OHPTSIG PRESIDENT'S MESSAGE

The Combined Sections Meeting in Reno, Nevada was well attended. The programs and educational presentations were excellent. However, the attendance to the annual SIG business meeting was rather small. Those who did attend provided very good input into the activities and issues that the SIG is involved in. The light turnout at our business meetings can be a result of a combination of things; inability of members to attend CSM, other programs and meetings that conflict with the business meeting, lack of good notification of the meeting, and possibly a lack of interest in attending business meetings.

A concern that I have regarding a small turnout to our business meetings is lack of overall membership representation and input into the business of the SIG. It is understandable that the above stated reasons limit participation of many of our members. This brings up the age old question as to how can we solicit and receive more input from those individuals for whom the SIG was developed? There is an ever increasing number of issues that are coming up that have a direct impact on those of us who practice in occupational health and on the entire physical therapy profession. The segment of physical therapy that we are involved in is often referred to as the cutting edge of health care. I sometimes feel that it is on the “bleeding edge.”

The elected officers of the SIG need membership input. I would like to hear from as many of you as possible as to how we can be more effective and efficient in obtaining input from the membership. In addition, I encourage you to contact any elected officer to provide input or register a concern or complaint of the activity or lack of activity the SIG is involved in. You can call or write any of the elected officers directly or contact the Orthopaedic Section at 800/444-3982, FAX 608/784-3350. If you want to talk with me directly call 218/722-1999 or write me at 2202 Water Street, Duluth, MN 55812.

A new bylaw amendment was approved at the annual business meeting to provide mail voting for elected officers. This was a result of membership input. In addition, the SIG has developed a Research Committee that came out of an expressed need by the membership. Our organization can only be responsive to the needs of its members if we can identify the issues that the members feel need to be addressed.

I appreciate the input that many of you have given and I encourage others to provide their input. There are many issues facing all of us. Don't think the issues facing you only involve you, they probably are issues that impact many physical therapists.

Dennis D. Isenhagen, PT

PRACTICE PROFILE

Editor's Note: As more therapists become involved in occupational health, we felt it may be enlightening from time to time to share profiles of practices or programs where therapists are making a difference in the occupational health of their clients, whether those clients are individual injured workers or employers. Our first profile describes how the Hillhaven Corporation used its internal resources (some 3,000 physical therapists) and created an injury prevention, early intervention and rehabilitation program which they have used internally with great success and now market. This article was written by Sara del Valle, BS, PT. She is the National Director of PRETECT for the Hillhaven Corporation.

Injury Prevention and Rehabilitation Therapy Services Can Reduce Workers' Compensation

In 1992, the US Department of Labor's Bureau of Labor Statistics identified our industry—nursing care—as having one of the top three injury rates among all employers. This designation affirmed what we had long suspected from monitoring our own injury rates, and catalyzed our efforts to find solutions to reduce injuries and their costs. With 35,000 employees nationwide, clearly such solutions were in the best interest of both our employees and our organization.

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The result was PRETECTSM, a comprehensive program incorporating various elements of injury prevention and management including ergonomics, proper body mechanics, education, early intervention and rehabilitation therapy. With over 3,000 therapists on our staff, we were well prepared to rigorously test our approach.

Now in its third year and providing services in 170 of Hillhaven's 288 facilities, PRETECTSM has delivered returns beyond our most optimistic projections: the program has helped our organization experience a 19% lost time reduction and a savings of more than $12 million in reduced medical and insurance costs since its implementation. We now offer PRETECTSM services for purchase by other organizations, both in our industry and in others.

A key aspect of PRETECTSM is that it uses the workplace itself as a tool of prevention and rehabilitation, from on-the-job stretching exercises to post-injury transitional work. We customize services to meet the specific needs of each client organization. Prevention services focus on reducing the most common injuries and illnesses (such as strains, sprains, repetitive motion injuries) that involve lost time days, through activities such as worksite and job task analyses to assess ergonomic hazards, customized stretch breaks and ADA-compliant preplacement screenings.

Injury management services integrate recovery activities into the "real world" of the workplace. By incorporating true job tasks and work environments into the therapy regimen, PRETECTSM returns injured workers to full duty in a timely fashion. Internal case management systems, which include frequent communication between all parties (physician, payor, supervisor, other providers, employee), provide continuous control and permit the case to be closed as quickly as possible.

