



# MEDICAL DIRECTOR REPORT

Volume 1.1

*An Occupational and Environmental Health Network Publication*

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## OEHN TEAM

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**Welcome** to the first OEHN Medical Director Report Publication. We hope you will take some time to read through the various columns, features, facts, and knowledge regarding our industry-Occupational Medicine. Our goal is to connect with our key partners, physicians, allied health professionals, and resources to enhance your knowledge of Occupational Medicine. We will be distributing this publication through e-mail each quarter. If you have an article, feature, or newsworthy piece, please send it along to [info@oehn.net](mailto:info@oehn.net). On behalf of the entire staff at OEHN, thanks for reading.

Regards,

Thomas H. Winters  
MD, Principal and Chief Medical Officer

## OEHN News Briefs

### **OEHN Enhances Key Partnership with OEHRI**

**In** collaboration with Occupational and Environmental Health Center of Rhode Island (OEHRI), OEHN will provide a comprehensive portfolio of occupational medicine solutions to unions and employers throughout the state of Rhode Island. During the past two years, OEHN has provided Medical Director leadership and program oversight for OEHCRI under the direction of Lee Okurowski, MD. Under this enhanced collaboration with OEHCRI, OEHN will provide an increase in clinic hours, services, and staff, along with meeting the market requirements and needs for on-site services. "We believe both partners bring significant capabilities, resources, and competencies to this collaboration. We look forward to working with OEHN in this important occupational health endeavor for unions and employers throughout the state," comments Administrator Bob Parker, OEHCRI. To announce this collaboration, an open house and kick-off luncheon is scheduled for August 29<sup>th</sup> at noon, at the 410 South Main Street Providence OEHCRI clinic location.

### **OEHN Principal Named Medical Director for HRD, State of MA**

**L**ee Okurowski, MD, has been named a Medical Director of Human Resources Division, State of Massachusetts Workers Compensation Department. Under the agreement, Dr. Okurowski will provide workers' compensation review and Medical Director oversight for the State's Workers' Compensation Department.

### **Dieter Affeln, MD, Joins OEHN Staff**

**B**oard certified in Occupational Medicine and a certified MRO (Medical Review Officer), Dr. Affeln brings extensive occupational health experience to OEHN. He received his Masters in Public Health with a specialty in Occupational and Environmental Health from Harvard School of Public Health. After Completing his training in general practice at a family practice in an urban London neighborhood, Dr. Affeln became a fellow in Palliative Care at the Cleveland Clinic Foundation.

**D**r. Affeln currently holds positions as the Medical Director of Occupational Health Clinics at both Beth Israel Deaconess Hospital in Needham and Chelsea Occupational Health Services. As the Medical Director in the Employee Health Department at Beth Israel Deaconess Medical Center, Dr. Affeln consults on treatment of workplace injuries and illnesses. He also evaluates employee fitness for duty, disabilities, in addition to overseeing surveillance and health and safety concerns. Dr. Affeln is also currently on the faculty of Harvard Medical School

## OEHN News Briefs

### OEHN to Provide On-site RN Program Management at Wellesley College

OEHN has been selected to provide on-site RN program management leadership for Wellesley College employees. Under the agreement, OEHN will deliver employee health services, educational seminars, and Medical Director oversight in cooperation with the Environmental Health and Safety Department of Wellesley College.

#### OEHN's

#### Thomas H. Winters, MD, to Present at 3 National Conventions

Thomas H. Winters, MD, OEHN, will present in Salt Lake City, Utah, on Oct 15-19, 2006 for the American Association for Laboratory Animal Science. Additionally, he will present in Philadelphia, PA on Oct 23-25, 2006 for Ryan Associates with the National Association of Occupational Health Professionals, and in Boston, MA Oct 27-29, 2006, at the Pri-Med East Conference.

#### Robert Mullaly, MD Presents On Psychological Screening

Nashoba Valley Medical Center (an OEHN Occupational Health Partner), and Doctor Robert Mullaly, will present a seminar on psychological screening (pre-placement) for fire and police municipalities within the central Massachusetts area. The seminar takes place October 2nd, 7:30 AM, at the Nashoba Valley Medical Center.

## Office Ergonomics: Repetitive Strain Injury

Preventable, Treatable, Costly to Ignore

Dieter Affeln, Medical Director, O.E.H.N.

