSP and the Certified Industrial Hygienist (CIH)⁹ offered by the American Board of Industrial Hygiene (ABIH). Both certifications require experience, education, and a rigorous examination with continuing education requirements.

All ABET and BSCP approved undergraduate and graduate OHSM programs include coursework in Biology, Chemistry, Physics, and Ergonomics and Industrial Hygiene. In addition to coursework, all ABET and BCSP approved undergraduate and graduate programs require experiential learning through internship and/or research participation.¹⁰ The BCSP CSP examination blueprint¹¹ includes 9 domains. Knowledge domain 1 covers advanced science and math, while knowledge domain 6 covers occupational health and ergonomics. These requirements prepare individuals to lead the OHSM function for organizations, including working cross functionally with physical therapists on Occupational Health.

OHSM Professional Perspective on Occupational Health Applications

Occupational Health and Safety Management programs today apply a management systems approach. Common OHSM system approaches include ANSI/ASSP Z10 – Occupational Health and Safety Management System¹² or the ISO 45001 – Occupational Health and Safety Management System.¹³ ANSI/ASSP Z10 Section 8.8 recommends that workplaces establish an occupational health (OH) process(es) to protect the health of workers including the following:

- Anticipation, recognition, evaluation, control and confirmation (that the control is working and effective) for chemical, physical, biological agents and ergonomic and psychosocial stressors that can adversely affect the health of workers;
- Prevention, early detection, diagnosis and treatment of work-related injuries and illnesses, including emergency care;
- Recognition and reasonable accommodation for both work-related and non-work-related medical conditions that may affect workers' abilities to perform their jobs safely and productively;

AND

- Integration with other aspects of the occupational health and safety management system to ensure occupational health risk issues are addressed.

Physical therapists with the knowledge base, training, and skills in occupational health are positioned to play vital roles in each of these processes.¹

Knowledge required of a physical therapist for occupational health services

- Critical inquiry and evidence-based practice
- Functional implications of health conditions
- Job analysis and ergonomics
- Social Industrial and Commercial Systems
- Science of Population Health
- Occupational Health and Safety Regulations
- Business Management of Occupational Health Services

The areas of practice for physical therapists in occupational health also align with these processes:¹

- Workforce health promotion
- Workplace ergonomic program consultation
- Functional Job Analysis and Functional Employment Exams
- Entry point care for workers with job participation barriers
- Rehabilitation programs for workers with complex health behaviors
- Functional Capacity Evaluation and Impairment Ratings

A core outcome for a successful OHSM program is the well-being of people. As part of an OHSM program, physical therapists help meet this outcome through the following applications:

- Workforce health promotion
- Prevention, evaluation, and management of work related and non-work-related injuries and illnesses
- Ensure organizations design, operate, and maintain equipment and processes with ergonomics in mind
- Reduction in musculoskeletal disorders caused by the work environment
- Structured, disciplined, and agile injury case management process that is mutually beneficial to all parties

Occupational Health and Safety Management organizations measure their performance against these desired outcomes using clearly defined metrics. Metrics alone are not effective. To be effective, metrics must align to a vision, be measurable, and be reviewed on a regular cadence with key stakeholders. Metrics provide a snapshot of an OHSM organization's effectiveness.

Metrics must align with an OHSM organizations vision. A vision defines what you aspire to achieve and how you plan to achieve it. OHSM organizations must have strategies that support its vision. For example, an OHSM organization may aspire to create a workplace that preserves the quality of life of all employees. This will require the organization to design, operate, and maintain equipment and processes with ergonomics in mind. This example provides both the “what” and the “how” of a vision.

OHSM Perspective of Physical Therapist Offerings in an Occupational Health Setting

Employee Engagement

OHSM Perspective - Occupational Health and Safety Management is a people centered function, so it is important to let people know you genuinely care about them before they require

your services. Physical therapists have the unique ability to engage with the workforce in multiple settings in order to build trust and credibility. Physical therapists should take advantage of opportunities to engage workers where they perform their jobs (eg, office, production floor etc). The most successful physical therapists are those who immerse themselves in the organization and find opportunities to engage with all employees through general conversation, training, and hazard identification and risk assessment efforts.

Desired Outcomes - The aforementioned opportunities to engage with the workforce are proactive in nature. They take place prior to an event having occurred and enable physical therapists to establish credibility and trust with the workforce before their services are required. Lastly, they allow the physical therapist to create value for the organization using their knowledge and skills to improve workplace health and safety. Simply put, the desired outcome is to establish a relationship of mutual trust and respect with your customers before they need your services, so that when they do, they feel comfortable doing so.

