

# WH

# WORKPLACE HEALTH

A Publication of AAWHP



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AAWHP is a non-profit organization dedicated to educating professionals and creating opportunities to minimize risk and promote health in the workplace.

We conduct educational programs and provide educational resources for our members pertaining to the Georgia Workers' Compensation Act and its administration by the Georgia Workers' Compensation Commission.

Our programs and resources keep our members up to date on the latest medical and legal issues related to workers' compensation.



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## We are excited to unveil the first edition of Workplace Health!

In the United States, most employees who are injured on the job have an absolute right to medical care for any injury, and in many cases, monetary payments to compensate for resulting temporary or permanent disabilities. This right involves self-insured employers, safety engineers, insurance adjusters, nurse case managers and often attorneys. The AAWHP was created to bring together all professionals involved in the area of Workers' Compensation. Workplace Health is an extension of the efforts of AAWHP to educate and update its members. By providing informative articles relevant to the medical and legal issues related to Workers' Compensation, we strive to fulfill our mission to minimize risk and promote health in the workplace.

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## Isn't mental hygiene as important as dental hygiene?

by Jude Theriot, MD

The few minutes you spend each day moving a toothbrush against your teeth and gums you'd probably rather spend doing something else, but you make it a priority, because if you didn't, food particles would accumulate, carbohydrates would wear away your enamel, and eventually cavities would form, causing pain or loss of teeth. So every day you brush your teeth.

Just as teeth accumulate food and must be brushed periodically, the mind and the body accumulate stress and must be brushed periodically also. You don't have to do anything for stress to find you. Illness, bills, traffic, work, family, relationships -- all you have to do is be alive. Without an effective counterbalance, stress takes root and wears you down.

The good news is you don't have to study anything. You don't have to purchase any equipment. You need only yourself and a timer. Start by simply noticing your breath. Do this for one minute every day.

Normally when you breathe, you don't notice that you're breathing. It just happens. For one minute a day, practice just breathing and being aware that you're breathing. Feel your breath as you breathe in and breathe out. It may come as a revelation. All these years you've been breathing, and you've never really become acquainted with your breath. Remember to use a timer. The timer brings a necessary precision to the practice.

You demand many things of yourself, but rarely do you ask yourself to do something as simple as just breathing, just being. You want to get up and go do something else. Your mind races ahead. But this is exactly WHY it's important to breathe with awareness at least once a day. When you stay with the feeling of your breath, you keep your mind with you in the present, and that is an antidote to stress.

There are nine hundred and sixty minutes in a waking day. Surely you can spare one of those minutes for something as important as peacefulness. In many ways, this one minute will become the most useful minute of your day, because it recharges and replenishes you!

# Social Media and Insurance Fraud Investigations

Only a few short years ago, the term “social media” had yet to be coined. Now it is such a common expression that we hear it during almost every evening newscast. Of course, more recently, social media has become an oft used tool for fraud investigations. Since we began including social media searches as part of our preliminary investigations several years ago, we have witnessed claimants posting photos of themselves on Facebook which depict them engaging in activities outside their alleged restrictions and “tweeting” their plans for “the coming weekend.” Such searches are now a given for most PI agencies and are proving to be an invaluable tool for a number of reasons. At a minimum, the typical Facebook account will provide a photo, usually multiple photos, of the claimant. And in some cases, we are afforded an in-depth look into their daily activities and even their future plans. We have literally been prompted of very important upcoming activities claimants had planned for themselves and that otherwise, we would have been unaware of. Occasionally, claimants will even post date-stamped photos showing themselves engaging in the very activities they had stated during deposition they were unable to perform.

While in many states, claimant’s attorneys have argued such inquires as being an invasion of privacy, so far, initial rulings have favored employers and carriers as judges have found that such voluntary postings afford the claimant no reasonable expectation of privacy. In at least one case, involving a claimant who happened to mention her workers comp injury on the public portion of her otherwise privately set Facebook page, the judge allowed discovery of her entire Facebook page, which led to more incriminating information.

From a defense perspective, the use of social media is a no-brainer. While every claimant will certainly not have a web presence, the relative ease and negligible expense of these searches, weighted against the potential they offer, make social media investigations a must and an obvious factor in the future of claims investigations.



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# Carpal Tunnel and the Non-Typist

by Guy G. Foulkes, MD

**Question:** My hand is starting to wake me up every night. It feels numb and tingly. My neighbor, a nurse, suggested that I might have carpal tunnel syndrome, but I don't work in a factory and I don't type. What is going on?

**Answer:** Numbness and tingling of the hands can be from a variety of causes. Although carpal tunnel syndrome is a common cause, it is important to rule out other conditions.

Numbness and tingling can be caused by metabolic conditions (such as diabetes), or less frequently by neurological conditions. Usually a patient will have a previous history of one of these conditions. More commonly, localized numbness and tingling can come from compression of a nerve. This may happen due to degenerative disc disease of the neck.

