

WORKABILITY MANAGEMENT: MANAGING INJURED WORKERS TO MINIMIZE DISABILITY

Paul D. Hooper, DC, MPH, MS
Professor
Southern California University of Health
Sciences
Whittier, California

CEO
Injury Prevention Technologies
Diamond Bar, California

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CHAPTER 1

THE PROBLEM

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*Worker's Compensation isn't
a cost of doing business.
It's a cost of not taking
care of business.*

THE PROBLEM

Introduction

The problem of work-related injuries and illnesses is one of the most costly and time consuming issues that face our modern industrial society. During the past several decades, many of the more serious and life-threatening occupational problems have gradually declined, thanks largely to better health and safety procedures and improved legislation. However, the incidence of non-fatal injuries and illnesses, such as back pain and carpal tunnel syndrome, has increased. And, costs have sky-rocketed and now threaten the very existence of many companies. The purpose of this text is to take a fresh look at the problem of work-related injuries and illnesses. Specific emphasis will be directed at those disorders that affect the musculoskeletal system (i.e. work-related musculoskeletal disorders or WRMDs). We will attempt to view

the crisis from a variety of vantage points as follows: the clinician, the ergonomist, the claims/ case manager, the supervisor, the employer, the attorney, and most importantly the injured worker.

The Clinician's Perspective

I have spent much of my professional career working with injured workers in some capacity. As a clinician in private practice for more than a dozen years, I examined and treated injured workers for a variety of complaints. I saw many patients recover quickly and return to work with little or no residual problems. I also saw some patients recover slowly and resist attempts to return to work. And, I must admit, I saw a few patients fail to recover and join the ranks of the disabled.

One patient that I recall was working as a butcher in the meat department of a local grocery store. The patient was 64 $\frac{1}{2}$ years old when he was injured. He was carrying a tray of hamburger meat out of the walk-in refrigerator when he slipped and fell. His fall caused some significant lower back pain and he presented in my office for treatment. I evaluated him thoroughly, and included x-rays of his lumbar spine. I remember to this day the advanced state of degeneration of his lower back, and I recall the alarmed look on his face when I

informed him of this. Nevertheless, he responded very well to my treatment and within a week, he was well enough to return to work. However, he seemed somewhat hesitant and experienced a relapse before he could return to his job. I did not recognize what was happening at the time and I allowed him to take more time off work. Over the course of the next few months, every time he recovered sufficiently to discuss his return to work, he had another relapse. Since he was nearing the retirement age of 65, he eventually got a Permanent Disability (PD) award and took an early retirement. In retrospect, I helped him, or better yet enabled him, to become disabled. I have since learned that the attitude of the clinician has a great deal to do with the recovery, or lack thereof, of injured patients. Simply stated, the clinician has an opportunity to help patients to recover and resume their lives, or we can enable them to stay ill and to join the ranks of the disabled.

Overall, my time in private practice has provided me with an impression of the problem of work-related injuries from both the doctors' and the patient's perspective. The clinician plays an interesting and somewhat conflicting role in the care and management of injured workers. On the one hand, the clinician must see the interests and needs of the injured worker (the patient) as primary. As such, the clinician must

play the role of patient advocate. However, the clinician also functions as an agent of the employer. In addition to treating the patient, the clinician must also incorporate the employer's interests and concerns in the treatment of the patient. In this regard, the clinician must function as an advocate of the employer. And, since the bills for treatment rendered are usually paid through the Workers' Compensation system (which is paid for by the employer), the clinician must remain aware of the costs incurred. Unfortunately, sometimes the wants of the patient (injured worker) may come in conflict with the needs of the employer, a state which places the clinician in the middle of a very difficult situation.

Of particular interest is the lack of attention in the training of clinicians that is devoted to these complicated areas. For obvious reasons, clinicians spend the bulk of their time learning how to treat patients who are suffering from a variety of injuries and illnesses. They are not necessarily trained for their role in dealing with the intricacies of personnel, insurance and human resource issues that are part and parcel of the management of an injured worker.