Desktop computer technology represents the most advanced of 21st century science. In order to utilize this technology, however, we depend on hardware, which is responsible for chronic injury and significant productivity loss. This hardware was conceived over 150 years ago. Today's standard QWERTY keyboard was designed in the 19th century as a counter-productivity measure. Fast typists were perpetually snarling up their typewriters, which back then were mere alphabets on wire prongs. The QWERTY arrangement put commonly used letters at opposite ends to slow down data entry, a promise that still holds up today. The other desktop companion, the mouse, is a similar marvel of ingenuity, a plastic box on a mono-wheel using the mechanics of a wheelbarrow. This combination of a counter-productivity arrangement and early peasant design with the latest in computer technology must be the grandmother of all misfits.

Today's typical computer workstation setup can be responsible for a group of conditions called repetitive strain injury. The main symptom is pain, mostly in the forearms, wrists, hands, neck, and upper back. Other symptoms include numbness, lack of dexterity, and weakness. These symptoms often start insidiously. Pain may appear during times of intense activity and disappear when a deadline has passed. At a later stage, the pain can be prevalent during most of the day, only dissipating after working hours. It may not limit regular performance but will often spread from one area of the body to another. Even though symptoms may be felt in just one forearm, it is common for the pain

to spread to the rest of the arm, shoulder, and neck.

The underlying disease process is likely a gradually progressing and intensifying wear and tear of muscles, tendons, nerves, and joints that ultimately causes discomfort. Consequently, these body parts become more vulnerable to future strain. And there are probably other processes at work that can affect the release of chemicals that circulate in the blood. This process may cause fatigue, difficulties in concentration, and other performance-related issues possibly long before actual pain occurs.

*"At this point, each case of repetitive strain is thought to cost \$10-\$15k, on average, in direct and indirect costs."*

At this point, each case of repetitive strain is thought to cost \$10-\$15k, on average, in direct and indirect costs. As a result, the national economy may carry an annual burden of \$100b. Many of these costs are real, but are rarely identified as such on balance sheets or annual reports. These costs occur because production suffers before the affected employee realizes the problem and takes action. Once symptoms appear, the employee may take personal days off, or even go on extended FMLA leave, in which case a replacement may need to be trained. Advanced, repetitive strain is a very frustrating condition with recurrent symptoms, despite proper treatment and workplace accommodation. It can be a career terminating illness and can lead to arduous litigation. With that said, all of these issues need consideration in the estimate of the total cost burden.

The first step in office ergonomics is risk assessment, i.e., which areas and employees may be at risk, and where should priorities be set?

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**Repetitive Strain Injury**

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As an example, anyone who enters data into a computer more than 5-6 hours per day is clearly at risk. Check whether the workstation has an adjustable chair, a flexible keyboard tray with proper mouse space, and sufficient lighting. Most importantly, make sure that the available equipment is properly used.

In one clinical study after another, one factor always proved decisive in outcomes: competent leadership. This includes sympathetic attention to the problem, knowledgeable intervention, and proper follow up. The psychosocial work environment, despite its disreputable name, plays a leading role in cost containment and constructive workplace development.

Competent treatment of injured employees is an important component of an ergonomic program. Not every medical provider is well suited to treating this type of condition. Experience and knowledge of the disease process is important, as is a close liaison within the workplace. Identify knowledgeable providers in your area. Invite them to your facility or

visit theirs. Discuss your concerns and ideas and understand their approach to this and other conditions. Occupational providers typically have experience in this area, as do physiatrists, neurologists, orthopedists, and interested primary care providers.

Prevention is, of course, the most cost-effective option. Many firms may recognize the problem but find it hard to decide which first steps to take and how to roll out an effective program. Specialty organizations such as OEHN, are usually able to help. You can ask for brief telephone advice, or request an in-depth analysis. Either way, do not hesitate to call!

*“The psycho-social work environment, despite its disreputable name, plays a leading role in cost containment and constructive workplace development.”*

**Length of Disability Prognosis in Acute Occupational Low Back Pain**

Development and Testing of a Practical Approach

**Lee Okurowski, MD, O.E.H.N.**

Excerpts from the March 15th, 2006 Edition of *Spine Journal*

**Study Design.** Retrospective cohort study.

**Objectives.** Practical evaluation of a rapid prognostic screening method to predict length of disability after acute occupational low back pain (OLBP).

**Summary of Background Data.** Few studies have evaluated the prognostic value of administrative data and selected clinical variables in typical practice settings.

**Methods.** Nurse case manager (NCM) input for 16 variables and 7 administrative data variables were collected for 494 OLBP cases with at least 30 days of disability. Length of disability (LOD) was ascertained by individual indemnity payment analysis. Cases were censored after accumulating 365 days of temporary total disability or if they received a lump sum settlement. Prognostic variables were evaluated by Cox proportional hazards modeling.

