



Hughston Health Alert

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VOLUME 21, NUMBER 4 - FALL 2009

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Return to Work

A PROCESS THAT WORKS

Helping an employee return to work after an injury or illness reduces the destructive impact that loss of work can have on an employee's life. Loss of work can affect an employee's physical, mental, financial, and social well-being. The ability to return to work positively impacts the employee's lifestyle as a whole and often also means returning to sports, hobbies, or activities that make life more enjoyable.

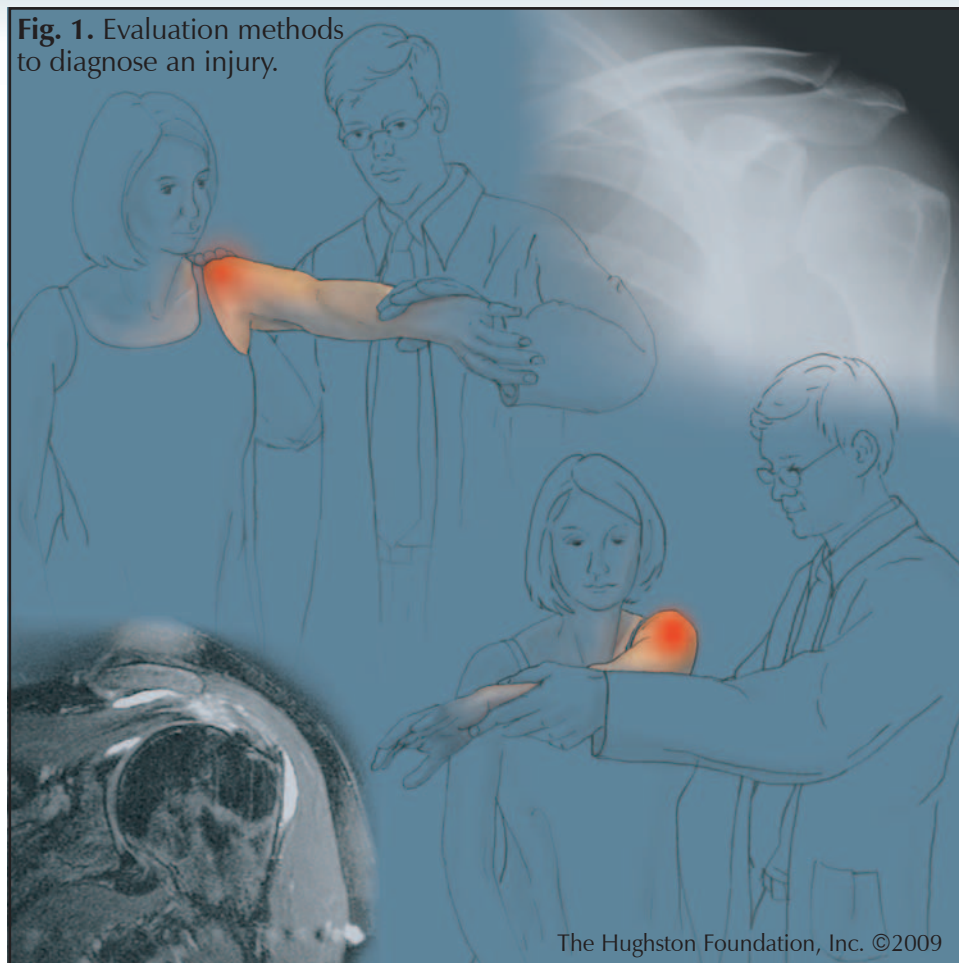
When a worker sustains an orthopaedic injury

Employers typically require an employee to report an injury as soon as possible or at least within 24 hours of the incident. The employee files a formal report describing the nature of the incident and mechanism of injury. Often, employers have a preselected panel of occupational medicine physicians with which the employee can make an appointment. If a musculoskeletal injury is sustained, the employee is often referred to an orthopaedist.

The orthopaedist makes the diagnosis

An orthopaedist will use various methods to diagnose an injury (Fig. 1). The methods include, but are not limited to, hands-on evaluation of the injured area,

Fig. 1. Evaluation methods to diagnose an injury.