This approach also encourages the employer to be more involved in the employee's progress. In turn, this results in heightened awareness not only of the complexity of the injury prevention and management arena but also of the value and importance of therapy as a tool in managing the costs related to occupational injuries. In other words, it's often an eye-opening experience for employers who have had little understanding of the role that rehabilitation therapies can play—the full spectrum from prevention to recovery—in lowering costs.

Obviously our company is pleased with the success of PRETECTSM. We see our injury prevention and management services as having tremendous potential for future success and growth. We also see this success speaking to growing opportunities for therapists who are interested in this dynamic area of service. As the health care environment shifts around us, the demand for better management of occupational injuries increases. It is our hope that the success of programs such as PRETECTSM are helping to educate businesses and legislators about the positive role rehabilitation therapy (and its practitioners) can play in controlling costs without sacrificing the quality of care. Therapy is part of the solution, and the proof is in the numbers.

NOTICE OF CHANGE:

It is with regret that I have had to announce my resignation from the position of Secretary of the SIG and Editor of this newsletter. This past year with its four newsletters has been quite an education for me. I would like to thank Jonathan Cooperman, the Editor of OPTP, for his patience, support and counsel throughout this year; Tara and Sharon of the Orthopaedic Section for their tireless efforts and great skills with organization and design of layouts, all the authors of articles, news briefs, legal beagles, and announcements for their well written words and efforts, and the OHPTSIG Executive Board for their assistance in this surprisingly extensive undertaking. I need to single out and thank both Dennis Isernhagen and Karen Piegorsch for the additional time they spent helping me make this what I feel is a valuable newsletter for our membership.

Now, the time for my words is concluded. However, I have one more announcement. I am thrilled to announce Roberta (Bobbie, to her friends) Kayser is the SIG's new secretary and newsletter editor. Bobbie brings a wealth of information, skill and energy to the Board and this newsletter. She has already started making great plans for the next editorial year, I wish her the best. I know she and the SIG will excel.

Susan H. Abeln

ELECTION RESULTS

The Nominating Committee is proud to announce the results of this year's SIG elections. Following is a list of the winners:

PRESIDENT—
Dennis Isernhagen
TREASURER—
Mike Burke
NOMINATING COMMITTEE—
Mark Mashburn
CSM '95 PROGRAM HIGHLIGHTS

CSM programming was packed with good sessions. "Research Issues and Forum" was a Joint Program with the Orthopaedic, Research and Private Practice Sections. The focus was Occupational Health and featured Michelle Battie, PhD, PT, and Michael Feuerstein, PhD. Our Hot Topics Forum was "Are you Caught in the Workers Comp/ADA Trap?" The participants enjoyed discussing several case studies with our expert panel: Susan Isernhagen, PT; Jim Ren- nell, PT; and John DeGraff, JD.

We have a very special international program planned for the WCPT on June 28, 1995 in Washington, DC. It is titled, "Occupational Health Panel" and will feature physical therapists from around the world. Confirmed to be there are: Jeffrey Boyling from London, England; Tuulikki Luopajärvi from Helsinki, Finland; Tony Melles from Toronto, Canada; Celia Reed from Queensland, Australia and Linda Darphin, from Louisiana, USA. The program is scheduled to go from 1:30–2:45 p.m. These international experts will address issues related to occupational health. Don't miss it!

Currently, planning is also underway for CSM '96 programming and must be complete by June. Please call your new Education Program Chair, Gwen Parrott, PT at 502/491-7432 with your ideas for topics and speakers!

Submitted by Joannette Alpert, MS, PT

AHCPR RELEASES
LOW BACK PAIN GUIDELINES

The U.S. Department of Health and Human Services, Agency of Health Care Policy and Research (AHCPR) recently released clinical practice guidelines entitled Guidelines for Acute Low Back Pain in Adults. These guidelines ONLY discuss the assessment and treatment of adult patients with ACUTE problems. The multidisciplinary panel developing these guidelines agreed that the assessment and treatment of patients under 18 or those with chronic low back problems may be quite different than for adults with acute problems.

Business and Health reports that according to these treatment guidelines low back pain, the single biggest driver of workers' compensation costs, is best resolved through mild exercise and sometimes, spinal manipulation—not through bed rest, prescription drugs, physical therapy, or surgery. The expert panel that formulated the guidelines concluded that bedrest usually does more harm than good. The panel also said that 9 of 10 cases of acute low back pain resolved themselves in a month or so and that the $20 billion of direct medical costs for lower back pain could be cut dramatically if patients were discouraged from seeking medical care for the problem as often as they do.