Carpal tunnel syndrome (CTS) is one of the most common compression neuropathies in which nerves are pinched at some point in the body. In CTS, a ligament forms a tight, unforgiving roof over a small bony canal in the wrist called the carpal tunnel. If swelling occurs for any reason in this canal, the most vulnerable structure, the median nerve, will be the one that first gives

symptoms. The median nerve serves the thumb, index and middle finger, and half of the ring finger. This is why classic CTS symptoms will not usually involve the small finger.

A common misconception is that CTS is always a result of typing on keyboards or repetitive motion. In fact, these are only possible contributing factors to the development of CTS. More common factors include female gender, middle age, obesity, pregnancy, diabetes, hypothyroidism, and overuse of the hands. This might include repetitive motion from typing, factory work, etc. This does not mean that CTS could not occur in a thin, 26-year-old man, just that it would be far less likely than in someone with more of the risk factors listed above.

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# Sleep Disorders and Serious Injury in the Workplace

by Judith H. Carr, V-P, Human Resources/ Occupational Services Manager Entrust – [jcarr@sentryanesthesia.com](mailto:jcarr@sentryanesthesia.com)

Dr. Mitchell Garber, MD (Emory), MPH (Harvard Univ), a Senior Managing Consultant at ESI, is a physician and engineer (MSME, Georgia Tech) with over 20 years of military and civilian experience in transportation accident investigation. He was the first and only full-time Medical Officer at the U. S. National Transportation Safety Board, participated in well over 1000 investigations in all transportation modes, and has presented testimony to Congress regarding medical issues in transportation and other accidents, including the evaluation of pathology, toxicology, human performance and biomechanics in accident investigation.

Fatigue can lead to transportation and other workplace accidents. While scheduling and organizational factors are commonly cited for fatigue, sleep disorders are over overlooked. He investigated the Learjet accident in which the golfer Payne Stewart was killed and the aircraft deaths of JFK, Jr. and John Denver and a number of other highway, marine and rail accidents. He contends that sleep disorders affect safety in, to and from the workplace! He has often been called on to evaluate the potential role of subtle cognitive impairment from a variety of causes in complex transportation accidents, both aviation, marine and rail.

In addition to presenting at the Wake Up Call, Dr. Garber will be presenting this topic at the annual Georgia Safety Health & Environmental Conference in Savannah in September ([www.georgiaconference.org](http://www.georgiaconference.org)).

## “Wake up Call” Training Session

The “Wake Up Call” is a 7:30-8:30 AM training session held the second Wednesday of each month at the Summit Healthplex in Newnan, GA, as a Community Service provided by Georgia Bone & Joint, Summit Occupational Medicine/Urgent Care, and Georgia Pain Care. It is an opportunity for area Human Resources, Safety, Risk and Operations personnel or managers to network, share, and to gather information that will be useful to each of them in their work. It is the primary Safety and Occupational training in the south Metro Atlanta area and has been providing training and resources since 2002. Speakers come from throughout Georgia to present and a recent speaker flew in from Chicago to present on the new changes to OSHA’s Hazard Communication Standard (HCS) to the Globally Harmonized System that will impact more than 43 million workers in more than 5 million workplaces. Coffee and light refreshments are served! Anyone is welcome! Please RSVP by contacting Judith Carr at [jcarr@sentryanesthesia.com](mailto:jcarr@sentryanesthesia.com) or 770-490-3587.



## Mark Your Calendar!

On September 11-14, 2012, the Marriott Riverfront Hotel in Savannah will host the combined Georgia Safety Health & Environmental Conference, the Georgia Employer Committee Annual Conference and the ASSE-GA Chapter’s Annual Professional Development Conference. This is the premier event in the southeast for education, networking, and professional development in the areas of comprehensive safety, workers compensation, employment law and human resources.

With over 50 sessions available, this Conference will include a Charity Silent Auction benefitting Kids’ Chance and a golf tournament. Conference registration and agenda information can be accessed at [www.georgiaconference.org](http://www.georgiaconference.org). Outstanding speakers are from Swift Currie; Moore, Clarke, DuVal & Rodgers; Carlock & Copeland; the Costner Law Group; Drew Eckl & Farnum; Fisher & Phillips; Constangy, Brooks & Smith and multiple other law and consulting firms.

## Back to Basics

The management of back and neck pain in the employee can be challenging. Most back patients recover within 4-6 weeks; however, some develop chronic symptoms (>3 months), but account for a majority of costs. In 2005, the estimated annual cost for all occupational injuries/deaths in the U.S. was about 130 billion dollars, and the estimated annual cost for back pain was between 20 to 50 billion dollars.