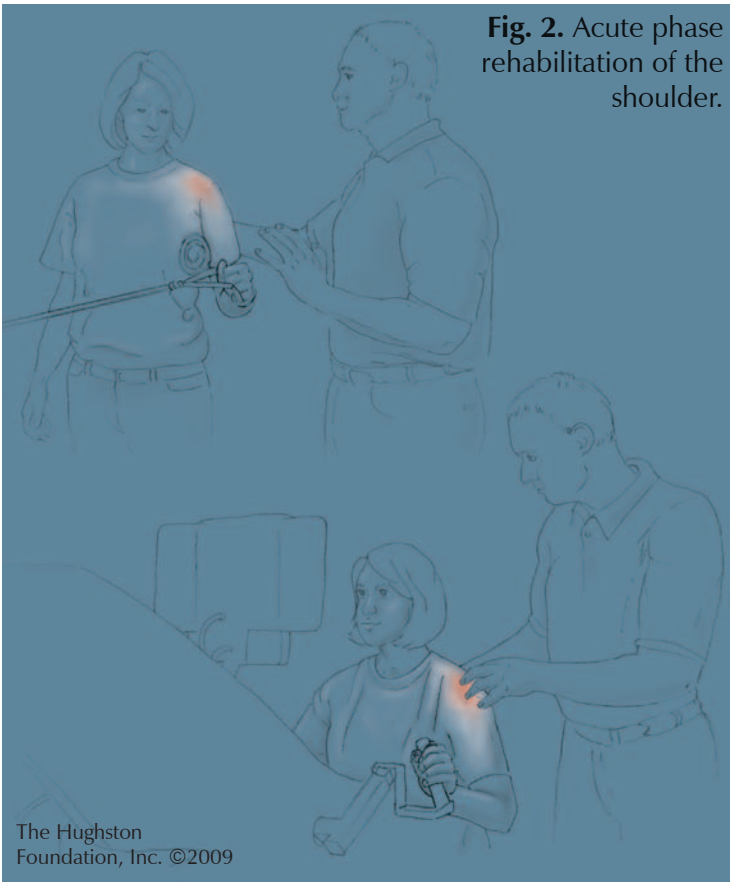


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radiology, such as x-rays and magnetic resonance imaging (MRI) (a test that shows the bones, muscles, tendons, and ligaments), and nerve conduction studies (EMG). The orthopaedist will establish an ongoing healthcare plan that will continue until maximum medical improvement is reached. The healthcare plan can range from weeks to months depending on the severity of the injury.

Based on the diagnosis, the employee is treated surgically or nonsurgically. An employee can be treated with a brace, splint, anti-inflammatory medication, such as aspirin or ibuprofen, and rehabilitation (physical or occupational therapy). Often, when treated nonsurgically, the employee can continue to work, but on light or modified duty. If surgery is determined to be appropriate, the employee will go through a rehabilitation program before returning to work.

Fig. 2. Acute phase rehabilitation of the shoulder.



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Acute phase rehabilitation

Acute phase rehabilitation is the first encounter an injured worker has with a physical or occupational therapist after having seen the physician (Fig. 2). Acute phase rehabilitation can include treatment to reduce pain, minimize swelling, and exercise to increase motion and strength of an injured area. This phase of therapy can begin within days of an injury or surgery and last for an average of 4 to 8 weeks. For injuries requiring surgery, this phase of rehabilitation often begins in the hospital and continues after leaving the hospital.

Work conditioning

Work conditioning is the second phase in the rehabilitation process. Work conditioning is an individualized rehabilitation program designed to prepare the injured worker for returning to work. The work conditioning is coordinated to progress the patient from a hands-on treatment approach to an independent strengthening and conditioning program. The work conditioning program is designed to improve full-body strength and endurance with an emphasis on improving the strength and function of the injured body part. It is designed to enable the worker to progress to actual work simulation as needed and then return to work. For example, an employee can be treated with a combination of flexibility, cardiovascular endurance, core-strengthening, circuit training, and job-specific