Measurement of Desired Outcomes – Measuring employee engagement is critical to demonstrating the value of the physical therapist service to the workplace. It truly demonstrates how much the employees value the physical therapist occupational health services. The following are examples of effective employee engagement:

- Total number of employee interactions by Month and Year-to-Date (YTD)
- Total number of employee interactions by Department YTD
- Total number of employee interactions by Type YTD (eg, conversation, training, etc)

Health Promotion and Education

OHSM Perspective – Physical therapists may offer health promotion services¹⁴ related to employer based programs, injury prevention, ergonomic solutions, wellness initiatives, work accommodations, and chronic disease management. While it is preferred that physical therapists offer these services with a regular on-site presence, providing services off site in person or virtually are both realistic alternatives today. The effectiveness of health promotion services is dependent upon the physical therapist and patient relationship, and the physical therapist's knowledge of the work environment. The more the physical therapist is located on-site, integrated into the OHSM organization, and understands the work environment, the more likely the health promotion services will have the desired positive outcomes.

Desired Outcomes – The desired outcomes associated with physical therapy health promotion services are mutually beneficial to employees and employers. Occupational Health and Safety Management professionals desire to collaborate with physical therapists to proactively anticipate, recognize, evaluate, and control workplace musculoskeletal (MSK) disorder risk factors, provide occupational health education to all levels of the organization, and support individual health needs through effective case management. These efforts result in an engaged and knowledgeable workforce, low workers' compensation costs, quantifiable musculoskeletal disorder risk reduction efforts, and employee satisfaction.

Measurement of Desired Outcomes – There are numerous methods of measuring physical therapy health promotion and education efforts. The following are examples of effective health promotion and education measures:

- Workers' compensation costs YTD and 3-year trend
- Total number of proactive educational occupational health activities YTD (eg, health and wellness newsletters, preventative health screens, health fair, training etc)

Functional Job Analysis and Functional Employment Exams

OHSM Perspective – Functional Job Analysis (FJAs) and Functional Employment Exams (FEEs) are critical to understanding the physical demands of specific work activities, proactively identifying and controlling MSK risk factors, and ensuring good injury case management. Physical therapists should collaborate with employees and supervisors to develop initial FJAs and complete reviews on a regular cadence thereafter. Functional Job Analyses provide the necessary data on physical demands allowing the development of functional exams for pre-employment screening, post offer employment testing, and post-injury applications such as post-employment fitness-for-duty/return to work and periodic testing. It is important for physical therapists and OHSM professionals to understand the regulatory and legal issues that must be navigated with FEEs at each phase of employment; pre-employment, post-offer, and post-employment.¹⁵ Occupational Health and Safety Management professionals should collaborate with physical therapists to understand potential job tasks with MSK risks and implement sustainable controls to reduce the risk to an acceptable level. Occupational Health and Safety Management professionals should collaborate with physical therapists and Occupational Health Nurses to ensure Licensed Health Care Professionals have this information so they understand the existing physical job demands prior to determining potential work restrictions.

Desired Outcomes – The desired outcomes associated with FJAs and FEEs are mutually beneficial to employees and employers. OHSM professionals desire to collaborate with physical therapists to develop, document, and sustain the physical job demands for each job task. Occupational Health and Safety Management professionals and physical therapists use this information to proactively understand job tasks at risk for MSK disorders and ensure the development and prioritization of risk reduction strategies. Occupational Health and Safety Management professionals and physical therapists use this information during injury case management, ensuring individuals may safely return to work based on the job's physical demands and potential assigned work restrictions with consideration for potential workplace accommodations.

Measurement of Desired Outcomes – Numerous methods exist for measuring physical therapy efforts toward FJAs and FEEs. The measures for FEEs are consistent with those needed for occupational injury management that will be listed in that section below. The following are examples of effective FJA measures:

- Percent FJAs complete vs. total job tasks
- FJA review percent completed
- Total number of ergonomic opportunities identified through FJA completion
- Lost Work Day Case rate

Workplace Ergonomic Program Consultation

OHSM Perspective – An active and sustainable workplace ergonomics program with cross-functional participation is critical to reducing MSK risk factors within the workplace. Physical therapists should always be included in the workplace ergonomics program as a subject matter expert (SME). Physical therapists understand the work environment; the physical job demands, and

how best to apply psychological and physiological principles to the design of work processes to eliminate or reduce MSK risk factors. Even if an OSHM organization has an advanced resource model (eg, Safety Professional, Industrial Hygienists, and Ergonomists etc), not including a physical therapist as a SME limits the ability to influence the organization in ergonomics from a medical, biomechanical, and physiological perspective.