### **Risk factors associated with low back pain:**

•Manual lifting/bending/twisting •Improper mechanics •Poor body habitus/deconditioning •Past history of back pain/injury

### **Delayed return to work in workers' comp cases include several factors:**

•Depression •Education level •Fear/avoidanc •Job dissatisfaction •Legal representation •Somatization

Prompt evaluation and treatment of the patient is necessary to avoid poor outcomes. Most patients can be treated with conservative means such as anti-inflammatory and muscle relaxer medications as well as physical therapy.

Occasionally, selective injections and/or surgical intervention may be needed. Employee safety/education and ergonomic programs may help to reduce work related back injuries. If physically able to do modified work, it is to the benefit of all, including the employee to remain active and productive while recovering from the injury.

Athens Orthopedic Clinic is dedicated to prompt treatment and care of musculoskeletal related injuries and to the safe return of workers to the work environment. Each patient is appropriately placed with one of our highly trained clinicians to insure the best orthopedic care possible.

If you would like to discuss care of your employees please contact our internal case manager/WC Coordinator, Jennifer Herring, CWCP at 706-549-1993 ext 3259 or email at [Jherring@athensorthopedicclinic.com](mailto:Jherring@athensorthopedicclinic.com).



The State of Georgia Board of Workers' Compensation has a website that is an excellent resource for publications and forms, statutes and rules, conferences and FAQ's. This is an example of the type of useful information you will find at [www.sbwc.georgia.gov](http://www.sbwc.georgia.gov)

## April 1, 2012 Georgia Workers' Compensation Medical Fee Schedule – Pharmaceuticals

All prescription drugs must be dispensed using an Orange Book therapeutic equivalent drug(s) (GENERIC) when available unless designated in the doctor's own handwriting on the face of the prescription, in accordance with O.C.G.A. §26-4-81, that "Brand Medically Necessary" or "Brand Necessary" is required.

Prescription drugs will be reimbursed at the current average wholesale price (AWP) as published by the Medi-Span Directory, plus a dispensing fee of \$6.15 for generic medications and \$4.11 for brand name medications. All bills submitted for reimbursement must include the National Drug Code (NDC) of the product provided unless the product provided is a repackaged unit-of-use product. All pharmaceutical bills submitted for repackaged products must include the NDC of the original manufacturer or distributor's stock package used in the repackaging process. The reimbursement allowed shall be based on the current published manufacturer's AWP (in the Medi-Span Directory) price of the product as of the date of dispensing.

When the authorized treating physician prescribes pharmaceuticals, the prescription will indicate by stamp or other means that it is for a workers' compensation claim.



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# Workers' Comp Audits – On Purpose?

by Doug McCoy

So what's the buzz about...claim audits are nothing new, right? The concept of a claim review or audit is an old hat to the seasoned claims professional. And most confidentially confide their love of the "audit" ranks right up there with a root canal - a necessary evil. Nonetheless, current trends among top industry leaders in risk & claims management alike include initiating a host of different types of audits on purpose.

Self-inflicted audits offer unique benefits. Audits are traditionally perceived as just a little adversarial. The common drill includes an unsolicited outsider poking around in search of errors and mistakes while hardworking insiders cross fingers and hope flaws remain undiscovered. Luckily, the approach to a self-directed audit is quite different. Initiated and defined by the client themselves, independent audits are geared to directly benefit rather than bash the requestor.

Assume for a moment that you are a star performing claims guru. Since you, and all your talented colleagues, are already top performers...why audit? The answer lies in perspective. Independent auditors lend technical knowledge and outside perspective specifically gained by reviewing a diverse number of claims in a wide variety of market environments. In plain English, the independent audit team has already seen the best and worst in the business. With this unique perspective they can efficiently guide you straight towards hidden recovery opportunity and away from compliance pitfalls.

## 3 easy steps to getting a self-directed audit off on the right foot.

- **Select a qualified auditor/audit team.** Audits are an investment, so make sure the auditor has experience in your unique claim environment. A little due diligence goes a long way. Listen closely to assertions of prior audit success and always check references.
- **Clearly define the Scope of Work and timeline for delivery.** Put it in writing. Before launching an audit openly define the goals, procedures & reporting process. Request a "sample" report format and confirm the style is appropriate for your purpose.
- **Ask questions, make comments and initiate revisions.** Speak up! Participate. The ultimate objective is to uncover areas of current success and future improvement. Disagree with a finding or recommendation? Challenge the auditor and provide additional information to explain your position. Request revisions to the audit report as needed.

Popular self-directed audits provide bang for the buck. Not just for the "big guys" anymore, advancements in technology have made audit resources more affordable than ever. Analyzing claims data, processes and outcomes to validate success and create improvement is sound business practice for insurers and vendors alike. Today's popular claim audits focus on two basic areas, recovery potential and expense reduction. The comprehensive Best Practices Audit remains the most common audit request. But when budget is tight, a limited scope targeted audit, such as a GA SITF Closure Audit & Certification, is a fantastic place to start.