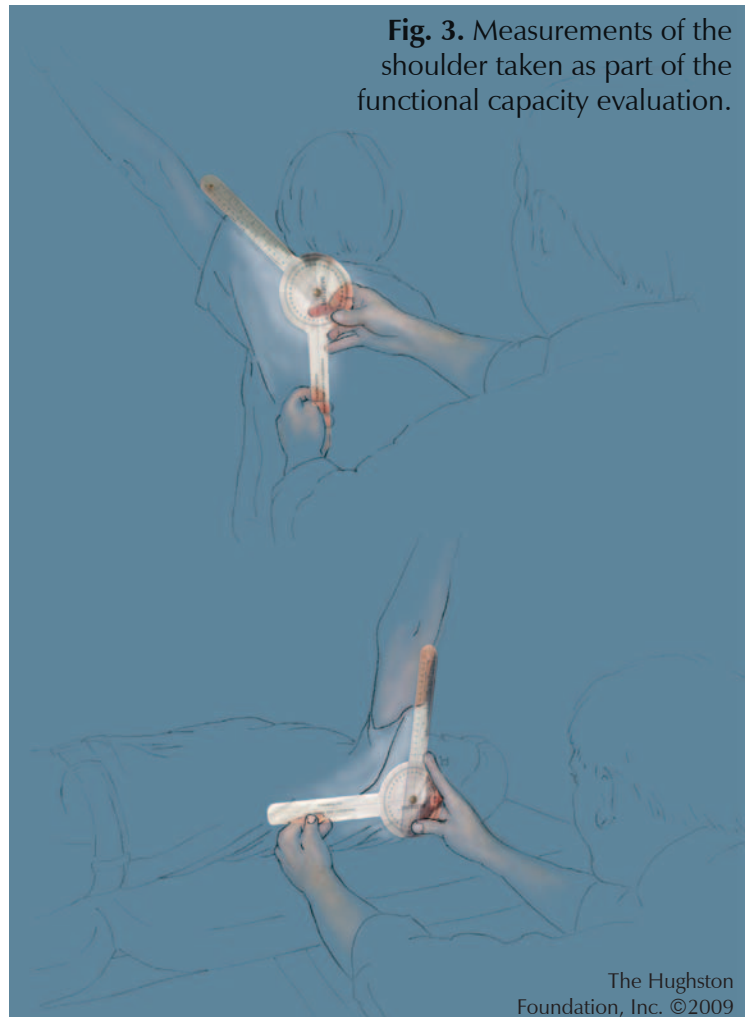
functional activities with the frequency and duration of the program lasting for 4 hours a day, 5 days a week, for 6 weeks.

Functional capacity evaluation

Often, after completion of the work-simulation program the physician refers the employee for a functional capacity evaluation (FCE) or an impairment rating, or both (Fig. 3). The FCE is a comprehensive objective test of an individual's ability to perform work-related tasks. Physical abilities and limitations are compared to physical and functional findings.

The FCE includes the patient's medical history, musculoskeletal assessment, and functional testing. The patient's medical history should consist of a thorough chart review, a functional job description, and a consultation with the employee's rehabilitation case manager or rehabilitation nurse to determine the options for case resolution. The musculoskeletal assessment should include, but not be limited to, vital signs (blood pressure and pulse), gait, posture, coordination, movement characteristics, range-of-motion measurements, muscle strength testing, atrophy or edema, girth measurements, muscle tone or spasms, neurological testing and sensation, reflexes, and

Fig. 3. Measurements of the shoulder taken as part of the functional capacity evaluation.



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balance. In order for the FCE to be useful, the examiner must have a functional job description (FJD) of the client's job, which includes a physical demand level and specific critical demands.¹

Impairment rating

The impairment rating is a consensus-derived estimate that reflects the severity of the impairment. Additionally, it rates the degree to which the impairment decreases an individual's ability to perform common activities of daily living.

Case closure or resolution

Maximum medical improvement is defined as the point at which a condition has stabilized and is unlikely to change (improve or worsen) substantially in the next

year with or without treatment. While symptoms of the condition may wax and wane over time, further overall recovery or deterioration is not anticipated.² Options for the worker at this time involve returning to work with the same employer or with a different employer with or without restrictions.

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Low Back Pain

Low back pain does not discriminate. In fact, 4 out of 5 adults will experience low back pain during their lifetime. The back pain experienced can range from having difficulty attaining a restful night's sleep or trouble standing up from a seated position to actually missing work for a day or more. Whatever the experience, low back pain is the most costly healthcare problem and the second leading reason for missed days from work, other than the common cold, for the 20- to 50-year-old age group.

Causes of low back pain

Low back sprain and strain, or the effects of aging, can cause low back pain in the worker. The muscles of the lower back provide strength and support for standing, walking, and lifting. A sprain in the lower back can occur when the ligaments, which interconnect the bones for structural support and stability, undergo a sudden and forceful movement. A strain of the muscles in the lower back can occur when the muscle is poorly conditioned or overworked. The effects of aging are part of a natural process in which the strength and elasticity of the muscles and ligaments gradually decrease. Other factors that can contribute to low back injury are improper body mechanics, obesity, smoking, osteoporosis, and poor physical conditioning.

Preventing back pain & injuries: Help yourself at work

If an individual already has low back pain, the most important step is to visit his or her physician to get a proper diagnosis and receive appropriate treatment. If the individual does not have low back pain, the risk of injury can be reduced by using proper lifting techniques, avoiding prolonged static postures, such as sitting and standing in

one position for a long period of time, and doing exercises for strengthening and conditioning.

