

# **TCOM** OCCUPATIONAL MEDICINE NEWSLETTER

A health and safety publication of Total Care Occupational Medicine

Winter 2003-04

Volume 10

**To our readers,**

*It's with pleasure that we bring you this edition of our Occupational Health and Safety Newsletter. Your continued support and interest in our activities has allowed Total Care Occupational Medicine to be the leading provider of Occupational Medicine services in Central New Jersey. It was not long ago that we started out with one client (Somerset Medical Center) and an idea- to provide dedicated occupational medicine as a specialty delivered in a client friendly and business oriented format. We now serve over 400 active clients, including several national companies. Some clients have broken contracts with nationwide service providers in order to use TCOM, but the benefits are there to see. In this edition of the newsletter, we report on our outcomes data so that you can compare. (That is, if you can find another provider who is willing to show you their data!)*

*Medicine here is not practiced by shareholder expectations based upon the number of physical therapy sessions or doctor visits. We practice medicine according to our consciences as physicians- to provide the best treatment we can while returning the injured worker to work as soon as is safely possible. With wishes for a happy and safe holiday season,*

*Eliot Kusnetz, MD, MPH  
Medical Director*

***Is it really related to work?***

NJ worker compensation courts have issued several rulings in cases dealing with causation. Causation (the question of whether an injury is really related to work) is frequently an issue of contention and is interpreted by judges of compensation according to NJ statutes. The determination of causality depends both on medical and legal interpretation. The following are a few recent rulings that deal with causation.

***Wilson v. Rite Aid Corp.***

Decided March 31, 2003 by the Honorable Robert F. Bulter, Judge of worker compensation. The petitioner was attacked and beaten at her workplace by her former boyfriend. She asserted that her injuries "arose out of and in the course of her employment." This phrase is a determining factor in New Jersey worker compensation statutes. In some cases, judges have found that attacks on work premises have arisen out of the course of employment, for example, when two workers fight over job duties. However, in this case, Judge Butler found that even though her injuries arose "in the course of her employment," he also found that the petitioner failed to establish that the injury "arose out of her employment." Concluding that the attack was not causally related to the petitioner's work, but instead arose from the personal relationship and previous contacts the petitioner had with her attacker, the judge held that the claim was not compensable and dismissed the case.

***Beres v Township of Marlboro***

Decided by Judge William Boyle, this case involves an employee who fell while walking to answer a phone. She had multiple prior injuries including at least two hospitalizations for neck and back problems. The fall was not witnessed, and Ms. Beres suggested that she fell because the hallway was full of debris. She also claimed to be running to get to the phone when she fell. The written

*continued on the bottom page 5*

***Study shows that manipulation for back pain equivalent to standard care***

The Annals of Internal Medicine published a study that analyzed 39 previously published research trials looking at spinal manipulation (e.g. chiropractic or osteopathic). The thirty-nine studies were chosen because they were randomized controlled trials. The data were lumped together in what is called meta-analysis. For any given study, the power to detect a difference between treatment and non-treatment groups may be small; by combining data and results from multiple studies, the likelihood of detecting a real difference increases, while confounding influences in individual studies that might have given false results for any one study are diluted. This meta-analysis found that "spinal manipulative therapy had no statistically or clinically significant advantage over general practitioner care, analgesics, physical therapy, exercises or back school." The authors state that the findings of their study should "temper enthusiasm for (manipulation)...as 'the' recommended therapy for patients with low back pain." The study was performed by the Cochrane Back Review Group, Dutch College of General Practitioners, RAND, and Greater Los Angeles VA Healthcare System.

## OSHA NEWS

PENCILS READY? NEW OSHA FORMS FOR RECORDING WORK-RELATED INJURIES AND ILLNESSES NOW AVAILABLE ON AGENCY'S WEBSITE

*New Forms Available in Hard Copy*

**WASHINGTON --** The revised OSHA Form 300, Log of Work-Related Injuries and Illnesses is now available on OSHA's website at <http://www.osha.gov/recordkeeping/new-osha300form1-1-04.pdf>. The forms, which are required for employers to use in recording injuries and illnesses, have changed in several important ways for 2004.

Foremost among the changes is the addition of an occupational hearing loss column to OSHA's Form 300, Log of Work-Related Injuries and Illnesses. Other changes include:

- "days away from work" column now comes before the days "on job transfer or restriction"
- more clear formulas for calculating incidence rates
- new recording criteria for occupational hearing loss in the "Overview" section;
- more prominent column heading "Classify the Case" to make it clear that employers should mark only one selection among the four columns offered.