*Georgia native, Doug McCoy, is an accomplished claim professional and business consultant. Specializing in claim strategy as well as program audit, he is a trusted resource for large loss claim investigation and negotiation in the industry. With a diverse blend of workers' compensation and property casualty expertise, Mr. McCoy routinely assists clients in efforts to improve overall claim and contracting outcomes.*  
[doug@mccoy.net](mailto:doug@mccoy.net)



# ER Documentation tips


by Kari Williamson, RN, BS, LNCC, CCM – MK Consulting, [mkcmedicalmanagement.com](http://mkcmedicalmanagement.com)

Reviewing ER documentation can be challenging. Gathering and assimilating the appropriate information from ER reports represents a crucial step in evaluating a case, relatedness and specific injury issues.

Learn your basic ER documentation and how it all fits together!

- A patient's medical history can disclose pertinent details regarding his current/prior condition.
- Review medical authorization forms personally signed by the patient.
  - These can offer critical insight into the case and provide access to the patient's past medical records without violating HIPAA regulations.
- Review ER records against other physician's notes, prior surgeries/tests and EMS records, to determine whether the complaint relates to past symptoms or issues.
- You can learn a great deal about a patient's medical state based on the physician's notes. Also be aware that new findings/complaints can develop after ER discharge. All the more reason why close review of the initial ER record and follow up of the records is important.
- Do ordered tests match completed tests? What was specifically ordered? Was the physician trying to rule something out or confirm a clinical finding or suspicion? Did the physician NOT order testing, despite the injured party's request for it?
- Did the injured party complete the ordered diagnostic tests?
- Sometimes confirmatory testing will have to be done with in a specific time parameter, so follow the order trail and request test/lab results.
- Review discharge instructions and note how/if/when the injured party complied. Compliance issues can greatly impact the file/case. Also remember that the patient does need to take responsibility when following doctor orders.


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# A Primer on Georgia Workers' Compensation: Traditional Panel of Physicians

Generally speaking, Georgia allows the Employer to select which physicians will be authorized to provide medical treatment for its workers' compensation claims. This can be done a couple of different ways, but most often is done by posting a "Traditional Panel of Physicians." Other methods include utilization of a "certified" Workers' Compensation Managed Care Organization (MCO). Failure to comply with the posting requirements will usually invalidate the panel giving the employee his or her choice of doctors.

## Who is on a traditional panel of physicians?

### Georgia requires:

- A minimum of 6 "unassociated" physicians
- At most 2 industrial clinics
- At least 1 Orthopedic surgeon
- At least 1 minority physician

## Where should the panel be posted?

Employers should post the panel in conspicuous locations accessible to all employees, such as an employee break room. Employers should also take time to educate all employees on the purpose and location of the panel, and they should offer assistance to any employee that wishes to make a selection from the panel. The Employer should post the Panel in the same location as the Workers' Compensation Bill of Rights poster, which is also required by the Georgia Workers' Compensation Act.

## Best practices:

- Employers should utilize a Panel acknowledgment form.
- Employers should take reasonable steps to confirm the selected physicians agree to be on the panel.
- Employers should review panels periodically to make sure they contain accurate information.

# CONSTANGY

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# Foot Comfort in the Workplace and Ergonomic Solutions

by Donna Robertson, M.S., A.T., C.Ped.

Our feet are the most complicated yet neglected parts of our bodies. The human foot contains 26 bones, 33 joints and over 100 tendons, muscles and ligaments. Foot pain is a problem that affects all of us at one time. In some cases, medical conditions play a significant role in foot pain. In other cases, it can be as simple as having worn a shoe that is the wrong size, of unsuitable shape, with insufficient cushion, or with inappropriate support.

Few things will have such a dramatic impact on a person's overall health and well-being as their feet. Foot health and its relationship to other medical issues such as backaches, headaches and knee joint deterioration is often overlooked, but costs both employers and employees a lot in terms of costs, time and for the employee pain and loss of ability to do the things they love.