Desired Outcomes – Physical therapists have the ability to positively affect workplace ergonomics if allowed. Physical therapists have both leading and lagging indicator data and may help the organization determine where to focus their efforts. Physical therapists have both the operational and technical knowledge to support ergonomic risk assessments; identifying MSK risk factors in the workplace for new and/or existing work processes. Physical therapists have the requisite knowledge to identify ergonomic solutions, perform associated engineering economic analysis, and communicate alternatives to all levels of the organization so those with decision rights may make an informed decision. Lastly, physical therapists may develop and lead ergonomics related training to all levels of the organization to improve ergonomics understanding.

Measurement of Desired Outcomes – Examples of measuring the desired outcomes for physical therapy workplace ergonomic program consultation are numerous. The following are examples of effective measures of workplace ergonomic program consultation:

- Workplace ergonomic committee meetings conducted
- Total number of attendees at ergonomic committee meetings conducted
- Total number of workplace ergonomic hazards identified vs total number corrected
- Percent of total risk reduction for ergonomic hazard identification (eg, FJA changes, ergonomic assessments, equipment design reviews etc)

Hazard Identification and Risk Assessment

OHSM Perspective – The identification of hazards and associated risks is paramount to positively impacting workplace occupational health and safety. Physical therapists must be engaged in the hazard identification and risk assessment process for ergonomics. This includes both proactive (ie, safety design review for new equipment or work process) and reactive (ie, severe sprain/strain work related injury) hazard identification and risk assessment efforts. Physical therapists must be allowed to provide input based on education and professional experience so that the collective group may apply the hierarchy of controls¹⁶ (eg, personal protective equipment, administrative, engineering, substitution, and elimination) to eliminate or reduce risk associated with workplace hazards that could result in a negative outcome if left uncontrolled.

Desired Outcomes – The desired outcomes associated with physical therapist involvement in hazard identification and risk assessment efforts are numerous. Engaging physical therapists in hazard identification and risk assessment efforts proactively may result in ergonomic hazard elimination by applying Prevention-Through-Design concepts. For example, a physical therapist may review building information modeling designs of equipment with a project team prior to construction to identify hazards and design them out.

Engaging physical therapists in hazard identification and risk assessment efforts reactively may result in ergonomic hazard elimination but it is more difficult to enact change. Both proactive and reactive hazard identification and risk assessment efforts allow for

the identification and prioritization of ergonomic risk factors so that the hierarchy of controls may be applied in order to effectively eliminate or reduce risk and build capacity in our work processes for future negative/unwanted outcomes (ie, injury/illness).

Measurement of Desired Outcomes – Measuring the desired outcomes for hazard identification and risk assessment efforts presents with numerous examples and is important to understanding how effective OHSM efforts are. The following are examples of effective measures of hazard identification and risk assessment:

- Total number of hazard identification and risk assessments completed YTD
- Total number of proactive hazard identification and risk assessments completed vs total number of reactive hazard identification and risk assessments completed YTD
- Total number of ergonomic hazards identified YTD
- Total quantifiable risk identified vs. total quantifiable risk reduced YTD
- Total number of higher order controls applied YTD
- Identification of top 5 ergonomic hazards in the workplace (ie, what is it and where is it located?)

Non-Occupational Injury/Illness Evaluation and Rehabilitation

OSHM Perspective – The evaluation and rehabilitation of employees with non-work-related complex health behaviors are important. Not all workplaces use this service, but those that do see additional direct and indirect benefits to their occupational health program. Employees appreciate this service as it demonstrates employers care about them beyond the confines of the work environment. Employers benefit from improved employee morale and a willingness to engage in the OHSM program elements related to the work environment.

Desired Outcomes – The desired outcomes associated with non-occupational injury/illness evaluation and rehabilitation efforts are many. Employers who evaluate and rehab non-occupational injuries/illnesses see increased participation in the occupational health program and reduced likelihood of non-occupational conditions becoming work related.