These changes were made in response to public suggestions on making the forms easier to use.

Employers must begin to use the new OSHA Form 300 on January 1, 2004. The new form has the date of revision (rev. 1/2004) located on the form next to the form number.

Injuries and illnesses for years prior to 2004 should continue to be recorded on the appropriate form for that year (i.e., 2003 and 2002 injuries and illnesses should be recorded on the forms for those years). The forms for 2003 and 2002 will continue to be available on OSHA's website at <http://www.osha.gov/recordkeeping/OSHArecordkeepingfor.ms.pdf>. Additionally, employers should use the old OSHA 300A Summary Form (without the hearing loss column) to post as required in February 2004. The new 300A form that includes the hearing loss column should be used to post in February 2005.

Hard copies of the new OSHA 300 form can be obtained using OSHA's on-line order form or by calling 1-800-321-OSHA.

OSHA is dedicated to saving lives, preventing injuries and illnesses and protecting America's workers. Safety and health add value to business, the workplace and life. For more information, visit [www.osha.gov](http://www.osha.gov).

## ***How Shift Work Affects Your Employees***

Shift work is a requirement of many employers. Healthcare, police, fire, and busy manufacturing or service operations operate up to 24 hours daily. It is estimated that 16-25% of the workforce performs shift work. In order to accommodate staffing needs, employees may be required to work second or third shifts. In some situations, these assignments are permanent, whereas other employers may require employees to alternate day, evening and night shifts. Rotating shifts may be rapid (1-3 day cycles) or slow (every 2 weeks). The most common rotation is weekly. The effect of shift work, both social and physiological should not be ignored.

The most obvious effect of shift work is disturbed sleep, and this is true even for those workers who are permanently assigned to the night shift. Difficulties include maintaining sleep after night shift, and initiating sleep before a morning shift. Rotating shift workers typically lose several hours worth of sleep. Studies of night shift workers have shown that they have frequent short episodes of sleep of which the workers were often not aware. This presents a significant safety hazard. Poor psychomotor performance has also been documented, as has a higher number of accidents during the night and early morning.

Chronically, shift workers tend to have higher absenteeism and sick leave. Most workers can partially adjust to chronic shift work, but 5-20% develop *shift maladaptation syndrome*, a condition of worsening fatigue, depression, personality changes, stomach complaints, and higher accident and near miss rates. Scandinavian studies show that shift workers have a 20-50% increased risk of heart attack. Several studies have shown increased number of gastrointestinal problems such as peptic ulcers are associated with shift work. Reproductive effects have also been seen – shift work increases the risk of pre-term birth, and rotating shift work is associated with low birth weight and miscarriage. The effect of shift work on chronic conditions such as diabetes, epilepsy, and asthma is significant. These conditions are affected by sleep deprivation, irregular medication and eating schedules, and hormonal changes associated with circadian rhythm disturbance.

### **Minimizing the Impact of Shift Work**

When shift work is necessary, rotating shifts should always rotate clockwise (day, evening, night, day), not counterclockwise (night, evening, day, night). Repetitive tasks adjust poorly to night shifts, and if possible should be kept as daytime tasks. Analysis and decision-making functions can be performed fairly well at night. Encouragement of naps, provision of extra days off to rest, and special emphasis on healthy eating and exercise habits have all been recommended as common sense approaches to limit the effects of shift work. The rate of rotation (rapid or slow) has not been adequately studied to recommend one over the other, but each has theoretical advantages.

## ***Avoiding Slips, Trips, and Falls***

### ***What you can do to make work safer***

Slips, trips, and falls account for 20% of all workplace accidents. They occur in every work environment, from warehouse, manufacturing, and transportation, to office based environments. Every time a worker takes a step, he risks falling. Slips, trips, and falls rank third in overall lost work days by mechanism. By paying attention to modifiable and non-modifiable risks, the worker can decrease the risk of slip, trip or fall. By non-modifiable risk factor we mean something that cannot be changed. For example, a worker may have a medical condition such as diabetes which affects her ability to sense the position of her feet. Although she cannot modify this condition, the worker needs to take extra care when walking by using visual clues – carefully observing for trip hazards.