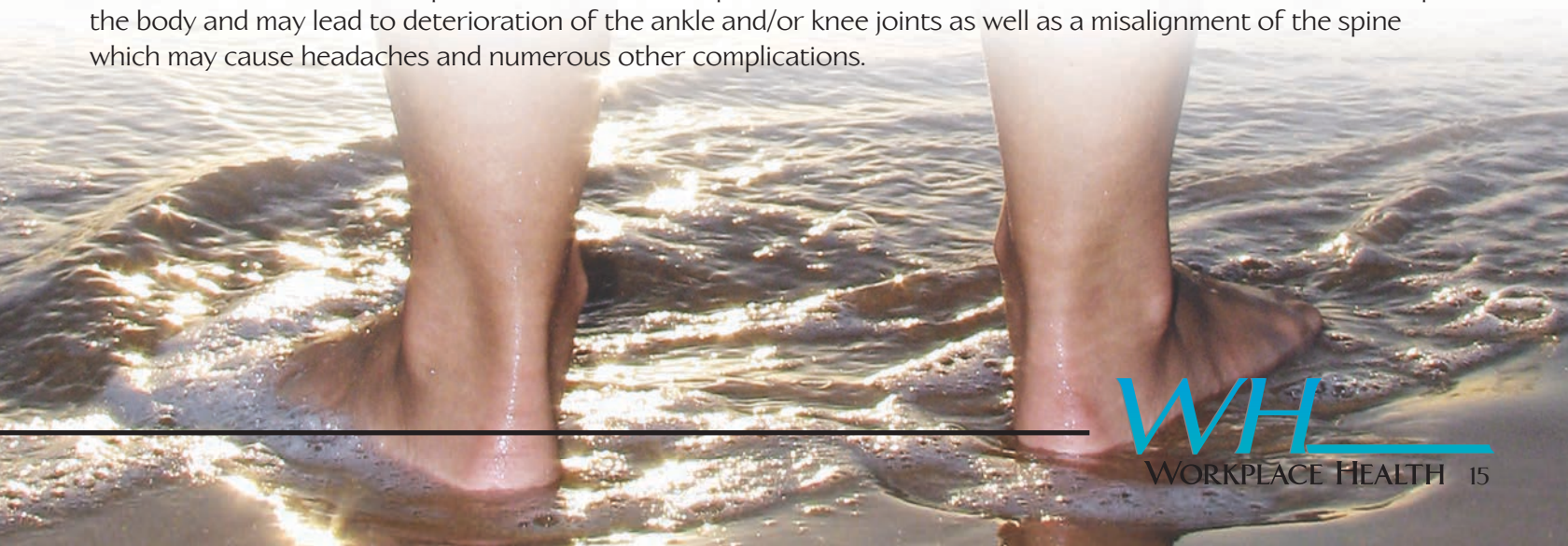
A Pedorthist is a health care professional who is specifically educated and trained to manage comprehensive foot/ankle care. This includes patient assessment, formulation of a treatment plan, implementation of the treatment plan, follow-up and practice management. A Pedorthist fits, fabricates, adjusts, or modifies Pedorthic devices which reflect his/her education.

Approximately 90% of all people wear improperly fitted shoes! The wrong shoe can lead to ankle, shin, knee, hip, back pain, and even cause chronic injury.

The constant pressure of working all day on a hard, unforgiving surface, such as a cement or tiled floor can lead to a variety of foot problems including:

- Bunions
- Calluses and/or corns
- Ingrown toenails (may also become infected)
- Morton's Neuroma (nerve damage on the ball of the foot)
- Arthritis of the foot and/or ankle
- Complications to diabetes (a diabetic's feet are more prone to damage and take longer to heal)
- Fallen arches
- Athlete's foot and other bacterial or fungal infections
- Hammertoes
- Heel pain
- Sprains or strains

In addition to common foot problems, the constant pressure and shock to the feet, left unchecked, will travel up the body and may lead to deterioration of the ankle and/or knee joints as well as a misalignment of the spine which may cause headaches and numerous other complications.





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Garlana H. Mathews established Select Marketing Society, Inc. in January of 2004. She has over 19 years experience in the medical/recruiting industry. Her extensive Workers' Compensation background in adjusting, billing and collections helped her company to establish SelectOne Network, a preferred network of Orthopaedic physicians in Georgia.

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# The Importance of a Workers' Compensation Liaison

by *Garlana H. Mathews*

Is having a dedicated Workers' Compensation Liaison within a medical practice really important? We wanted the perspective of the Nurse Case Manager, so we asked Karen Bartlett of Wright Rehabilitation for her thoughts. The word we heard again and again was "seamless". When a medical practice invests in their Workers' Compensation cases by having a WC liaison the process for all involved – nurse case manager, adjuster, physician, employer and patient – is expedited.

Some of the benefits of having a direct point of contact are:

- The ability to obtain medical notes by email in a timely manner
- Assistance with getting appointments for new patients
- Provide printouts with questions for the physician
- Improve the flow of information for IME's
- Respond promptly to directives for information from attorneys
- The entire process is shortened for the patient
- Communication is improved for all involved

With the proper training, the liaison is also important for customer relations. We have assisted several medical practices with the selection and training of their liaison. The selection process takes into account a number of factors depending on the practice and an out-going personality is a must. Employers that have a pleasant experience when contacting the WC liaison will continue to refer their employees to the physicians.

For the convenience of adjusters, employers and nurse case managers, we have added direct links to the WC liaisons on our website for each of the medical practices in our preferred network.

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SOCIETY

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# Our Mission at Kids' Chance of Georgia, Inc.

The mission of Kids' Chance of Georgia, Inc. is to provide educational scholarships to the children of Georgia workers who have been seriously, catastrophically or fatally injured in work-related accidents. Since 1988, Kids' Chance of Georgia, Inc. has been helping the children of injured workers reach their educational goals. More than 600 students have benefited from the Kids' Chance organization. Our families include...

