



FLASH-FLASH-FLASH

Texas MedClinic's Leon Springs Facility is now open! Located on IH-10 West, South of Boerne Stage Road on Eastbound Access Road!

INJURY IN THE WORKPLACE



27 year-old Daniel is six weeks into treatment for his low back pain, which began while unloading the weekly supply truck at work. He had been performing this task since starting with the company three months ago without any difficulties and there was nothing unusual about that particular shipment. That entire day seemed doomed to failure, in retrospect, one in which he should not have gotten out of bed. His supervisor started harassing him as soon as he arrived at work. Granted he was 10 minutes late again, but the supervisor never seemed to mind when others were late. He had tried reporting his boss to the owner, but that backfired, as so many things in Daniel's life seemed to be doing lately. He had started with the company lured in part by the opportunity for overtime.

Unfortunately, rapid growth from a new contract demanded that overtime become mandatory rather than voluntary. At first his wife and family had been happy about the extra money, but after several weeks, his continued absence from home put additional strain on his marriage. He was having trouble sleeping and the nightly six-pack of beer he had started drinking five weeks ago no longer seemed to provide the extra sleep he needed. On top of everything, the pain just seemed to be getting worse, and though he was not at work, as his employer had no modified duty program, his increased presence at home seemed to be wearing thin. He was not able to assist with the three young children or do other chores as he did prior to the injury.

So why is Daniel still having difficulties? Many medical studies of low back pain have shown that 90% of back pain resolves within four weeks. Daniel is two weeks past that milestone and is complaining there has been absolutely no relief. Daniel, his boss, the insurance adjustor and his treating physician are becoming increasingly frustrated.... something obviously needs to be done; but what?

Traditionalists, who would approach this from a strictly biological model, would focus on the physical aspects of Daniel's problem, i.e. the pain, and attempt various physical interventions to provide relief, most often, at this juncture, to no avail. The traditionalist's tools would include CT, MRI, epidural steroid injections, trigger point injections and continuing physical therapy to include work hardening and work conditioning with plenty of functional capacity evaluations. In Daniel's case where his symptoms are primarily in his lower back, with some radiation into the upper thigh, but ending well before the knee, these

interventions are very unlikely to make a difference.

The current wave of research in management of soft tissue injuries has identified more effective methods to manage patients with problems similar to the one described above. While Daniel exhibits several risk factors for a delay in recovery described in the scenario, this article will focus on the barriers to recovery created by the employer and medical provider.

Those involved in treating work injuries generally hold the belief that the medical problems, and difficulties in treatment, are exclusively the patient's. However, the truth is that everyone involved in the system, has the potential for affecting the medical condition both positively and negatively.

One of the best predictors of outcome for work injuries is the pre-injury relationship of the injured worker with the supervisor. Unfortunately, it is necessary at times for

supervisors to address unsatisfactory performance and thus be a "bad supervisor". When that supervision results in disciplinary action it may impact the employee's recovery from a work related injury, or even be temporarily related to the reported injury. Conditions such as low back strain are almost entirely subjective; meaning all the information is provided by the patient's self-reporting of the injury and pain level. There is no objective information available. Pulled muscles, tears and strains DO NOT show up on an x-ray, nor can x-ray distinguish fear, anger or frustration on the part of an injured worker, which can be a contributing factor to (not causing) their pain.

The company's decision to not allow the employee's return to work until the worker is able to perform all activities is arguably the most important factor. Work is an important societal norm. Work provides not only the means for both food and shelter, but also an important opportunity for social interaction, self-esteem and fulfillment. By removing the



13722 Embassy Row
San Antonio, Texas 78216

Blanco/Parliament (210) 341-5588	SE Military/Roosevelt (210) 927-5580
Wurzbach/IH-10 (210) 696-5599	Loop 1604/Bandera (210) 695-4884
Broadway/Loop 410 (210) 821-5598	IH-35 N/Loop 1604 (210) 659-5533
Ingram/Loop 410 (210) 520-5588	IH-35 N/Hwy. 46 (830) 606-5533
Eisenhauer/IH-35N (210) 655-5529	IH-10 W/Leon Springs (210) 698-6617

This newsletter provides information only and is not a legal or medical opinion on any specific set of facts.

injured worker from their usual social network, there is a strongly reinforced message of being damaged goods, not able to make a positive contribution, expendable, etc....all very negative, though usually unintended messages. Other work variables could include mandatory overtime, which can lead to both physical and mental fatigue, leading to injury, or a disruption in personal life, which likewise can have a negative impact.

Medical providers also contribute to the persistence of the problem in several ways. By failing to address the entire human situation, and focusing only on the physical aspects, they ignore critical aspects of the condition. No amount of physical therapy, MRIs or Cat Scans will resolve the issues at home or work. While it is not the job of the doctor to solve these problems, providing the patient with insight, and helping them make connections between their physical self and psychosocial self are critical roles that physicians should play.

Unfortunately, many providers are reluctant, or unable to encourage a patient's return to a normal life; they become enablers of the patient and encourage their long-term disability. The vast majority of cases of low back pain/strain resolve over time with or without treatment. Patients, however, are generally concerned there is something seriously wrong. The skilled practitioner must be able to gain the patient's trust, and after a careful exam be able to credibly state that there are no serious underlying conditions that will prevent recovery.

The skilled practitioner must also be able to move the discussion with the patient from a focus on pain, to a focus on function. Multiple studies support that "functional recovery" leads to the greatest chance of success with

patients who might otherwise go on to develop chronic pain complexes.

At Texas MedClinic, our focus in treating the injured worker is not only on addressing the immediate injury, but also in staying alert to the potential for long-term disability in each patient. From the initial visit, physicians employ skills and techniques designed to both prevent disability and recognize it in early stages. We consider this our *Disability Prevention Program*, and every physician in our practice has received training on these strategies.

When signs and symptoms develop that suggest the patient is at risk of developing a disability, there is a small group of doctors who will assume care of the patient. The Disability Management phase of our program is the *Comprehensive Recovery Program (CRP)*. The physicians in this group have a special interest and training in disability management, and are often effective in assisting the patient in returning to normal function. For most patients normalizing life will be accompanied by improvement, if not resolution of their symptoms.

Patients are referred to the CRP most often by their treating physician, but this can also be done at the request of the employer or insurance carrier. Reasons for referral include longer than two weeks off the job, treatment for more than four weeks without full recovery, not progressing as expected in recovery, and various yellow flags. Yellow flags is the term used to describe the psychosocial issues, which often negatively impact recovery. For more information about the Comprehensive Recovery Program at Texas MedClinic, please contact the marketing department at 349-5577.

*For every ailment
under the sun,
There is a remedy,
or there is none;*



*If there is one,
try to find it
If there is none,
never mind it.*

Mother Goose