Environmental trip hazards include wet, slippery, or uneven floors or surfaces. Poor lighting, rain, ice and snow contribute to hazardous conditions. In response to these types of hazards, management should ensure to its best ability that a policy to clean up spills as quickly as possible is instituted. Floors should be swept regularly and kept clean. Surfaces needing repair should be attended to rapidly. Special non-slip additives are available for floor paints and preparations. Where necessary, mats should be placed to keep liquids draining and off the walking surface. Sidewalks should be salted and shoveled. Uneven surfaces can be marked with contrast yellow paint and signs indicating the hazard. Poorly lit areas should be re-fitted with adequate lighting. Particular areas of concern typically include stairways, loading docks, and parking lots.

### **Shoes, Shoes, Shoes**

Another frequently overlooked factor that contributes to slips and falls is inappropriate or worn out footwear. In office environments, women's shoes with high heels should be

discouraged. Flat dress shoes or casual shoes with no heel or a heel less than one inch are safest. High-heeled shoes push a woman's pelvis forward, shifting her natural center of gravity. This makes forward falls more likely.

In a more industrial environment, shoes must be checked regularly for wear on the tread. Walking with worn out soles can be as dangerous as driving on worn out tires. The purpose of the sole of the shoe is not only to protect, but to provide a source of friction for grabbing the floor surface. Different surfaces require different treads (soles). Smooth slick soles should be avoided on carpeted surfaces. Unfortunately, most leather soled dress shoes are very slippery on carpet. Therefore, when choosing a dress shoe, pick a synthetic (e.g. neoprene) or soft rubber soled alternative. Wet surfaces require neoprene or crepe soles. Crepe soles are made of "crinkled" rubber, and are excellent for rough concrete, but not tile, smooth concrete, or wood surfaces. Hard rubber soles are best. Outdoor workers in the winter may need slip-on metal treads for icy conditions.

Besides choosing the right shoes, changing them when they wear out is critical. Many workers have a yearly stipend for work shoes or boots, and may try to stretch one pair out for a whole year. More typically, new footwear should be purchased quarterly.

### **Correct common hazards**

One commonly overlooked hazard is trying to complete a job in too short a period of time – rushing to get something done is an error of planning. By budgeting time, careless errors can be avoided. Clutter, such as boxes, tools left on the floor, and electrical cords that traverse walkways should be removed. Use a ladder when necessary to reach high objects. Don't substitute a chair or box for a proper ladder or step-stool. Make sure that the ladder or stool is tall enough for you to reach the object safely. Carrying a heavy or unevenly balanced load can increase the risk of trips and falls and a large item might interfere with the employee's ability to see in front of him.

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## *Outcomes Data*

Everyone likes to talk a good game, but ultimately the score is what counts at the end of the day. TCOM has always prided itself on injury management and rapid return to work. And yes, we do keep track! The data below are excerpted from closed cases seen between July and September of 2003. Selected diagnoses have been broken out in detail for those who would like to compare lost time and number of visits. The averages shown below are those of the total data set, not just what is shown in the breakdown. Lost day and light day data represent our best attempt to track real work days based upon patient reports and physician prescriptions. They do not represent actual payroll or time card data. The Duration of case is based upon how long after the injury the case is closed in our system. This data represents the convergence of medical recovery, patients lost to follow up, and clerical data entry.

		AVERAGES				
ICD9	Description	# Cases	Visits	Light Days	Lost Days	Duration Of Case
<u>Hand and Wrist Conditions</u>						
354.0	Carpal tunnel syndrome	2	3	17.5	0.0	30.5
719.43	Pain, wrist/joint	2	2	0.0	0.0	26.0
719.44	Pain, hand	2	1	0.0	0.0	27.0
842.00	Sprain/strain, wrist	9	4	4.7	0.0	20.2
842.10	Sprain/strain, hand, unspecified site	6	3	10.7	0.0	25.5
727.05	Tenosynovitis, finger,hand,wrist	3	1	2.7	0.3	20.3
<u>Eye Injuries</u>						
370.9	Keratitis	1	2	0.0	24.0	34.0
372.05	Conjunctivitis, chemical	1	2	0.0	0.0	3.0
871.6	Foreign body, eye	1	3	0.0	0.0	20.0
918.1	Corneal abrasion	3	2	0.0	0.0	2.3
<u>Back and Neck Injuries</u>						
723.1	Neck pain	1	3	9.0	0.0	20.0
723.4	Radiculitis / Neuritis	1	5	0.0	2.0	22.0
724.4	Radiculopathy, lumbar / thoracic	4	4	1.5	8.3	14.3
724.5	Back Pain	3	1	4.3	0.0	17.0
847.00	Cervical Strain	7	2	3.3	0.7	16.0
847.1	Sprain/Strain, thoracic	6	5	6.5	0.8	33.8
847.2	Sprain/Strain, Lumbar	40	4	6.8	0.7	25.0
<u>Knee, Ankle and Foot</u>						
719.46	Patellofemoral syndrome / knee pain	3	10	25.7	8.3	50.3
844.9	Sprain /strain, knee and leg	16	2	5.4	0.0	23.1
845.0	Sprain /strain, ankle	19	3	6.4	0.6	20.8
845.10	Sprain /strain, foot, toes	6	2	4.5	0.0	16.0
<u>Shoulder and Elbow</u>						
726.10	Tenosynovitis, shoulder	5	3	2.6	4.0	20.4
726.12	Bicipital tenosynovitis	2	2	3.0	0.0	13.0
726.32	Epicondylitis, lateral	2	2	0.0	0.0	45.0
726.33	Bursitis, elbow (olecranon)	4	3	3.3	0.0	21.3
840.9	Shoulder Sprain/Strain	10	5	9.9	0.0	22.6
841.9	Sprain/ Strain, elbow / forearm	4	7	12.0	3.0	40.3