- A police officer injured in the line of duty resulting in quadriplegia.
- A manufacturing employee who suffered a traumatic amputation of the hand.
- A professional who was fatally injured in an automobile accident.

These are just some of the families that Kids' Chance of Georgia, Inc. has helped for more than 20 years.

**Beginnings:** Kids' Chance of Georgia, Inc. was established in 1988 by the Workers' Compensation Section of the Georgia Bar and is celebrating over 20 years of service to Georgia workers & employers and their children. Kids' Chance of Georgia, Inc. is a registered 501 (c) (3) non-profit charity #58-1827365.

**Scholarship awards:** During 2008 scholarship awards totaled almost \$140,000. Scholarship awards may vary depending on the needs and educational expenses of the student. Scholarships are awarded for one academic year, provided the student meet the scholarship requirements established by Kids' Chance.

**Number of awards:** Kids' Chance of Georgia, Inc. provided scholarships for 71 students in 2008.

**ELIGIBILITY:** Students between the ages of 16-25 whose parent's on-the-job injury resulted in death or serious residual effects and a substantial decline in family income are eligible. Each applicant must meet the approval of the academic selection committee.

**Funding:** Scholarships are supported by donations from individuals, groups, organizations, companies & foundations. Also, from special activities organized by volunteers such as our annual Kids' Chance tennis, golf and bowling tournaments, celebrity roasts and Fun Run/Walk events. All funds raised support the children of Georgia workers.

**Accomplishments:** Since 1988 Kids' Chance of Georgia has awarded more than 600 scholarships, raised nearly \$4 million and established an Endowment Fund. Kids' Chance of Georgia, Inc. has received numerous recognitions and is the model for sister charities in 26 other states and helped start the national Kids' Chance, Inc. organization.

**The most important fact:** Kids' Chance of Georgia cannot accomplish its mission without the support of donors like you, the enthusiasm of its volunteers and the dedication of its Board of Directors and staff.

Thank you.

Kids' Chance of Georgia, Inc. welcomes and appreciates your involvement, commitment and partnership to our organization through donations and/or volunteer service. Kids' Chance cannot accomplish its mission without the support of people like YOU!

Call (770) 933-7767 to contribute

  
kids'  
chance  
[www.kidschancega.org/](http://www.kidschancega.org/)

# A Sampling of Insurance, Law, Managed Care & Rehabilitation and Mediation FAQ'S from <http://www.sbwc.georgia.gov>

**Q** What is the difference among a “voluntary rehabilitation supplier”, “rehabilitation consultant”, and “direct employee” of an employer, insurer or third party administrator (tpa)?

**A**

- A voluntary rehabilitation supplier is providing services on a post 7/1/1992 date of accident claim that is not designated by the Board as catastrophic, pursuant to Rule 200.1(h).
- A rehabilitation consultant is a person employed outside of the employer/insurer/tpa who is hired by the adjuster to provide guidance on the employees medical and/or rehabilitation needs.
- A direct employee of an employer/insurer/tpa is someone who receives their paycheck and benefits from that particular party. This is directly contrasted with the “direct” hiring of a person employed by someone else or self-employed to perform case management services on behalf of the employer/insurer/tpa.

**Q** How comfortable should I be about speaking during the mediation?

**A**

- Mediation is a confidential process. This means that the information that is shared during the mediation cannot be used by any of the participants in any subsequent court proceedings. In addition, the mediator cannot be subpoenaed to appear at any subsequent court proceedings with regard to what went on during the mediation. Any notes that the mediator takes during the mediation are destroyed immediately following the mediation. The only indication that the parties participated in a mediation is a standard form that is included in the board’s file subsequent to the mediation. This form simply indicates who was present at the mediation, whether or not an agreement was reached, and if an agreement was reached what the basic terms of that agreement were. Mediations may not be recorded.

**Q** Does being self-insured mean that I don’t have to purchase workers’ compensation insurance, and that I put the money in the bank to pay for my employee’s workers’ compensation injuries?

**A**

- No. In order to be self-insured, you must be approved as a member of the Georgia Self-Insurers Guaranty Trust Fund and certified by the State Board of Workers’ Compensation. The application and process are available from the Licensure and Quality Assurance Division of the State Board or from the website for the Georgia Self-Insurers Guaranty Trust Fund (<http://www.gaguaranty.com>).

## ANNUAL REPORT 2011 – Workers’ Compensation by the Numbers

The Annual Report provides a capsule look at the financial information for indemnity claims and medical only claims paid during the calendar year. This report is based on self-reported data provided by the Insurers, Self-Insurers and Group Funds.