Proper lifting and carrying techniques (Fig. 1) can help reduce the risk of injury to your lower back. The diagonal lift (note position of the feet) provides for a wide base of support for better stability. This technique puts less strain on your back, allows for the large muscle groups to provide the force needed to lift properly, and reduces the load and strain otherwise placed on the back with poor lifting techniques. Another important aspect of proper lifting and carrying is to carry the object close to your body, thus reducing strain on the back, as well.

Standing or sitting in one position

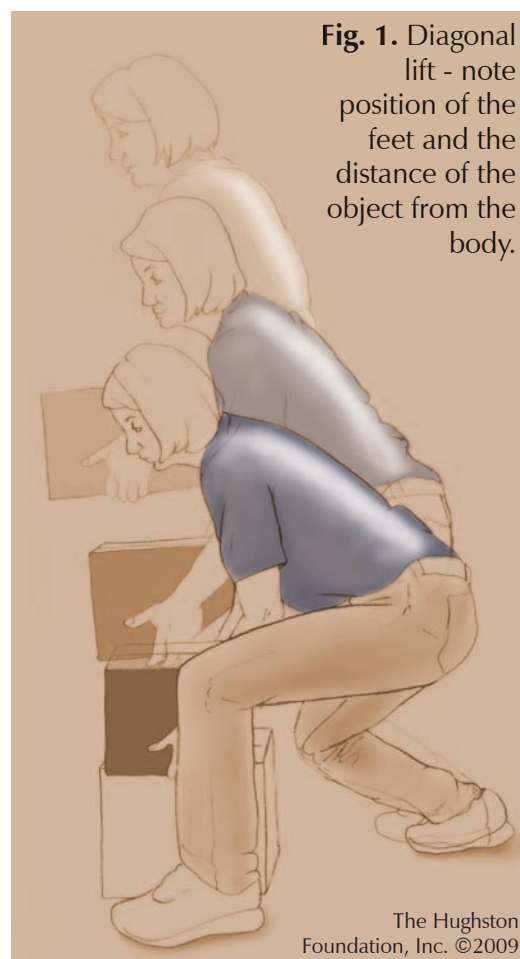


Fig. 1. Diagonal lift - note position of the feet and the distance of the object from the body.

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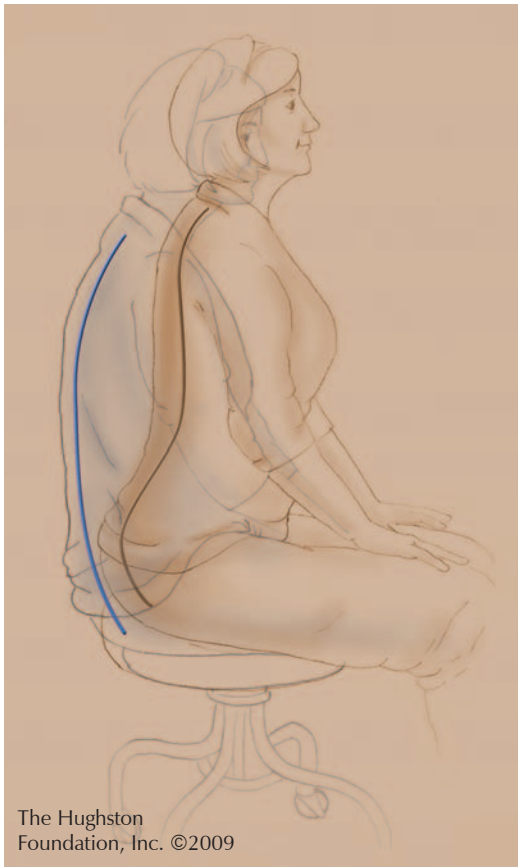


Fig. 2. Arch-slump exercise
Step 1 - While seated, arch your back inward by rotating your hips forward.
Step 2 - Rotate your hips backward while keeping your spine fairly straight. Do not curve your entire spine, you should feel the shifting in your lower back.

for prolonged periods of time can also lead to back pain. Several simple steps can be taken to reduce the possibility of back pain from these causes. Good support and balance for the lower back is important when standing or sitting. By simply placing either foot on an elevated surface, i.e., small box, step stool, or low wooden platform, standing posture can be improved. Likewise, when sitting, good back support with the hips and knees positioned correctly is important. This measure helps reduce load forces on the back. The arch-slump exercise (Fig. 2) is a simple low back exercise that can be done frequently throughout the day by individuals who must be seated for long periods. The arch-slump exercise helps to reduce strain on the lower back. It is also important to maintain good back support and to change positions frequently (every 30 to 45 minutes).