### Clinic Totals

Total Number of Cases:	446		
Avg Duration of Case (Days):	17.0	Avg Light Days per Case:	3.3
Avg Number of Visits:	3	Avg Lost Days per Case:	0.6

As reported on page 5, the national average *revisit* rate is 2.66, making the average visit rate almost 4 visits per injury. Considering that *our data includes physical therapy* visits, the difference compared to national statistics is remarkable. If you would like more specific information (diagnoses not shown here, costs per diagnosis, or company specific data) please call our office.

## ***Medical Updates***

### **New Diabetes Recommendations**

The US Preventive Task Force now recommends that all patients with high blood pressure or high cholesterol be screened for diabetes. Type 2 diabetes includes an asymptomatic pre-clinical phase during which most patients are unaware that they have diabetes. Screening tests are available that can detect diabetes in this pre-clinical phase. The screening involves a simple blood sugar level. A fasting blood sugar of 126 mg/dl or more establishes the diagnosis.

### **Take Vitamins, Stop Infections**

A study performed by researchers from the University of North Carolina School of Medicine and Wake Forest University School of Medicine found that a multivitamin and mineral supplement reduced the incidence of infections and absenteeism in employees with diabetes. One hundred and thirty adults were randomized to take a multivitamin or placebo every day for one year. Participants reported infections and infection related absenteeism. Seventy three percent of those receiving placebo reported an infection, whereas only 43% of those receiving the vitamin did. Absenteeism was also higher in the placebo group (57% vs. 21%). Both findings were statistically significant. The findings seemed to be wholly accounted for those participants with diabetes. For this group of participants, a whopping 93% receiving placebo reported an infection, vs. only 17% of those receiving the vitamin.

### **Stroke not Associated with Fat Intake**

The Harvard School of Public Health Published a study indicating that fat intake was unrelated to stroke risk. Because it is felt that the type of fat is important in cardiovascular risks, this study examined the relationship between total fat and specific fat intake and strokes. A total of 43,732 male healthcare workers were followed for 14 years. No association between total or specific fat intake and risk of stroke was found.

### **National revisit and referral norms**

The national Association of Occupational Health Providers routinely surveys its members to establish normative practice data. A recent survey revealed that 70% of initial work injury visits required a second office visit. The average number of revisits was 2.66 per injury. 17% of initial work injury visits were referred to a specialist. According to the Bureau of Labor Statistics' most current data, the national injury rate in private industry workplaces is 5.7 per 100 full-time workers, the lowest reported since the early 1970s.

### **Slip and Fall**

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Carts or hand trucks provide a good alternative. If the employee must go up stairs with a load, one hand should be kept free to help with balance. If the load is so heavy that both hands are required, a mechanical lift or elevator should be used to transport the object.

#### **Practice Safe Behavior**

- Hold the hand rail when going up or down stairs
- Shorten your stride when walking on wet or slippery surfaces
- Carry only what you can comfortably; hold the load close to your body. Balance the load.

#### **Causality** *continued from page 1*

description she provided on the incident report records that her "leg went out before reaching office for phone." Examination of past medical and court records indicated that Ms. Beres had similar events in the past where her leg went numb and gave out. Because of her prior reports of similar leg problems, Judge Boyle determined that the fall was idiopathic, caused by a purely personal condition having no work connection. Important to this case was the careful review of prior medical records and court testimony from her prior suits.

Both decision highlight the legal interpretation that an incident *at work does not necessarily deem the incident a work related injury* subject to compensation.

# **In This Issue**

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