### *Reported during calendar year 2010*

Total Number of Indemnity Claims: 37,167

Total Amount of Indemnity Benefits Paid: \$843,557,667.33

Total Amount of Medical/Hospital Paid: \$674,249,379.92

Total Number of Medical Only Claims: 97,247

Total Amount of Medical Only Paid: \$94,822,250.20

Total Number of WC-26 Filed: 868

#### **Disclaimer:**

All information provided on the Georgia State Board of Workers’ Compensation website is believed to be correct. However, no liability is assumed for errors in substance or forms of any of the materials published on this website. The Georgia State Board of Workers’ Compensation provides the information contained in this website as a service to the Internet community. The Georgia State Board of Workers’ Compensation tries to provide quality information, but makes no claims, promises, or guarantees about the accuracy, completeness or adequacy of the information contained in or linked to this website. Source: [www.sbwc.georgia.gov](http://www.sbwc.georgia.gov)

# Platelet-Rich Plasma

by *Spencer M. Wheeler, M.D.*

Over the past several decades many advances have been made in the treatment of musculoskeletal disorders. Many of these advances have been the result of improvements in surgical techniques and diagnostic imaging. While it is possible to reliably repair soft tissues during surgery, the long term outcomes of these repairs are not always as successful as the immediate surgical result. One of the reasons for long term suboptimal outcomes is the eventual failure of surgical fixation (sutures, screws, anchors) when repaired structures do not heal themselves and regain their native strength.

New focus on optimizing the biology of the healing environment to stimulate the body's natural healing process and improve long term outcomes is currently underway. Many of the structures we are trying to repair in orthopaedic surgery (menisci, rotator cuff) have poor blood flow and thus a limited capacity to heal. New methods to improve the biologic environment at these soft tissue repair sites have become available over recent years. One of these methods involves the use of platelet-rich plasma. Platelet-rich plasma can be used in both the operative and non-operative settings to improve or stimulate the healing response.

Platelet-rich plasma is essentially plasma that has been processed to contain a high concentration of platelets and growth factors. It is derived from the patient's whole blood. The blood is spun down in a centrifuge, allowing the platelet rich layer to be extracted. The platelet-rich plasma can then be activated with the use of thrombin or calcium chloride. The activation step causes the release of growth factors by the platelets. Platelet-rich plasma can also be injected in its inactivated form allowing it to be activated once it is in the body.

There are many different commercial systems to create platelet-rich plasma but the essential concepts behind creating platelet-rich plasma are similar for each system. The platelet-rich plasma contains platelets as well as specific growth factors. These growth factors include: transforming growth factor beta (TGF- $\beta$ ), platelet derived growth factor (PDGF), insulin-like growth factor (IGF), vascular endothelial growth factor (VEGF), epidermal growth factor (EGF), and fibroblast growth factor-2 (FGF-2). Many of these factors have been shown to enhance one or more phases of soft tissue and bone healing.

In order to understand the mechanism of action of platelet-rich plasma it is necessary to review the normal healing process of musculoskeletal tissue. The repair response starts with the formation of a blood clot and degranulation of platelets. The degranulation of platelets releases growth factors and cytokines into the local environment. This in turn results in chemotaxis of inflammatory cells as well as the activation and proliferation of local progenitor cells.

It is believed that platelet-rich plasma can augment or stimulate healing by turning on the same biological process that normally occurs after musculoskeletal injury. In vitro (test tube) studies have demonstrated that platelet-rich plasma can enhance the proliferation of stem cells and fibroblasts.

Platelet-rich plasma likely has the ability to stimulate and enhance healing of soft tissue injuries in humans. Nevertheless, its exact role in the treatment of musculoskeletal disorders remains to be determined. We are still in the infancy of evaluating platelet-rich plasma in clinical trials and deriving evidence based guidelines by which to use it.


Currently, we have little more than animal data and anecdotal evidence by which to guide us. The use of platelet-rich plasma is probably best relegated to soft tissue injuries such as tendinosis or tendonitis.

In my experience, platelet-rich plasma has been successfully used to treat lateral epicondylitis (tennis elbow), Achilles tendonitis, plantar fasciitis, patella tendonitis, and soft tissue injuries in elite athletes. The simple process of drawing blood from a patient, centrifuging that blood and then re-injecting a concentrated portion of that blood full of healing factors is easily done in an office setting. The entire process takes less than 30 minutes and is repeated three to four times in a chronic condition on a weekly basis and three to four times every four to five days for an acute injury. The process itself is minimally painful and does not interfere with post injection plans by the patient.

Platelet-rich plasma is a new technology that may prove to have numerous applications in the treatment of musculoskeletal injuries. Platelet-rich plasma has the ability to promote soft tissue healing in vitro (lab) and is likely that this will translate into improved healing in human trials. The true value and the role of platelet-rich plasma in musculoskeletal healing is currently unknown.