Measurement of Desired Outcomes – Measuring the desired outcomes associated with non-occupational injury/illness evaluation and rehabilitation is fundamental and necessary to ensure continuous improvement. The following are examples of effective measures of non-occupational injury/illness evaluation and rehabilitation:

- Total number of non-occupational injury/illness visits YTD (HIPAA compliant, generalized usage data)
- Total number of non-occupational injury/illness visits YTD by Department
- Total number of non-occupational injury/illness visits YTD with Improved Outcomes
- Total number of non-occupational injuries/illness Exacerbated by Work Activities YTD

Occupational Injury/Illness Evaluation and Rehabilitation

OSHS Perspective – The evaluation and rehabilitation of employees with work related complex health behaviors is important. Most workplaces focus their efforts on this single service, but neglect other services that create value. If a workplace directly contributes to an injury/illness in the workplace, the physical therapist may evaluate the employee and help with rehabilitation. A

knowledgeable physical therapist ensures the employee receives the care needed to reach maximum medical improvement while helping them return to their job as quickly and as safely as possible. The use of physical therapists across multiple occupational health roles enables occupational injury care to be even more successful. In other words, if this is the only service being used a lot of value will be left on the table.

Desired Outcomes – The desired outcomes associated with occupational injury/illness evaluation and rehabilitation efforts are many. If employees use the occupational injury/illness evaluation and rehabilitation service, it will be out of trust and respect for the other services provided. An effective occupational injury/illness evaluation and rehabilitation service may result in improved workplace morale, improved employee job performance, improved employee health, well-being, and quality of life. Furthermore, these efforts may result in a reduction in lost-time workdays, a reduction in workers compensation costs, a reduction in insurance premiums, and a reduction in MSK risk factors within the workplace. All of these outcomes are mutually beneficial to the employee and the employer.

Measurement of Desired Outcomes – Measuring the desired outcomes for occupational injury/illness evaluation and rehabilitation is fundamental and necessary to ensure continuous improvement. The following are examples of effective measures of occupational injury/illness evaluation and rehabilitation:

- Total number of occupational injury/illness visits YTD (HIPAA compliant, generalized usage data)
- Total number of occupational injury/illness visits YTD by Department
- Total number of successfully impacted Return to Work/ Stay at Work cases
- Employee Injury/Illness by Nature YTD
- Employee Injury/Illness by Nature YTD by Department
- Total recordable incident rate YTD and 3-Year trend
- Total lost workday case rate YTD and 3-Year trend
- Total workers compensation cost YTD and 3-Year trend
- Insurance premium costs 3-Year trend

In conclusion, physical therapists have the skills to enhance an OHSM program through the application of the services spelled out above. Traditionally we have measured occupational health on the outcomes of occupational injury care, but a broader application allows for a more proactive and flexible approach to occupational health. This approach aligns with the contemporary view of OHSM, enabling the building of capacity into the workplace while ensuring quality of life of the workforce.

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Coming Soon

**ISC 32.4,
Bridging the Gap Between
the Workplace
and Therapy Clinic**

**Watch for future announcements with
Course Description and Learning Objectives
@ www.orthopt.org**

DID YOU KNOW?

The Occupational Health Special Interest Group (OHSIG) is developing a new educational credential program to position and promote therapy professionals as experts in occupational health.

Occupational Health Advanced Practitioner (OHAP) Credential Program

Introduction: Physical therapist and occupational therapists who successfully complete the entire program will be recognized as an Occupational Health Advanced Practitioner (OHAP) and promoted as an occupational health expert by the Academy of Orthopaedic Physical Therapy (AOPT).

OHAP Program Steps:

Step One: Complete the following two AOPT independent study courses consisting of a comprehensive selection of monographs that address varied aspects of occupational health (available in 2022).

- ISC 1: Bridging the Gap Between the Workplace and Therapy Clinic (15 credits)
- o Total Worker Health® Protection and Promotion Programs

- o Functional Job Analysis & Functional Employment Exams
 - o Entry Point Care for Workers with Job Participation Barriers
- ISC 2: Advanced Therapy Programs in Occupational Health (15 credits)
- o Work Rehabilitation Programs for Complex Health Conditions
 - o Elements of Ergonomic Programs for Healthcare and Industry
 - o Functional Capacity Evaluation and Impairment Rating

Step Two: Submit the OHAP program application to begin the credentialing phase.

Step Three: Complete webinar course Current Concepts in Occupational Health Capstone (15 credits). This will require submission of a comprehensive project that will be peer-reviewed by the OHAP Committee. Upon successful passing, course participants receive the OHAP credential.

We plan to award 45 CEUs to therapists who complete the program and hope to keep the overall cost less than \$1,000. Therapists who qualify for OHAP credential may be included on a list and searched by practice focus on the AOPT website.