Poor conditioning and obesity are other factors that contribute to back injury. It is important to maintain an exercise program that includes strengthening, stretching, and aerobic conditioning. Maintaining a healthy lifestyle along with an exercise program and using appropriate lifting techniques will reduce the chance of injuring the lower back. No one can totally prevent accidents; however, having a back care exercise program will help to keep your back healthier at home and at work. Remember, always check with your physician before beginning any new exercise program.

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Ergonomics at Work

Ergonomics is an applied science that deals with the interaction between people and their workplace. To apply ergonomics, we examine the employee's physical abilities, the workplace environment, and the task to be completed, and then we apply this information to the design of tools, equipment, and the work method needed to safely complete a task.

Each employee has a personal responsibility to themselves and his or her employer to focus on a safe work environment. The goal of an ergonomic program is for work to be completed with the least amount of stress on the body as possible. Achieving this goal requires a 50/50 team effort between the employer and you, the employee. You are ultimately responsible for your own health and safety by doing what you can to perform the job correctly and safely.

Job risk factors

For almost any job, no matter what it is, there are factors that can cause injury. Risk factors can include force (the amount of exertion needed to accomplish a task), such

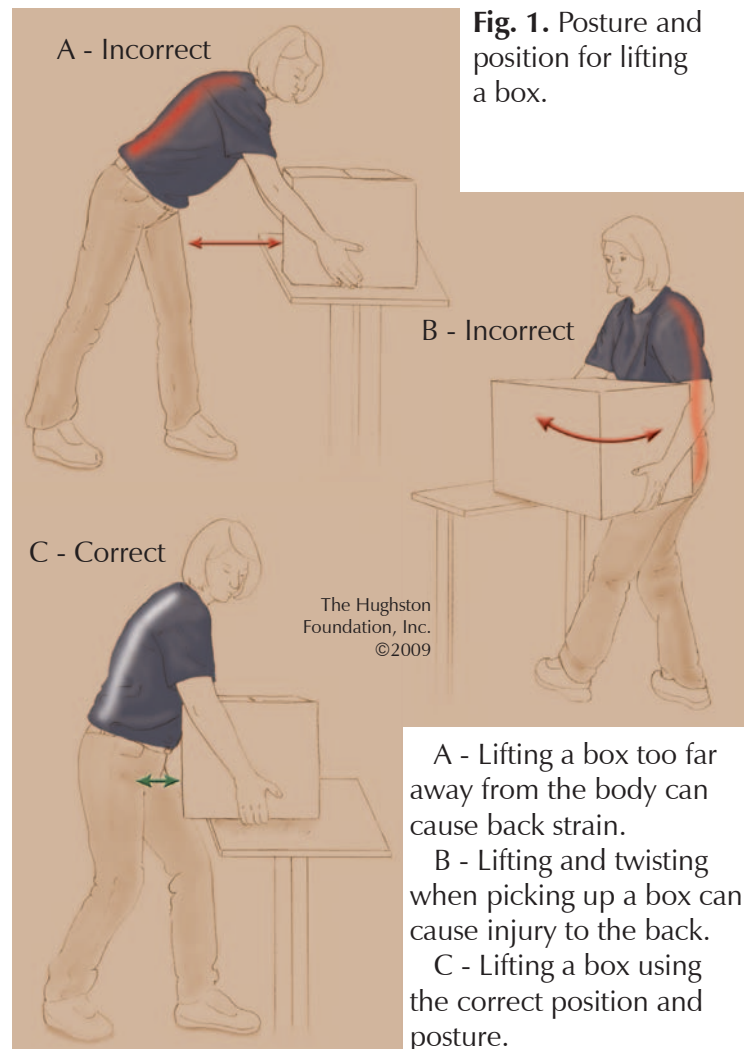


Fig. 1. Posture and position for lifting a box.

A - Lifting a box too far away from the body can cause back strain.

B - Lifting and twisting when picking up a box can cause injury to the back.

C - Lifting a box using the correct position and posture.

as pushing, pulling, gripping, and lifting; repetition (the number of times a movement is repeated); vibration or pressure on the body; and exposure to heat or cold. An employee's posture can also affect the risk of injury. For example, injury can occur if, for an extended period of time, an employee's head and neck are bent forward, backward, or to the side; if the work is above shoulder level; if the work requires the wrists to be bent or causes the elbow to be pushed out from the body; if the work requires bending, twisting, or reaching; or if the job requires squatting or kneeling for an extended time.