**Results.** In a multivariate model, prolonged LOD was associated with older age, shorter job tenure, female gender, presence of language barriers, comorbidity, prior work absence, delayed referral, attorney involvement non-supportive of return to work (RTW), and low RTW motivation. Although only 12% of overall variance in LOD was explained by the model, high-risk and low-risk terciles were readily distinguished.

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**OEHN Knowledge Corner**

**What you need to know about a Functional Capacity Evaluation (FCE)**

**What is an FCE?**

A Functional Capacity Evaluation (FCE) is an assessment for workers who have suffered injuries that could affect their employment opportunities. The worker’s ability to perform work and their physical tolerances to a variety of real and/or simulated work activities is assessed.

**FCE Will Yield Information in Regards to:**

Has the individual reached a medical endpoint?

Does a patient require further intervention and what intervention is appropriate?

Is there a need for therapy or a change in current therapy approach or direction?

Insight regarding potential work performance and job feasibility.

Identification of discrepancies between symptoms and objective findings.

Generation of data to serve as basis for job modification and work restrictions.

Establishes a baseline of performance that provides a basis for Work Hardening/Work Conditioning.

**Who Should Perform an FCE?**

**A Physical or Occupational Therapist with knowledge/experience in:**

- Administration and interpretation of FCE
- Evaluation of demands in the workplace
- Biometrics
- Identification of behaviors that interfere with task performance
- Relevant laws/regulations eg: ADA, OSHA, WC, etc.

## OLBP

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**Conclusions.** In a typical setting, data collection and risk prediction by nurses or case managers are feasible and provide specific information that can be used to identify who should receive intervention, as well as some guidance on factors that should be addressed.

### Key Points

1. Disability risk prediction in occupational low back pain, using nurse case manager input and available administrative data, is feasible in typical settings.
2. Prolonged length of disability was associated with older age, shorter job tenure, female gender, presence of language barriers, comorbidity, prior work absence, delayed referral, attorney involvement nonsupportive of return to work, and low return to work motivation.
3. Although only 12% of overall variance in length of disability was explained by the model, high-risk and low-risk terciles were readily distinguished.

(Note: Article was co-authored by Glenn S. Pranksy, MD; Santosh K. Verma, MD; Barbara Webster, BSPT)



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## OEHN Knowledge Corner

### What are Fit for Duty Examinations?

A fit-for-duty evaluation involves a comprehensive examination directed toward determining the worker's ability to return to his/her job.

Specific functional capabilities, e.g., lifting and other material handling techniques, are tested based on job-specific needs. The results of this examination determine the employee's ability to return to work safely with or without accommodations

### Trigger for FFDE Examination

A Physical or mental condition which appears to impair capabilities to safely and effectively complete work assignments (physical/mental condition places employee or other's health/safety at risk during course of performing essential job functions). The employee must have a functional job description in order to make determination

### When are FFDE Done?

Based on company Policy, an FFDE is typically requested by a supervisor or HR department:

- When an employee returns to work after and STD/LTD, or FMLA
- Prior to disciplinary action for unacceptable behavior/conduct if thought to be due to medical/psychological cause
- For work and non-work-related injuries whenever there is a direct question about capacity to meet physical or mental requirements of position

### Criteria for FFDE

- Decline in job performance believed to be related to physical/mental condition
- Change in health status that may actually/potentially effect safe job performance
- Unfavorable change in behavior in workplace
- Unfavorable change in appearance/affect believed to be related to physical/mental condition
- RTW following illness/injury

## We Need Your Feedback

Your opinion matters to us. And we'd like to hear it. In fact, we need to hear it.

Please use the following link, [info@oehn.net](mailto:info@oehn.net), to send us opinions, suggestions, occupational medicine updates, and news. We also hope you will tell us about our new OEHN Medical Director Report Publication. We will not only use your feedback to make our publication better, but we will publish your comments and give you credit whenever possible. We look forward to hearing from you!

## OEHN Overview

Who are we? OEHN delivers premier onsite Medical Director leadership and program oversight for employee and occupational health departments across the country. OEHN is supported by a team of Board Certified Occupational Health physicians, program management staff, project managers and consultants. Its network of twelve hospital clinics and a local, regional, and national network of occupational medicine resources provide labor unions, organizations, hospitals, disability management providers, and the government with a comprehensive portfolio of occupational medicine solutions.