CALL FOR INTERESTED PARTIES

If you have an interest in writing or reviewing articles, abstracting "news briefs" or otherwise would like to be a part of creating and refining this newsletter, the Occupational Health Physical Therapy Special Interest Group invites you to consider participating in its newly formed Publications Committee. Any and ALL interested parties please contact the NEW editor Roberta Kayser. Her address is ERGOPEX by Physiotherapy Associates, 4425 Kiln Court, Louisville, KY 40218 or you may call her at 502/451-0400.

The Nominating Committee of the Occupational Health Physical Therapy Special Interest Group is seeking candidates for its 1996 election to the following offices:
1. Vice President
2. Secretary
3. Nominating Committee Member

Please contact one of the following members of the nominating committee if you are interested in running or nominating someone for these offices:

Barbara Merrill
12128 Marilla Drive
Saratoga, CA 95070
408/825-5971

Helene Fearon
7310 N 16th Street, Suite 100
Phoenix, AZ 85020
602/997-7844

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ADVICE TO EMPLOYERS ON FINDING THE RIGHT ERGONOMICS CONSULTANT

Risk Management, the magazine of the Risk Management Society and affiliated with the Risk and Insurance Management Society, recently published an article titled Ergonomics—The Safety Science of the 1990's. Written by the Director of Ergonomics Service for Liberty Mutual Insurance Company in Boston, Theodore W. Braun, this article helps risk managers of Fortune 500 companies understand that applying ergonomics in business is essential in order to save the substantial costs of preventable injuries, gather productivity and quality benefits and avoid costly OSHA citations. In this well written, thorough article, Mr. Braun also offers these employers advice on finding the right ergonomics consultant. It is the editor's belief that understanding his recommendations may assist you as physical therapists in understanding the concerns of the employers and therefore, allow you to be more prepared in your consultation efforts. When you read his recommendations, think of how an employer that you consult with might answer. His recommendation to employers is that they examine the answers to the following questions:

- If there is a good match between the technical expertise of the consultant and the hazards posed by your operations, does the consultant fully understand the employer's business and operations.
- Does the consultant mesh with the management team of the employer?
- Does the consultant demonstrate that s/he is a team player?
- Is the consultant a good communicator? Is s/he articulate, diplomatic and capable of writing succinct, understandable reports?
- Will the consultant be able to respond to your needs and meet commitments? Are the objectives they establish relevant, clear and is there a means available to measure the consultant's progress?
- Does your consultant have a thorough understanding of current regulations and regulatory trends?
- Does your consultant see the "big picture"? Do they understand how the system works, where the opportunities are and where the threats lie hidden?

NEWS BRIEFS

Managed Care in Workers' Comp. & 24 Hour Coverage on Many State Dockets

According to Workers' Comp. Managed Care as the 1995 legislative session opened in January, lawmakers across the country started considering changes to their workers' compensation medical programs. Legislators in states such as California, Tennessee, Illinois, and New York are under pressure from employers to add more cost-containment measures—measures such as fee schedules and authority for managed care. In addition, legislators interest in 24 hour coverage pilot programs remains fairly high. Indeed nineteen states presently have statutes which allow employers (often in pilot studies only) to use this type of 'alternative' product to provide workers' compensation benefits. These include: Colorado, Kentucky, Louisiana, California, Washington, Florida, Maine, Massachusetts (legislation allowing adoption of 24 hour coverage through collective bargaining agreements recently expired), Minnesota, Oklahoma, and Oregon.

Editor's Note: For further information on 24 hour coverage refer to Vol 2, Number 2 of the OHPTSIG Newsletter published by the Orthopaedic Section in the Fall of 1994.

Workplace Ergonomics—Occupational Health & Safety's Newest Magazine

November of 1994 saw the arrival of a new business magazine in the occupational health and safety field devoted exclusively to ergonomics in the workplace. It is Workplace Ergonomics and it is published by Russell Lindsey, the publisher of Occupational Health & Safety. The editors report that the editorial content of this new magazine is to be back safety, material handling, cumulative trauma disorders and computer workstations and vibration, among others.

The OHPTSIG welcomes any comments and ideas for submissions in the newsletter. Inquiries can be directed to: Roberta Kayser, OHPTSIG Newsletter Editor, ERGOPLEX by Physiotherapy Associates, 4425 Kiln Court, Louisville, KY 40218