Although the risk factors seem abundant, making some simple engineering changes can greatly reduce the risk of injury. Physical changes, such as layout (changing the design of the workstation) and adding or adjusting tools and equipment can greatly reduce the risks.

Your employer's part

Employers can do their part by teaching the employee how to do the job the right way. They can also use ramp-in-conditioning, which allows an employee to gradually

adjust to a new job or task by allowing a break in the conditioning period. Other ergonomic techniques that can help to reduce injury include making sure that jobs are performed in the most correct manner in terms of work posture and position, and reducing repetition by expanding the number of tasks performed by one individual (Fig 1). Training an employee on many different jobs with different risk factors and then rotating him or her between jobs can also reduce injuries caused by repetitive movement.

Your company's future depends on continuous improvement in quality and efficiency so it can stay ahead of the competition. Maintaining a healthy workforce is an essential part of this challenge. Your employer needs your personal expertise to make these changes work, so become involved and become a part of the ergonomic solution. After all, it's your job they want to improve.

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Reprinted from *Hughston Health Alert*, Vol. 16, No. 4, Summer, 2004.

Accident Reports and Employee Involvement

THE KEY TO AN EFFECTIVE PREVENTION PROGRAM

The goal of a work safety program is to prevent employee injury or illness in the workplace. The Occupational Safety and Health Administration, or OSHA, requires prevention methods to fall into 3 control groups: engineering, administrative, and personal protective equipment. These controls include written procedures, safe work practices, monitoring hazards, and training.

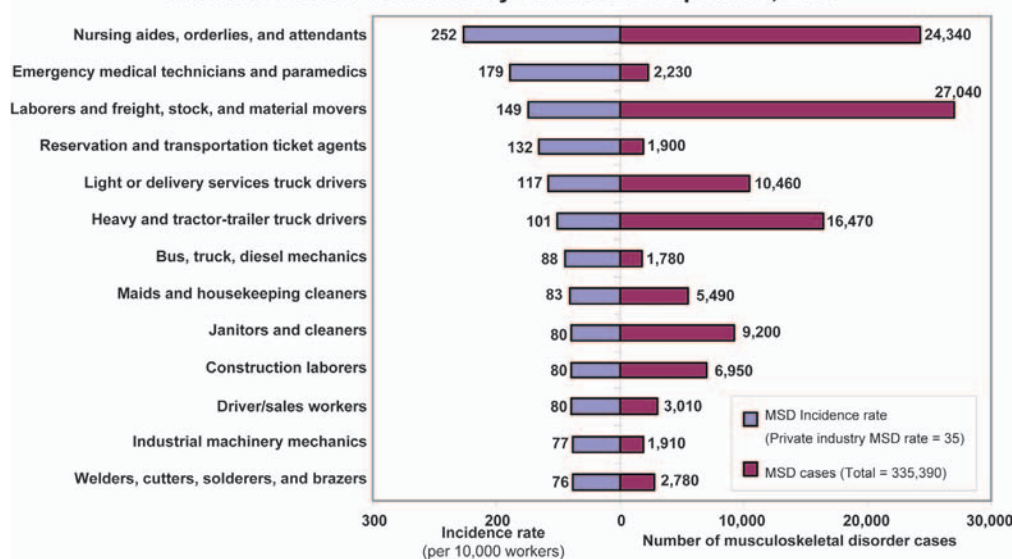
Although accidents are considered a negative for an organization, one positive aspect is that you can see the gaps in your safety program after an accident investigation.

One method to improve and correct any safety problem is through an accident investigation. An investigation can include evidence collection, employee involvement, and witness interviewing. An unfortunate accident can help you understand how an accident occurred and how to correct the hazard to prevent future accidents.

Often, the most effective investigation involves employees because it allows them to play an

active role in determining the cause of the accident and it encourages input to improve safety on the job. Employees can help by reporting all accidents in a timely manner and by writing down who, what, when, where, and why as soon as possible. They should not disturb the accident scene. Additionally, employees can lend expertise, knowledge of the equipment, procedures involved, and what led to the accident. Once the investigation is over, involve employees in setting corrective measures and ensure they follow the new safety rules. Encourage

Incidence rate and number of injuries and illnesses due to musculoskeletal disorders by selected occupations, 2007



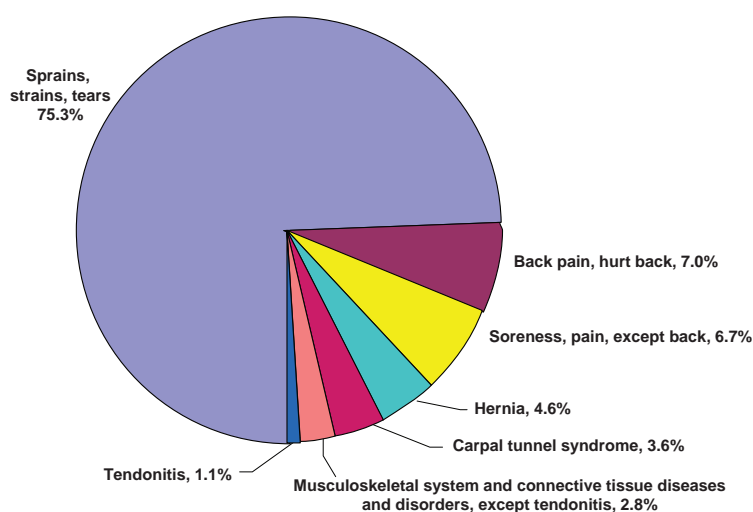
Source: Bureau of Labor Statistics, U.S. Department of Labor

employees to get involved because one of them could be the next accident victim.

A crucial part of preventing future incidents is your accident report. The accident report can explain the causes and lead to solutions to unsafe work practices. The report should include the following information:

- Name of employee involved
- Date and time of accident
- Date and time report was written and submitted
- Location of accident
- Names of witnesses
- Work that employee was engaged in
- Nature and extent of injuries

Distribution of musculoskeletal disorders by nature of injury or illness, 2007



Source: Bureau of Labor Statistics, U.S. Department of Labor

- Description of injuries
- Type of treatment received (include physician, hospital, clinic, etc.)
- Unsafe act or conditions that led to the accident
- Actions to take to avoid similar accidents
- Name of supervisor who investigated the accident and who completed the report

The best accident reports use direct language, are brief and to the point, and provide explanations to get the necessary details across clearly.

Why safety matters

Each year, approximately 4 million accidents involving injuries and work-related illness occur in the United States. Of these, approximately one-quarter involve lost workdays. Between 5,000 and 6,000 American workers are killed on the job annually.

Understanding why and how accidents occur is the only way to prevent them. The accident investigation finds the causes of workplace accidents so unsafe practices can be corrected. Employees need to understand what to expect from an investigation and they should contribute to the process to make their work place safer.

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3. Nonprofit Risk Management Center, 2009.
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2009 Amendments to the Georgia Workers' Compensation Act

INTERPRETING THE RULES

Workers' compensation laws are state mandated; therefore, each state has its own workers' compensation board, department, commission, or division. For details concerning your state's workers' compensation program, you can visit the Department of Labor Web site at <http://www.dol.gov/esa/owcp/dfec/regs/compliance/wc.htm>.

Workers' compensation is a statutory Act created by the Georgia General Assembly to provide certain wage and medical benefits for Georgia's injured workers. The system is administered by the State Board of Workers' Compensation, and disputed issues are decided by Administrative Law Judges. Columbus area employers and employees are fortunate to have the Honorable Tasca Hagler, a highly experienced judge, hear their cases.

Each year, there are legislative changes to the Workers' Compensation Act by the General Assembly and subsequent amendments to the Rules as recommended by the Chairman's Advisory Council. These changes typically take effect July 1 of each calendar year. This year, several changes to the Workers' Compensation Act went into effect that may impact your workers' compensation cases.

O.C.G.A. §34-9-207(a) creates a waiver of confidentiality for medical records in workers' compensation cases. Note that the combined effect of O.C.G.A. §34-9-207(a), and 45 C.F.R. 164.512(1) is to create a specific waiver under HIPAA and under state law for disclosure of protected health information in a workers' compensation claim. Board Rule 61(b)(32), creates form WC-207 for authorization for the release of medical records. A topic of frequent debate has been whether this provision allows employers/insurers to obtain records of other treatment, previous treatment, or records not directly relating to the work injury.

The 2009 amendment clarified, and arguably broadened, the scope of the WC 207 release. Previously, the pertinent language read: “[the] employee shall be deemed to have waived any privilege or confidentiality concerning any communications related to the claim or history or treatment of injury arising from the incident that the employee has had with any physician....” The 2009 amendment added a sentence which reads: “This waiver shall apply to the employee’s medical history with respect to any condition or complaint reasonably related to the condition for which such employee claims compensation.” Thus, it clarified that the employer/insurer is entitled to medical history, even for other conditions, but leaves open the question of what is “reasonably related” to the work injury and who will make that determination. When asked to comment on the change, Judge Hagler stated that non-work-related treatment has often been a heated debate between the parties, and each side was certain of its interpretation of the law. This added sentence should help clarify that some additional medical records are pertinent.

O.C.G.A. §34-9-207(b) was amended to change other issues pertaining to medical releases. First, the statute clarified that the employee must provide a signed release to the employer/insurer, but only upon request, and, second, the release must designate a specific provider. Finally, the release expires on the date of hearing, if a

hearing is pending. This expiration is somewhat confusing and perhaps contradictory because the statute also states that the employer/insurer is entitled to obtain a release from the injured worker anytime the injured worker is receiving income benefits or if the employer/insurer is paying medical benefits, regardless of whether a hearing is pending. Judge Hagler noted that she and the other judges are available through motions or conference calls to assist parties with this issue should we fail to agree on discoverable records.

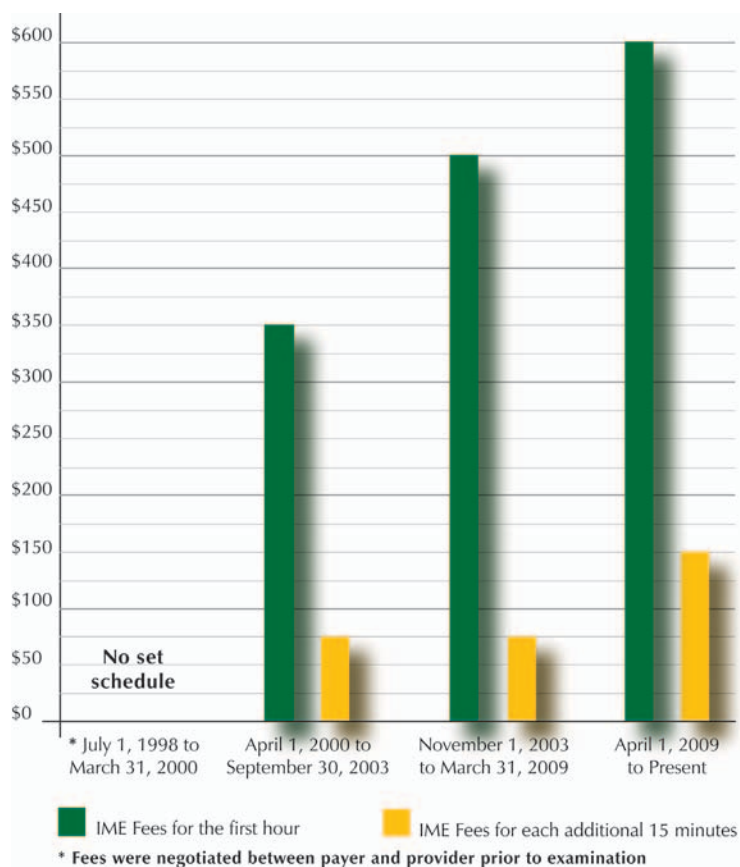
Board Rule 205(a) specifies what medical reports a medical provider must submit to ensure payment under the Workers’ Compensation Act. The Rule has been amended to delete any reference to the following forms: HCFC 1450 and UB92. Forms WC-20(a); HCFA 1500; or UB-04 are now required.

Rule 205(b)(3)(a) allows an authorized medical provider to request advance authorization for treatment or testing by completing Board Form WC-205 and faxing or e-mailing the form to the insurer/self-insurer. A faxed or e-mailed response is required within 5 business days, or the requested treatment or testing stands pre-approved. The Rule was amended to require the medical provider to provide “supporting medical documentation” along with the Form WC-205. Therefore, a WC-205 that does not include supporting medical documentation would presumably not result in automatic preapproval of the requested treatment or testing, even if the insurer/self-insurer fails to respond within 5 business days. Judge Hagler suggested that claim handlers be mindful of the time sensitive requirement of a WC 205 request as it can become a binding order without the ruling of a hearing judge, and physicians should not assume authorization if the required supporting medical documentation was not attached.

Board Rule 202(b) was amended to increase from \$500 to \$600 as the prepayment for an Independent Medical Examination (IME). This prepayment is the base rate for the first hour. Any additional charges should be submitted on the usual forms and are to be paid within 30 days of receipt by the payor (Fig 1).

While there are several other amendments to the statute and rules for 2009, the items discussed have the greatest impact on the medical aspect of a claim. If you would like a list of all amendments, the case law update for 2008-2009, or more information concerning workers compensation visit www.sbwca.ga.gov.

Fig 1 Independent Medical Examination (IME) Fee Schedule



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