*Spencer M. Wheeler, M.D., a native Savannahian, graduated from the University of Georgia School of Pharmacy before receiving his medical degree from the Medical College of Georgia. Dr. Wheeler completed his Internship and Residency training at the University of Florida. He then completed Sports Medicine Fellowships in Baltimore, Maryland and Sydney, Australia. Dr. Wheeler was one of the founding Sports Medicine physicians in Savannah and maintains an active role in local, state, national and international Sports Medicine.*




CHATHAM  
ORTHOPAEDIC  
ASSOCIATES, P.A.

Chatham Orthopaedic Associates, P.A. is the oldest orthopaedic medical practice in Savannah. The practice opened in the 1950's in the downtown area and moved to the current southside location a number of years later. The physician side of the practice grew in the 1990's when Spencer Wheeler, M.D. and James Holtzclaw M.D. joined Chatham Orthopaedics. The practice has grown to include Robert Dow Hoffman, M.D., Raphael Roybal, M.D., Ronald Levit, M.D., Greer Noonburg, M.D. and J.T. Prather, M.D.



[www.chathamorthopaedics.com](http://www.chathamorthopaedics.com)



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# Ergonomic Tips

## Work Station Posture

- **Chair Set-Up:** Your chair is usually the most adjustable piece of equipment in your work station. Become familiar with all of its available adjustment sites. Adjust the height so that the upper legs are parallel to the floor. This will ensure that the hips are at 90 degree angles. Your feet should be supported on the floor or on a footrest. Many chairs can also be adjusted for low back support. A lumbar roll can be used as a support if the chair does not have this feature. A good lumbar support will help facilitate good posture.
- **Keyboard:** The keyboard and mouse should be close enough to your body so that your elbows are at a 90 degree angle with your arms by your side. Your wrists should be straight in a neutral position in line with your elbows. Your shoulders should be relaxed.
- **Computer Screen:** The screen should be straight in front of you. You should not have to turn your head to the side or down to see the monitor.
- **Reduce Reaching:** Ear pieces can significantly reduce repetitive reaching for the phone. Position items close to your body that you use frequently.

## Move Frequently to Avoid Repetitive Tasks

- **Micro Breaks or Rest Pauses:** Try to take a 5 minute break from the computer every hour to help reduce repetition. Some ideas include: shifting your legs, looking away from the computer screen, stretches, getting up or even walking around.
- **Vary Tasks if Able:** if your job involves other tasks such as photocopying, use this time as a micro break from your computer.

## Mouse Tips

- **Placement:** The mouse should be close enough to your body, so that your elbows are at a 90 degree angle.
- **Hand/Wrist Position:** Lightly grip the mouse with the wrist straight. Do not use a wrist rest or pad. If available, choose a mouse that fits your hand and is as flat as possible. This will help decrease wrist extension.
- **Movement:** Move the mouse with your elbow and not your wrist or fingers.

## We'd like to thank the supporting advertisers who made this first issue of *Workplace Health* possible

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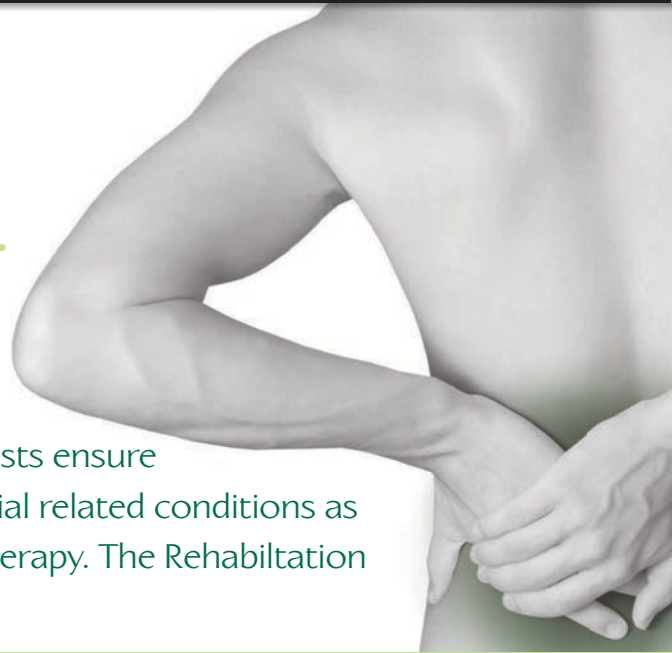
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Forsyth Street Orthopaedics



# Forsyth Street Rehab Center



Besides back pain, our orthopaedic certified specialists, athletic trainers and other highly trained physical therapists ensure the best quality care for all accidents, sports, and industrial related conditions as well as post-operative rehabilitation requiring physical therapy. The Rehabilitation Center is located at 1600 Forsyth Street, Macon.

## What Makes the Non-Invasive McKenzie Method So Successful for the Treatment of Back and Neck Pain?

Certain positions or certain movements can cause your back to 'go out'. Once we understand the problem fully we can identify other movements and other positions that, if practiced and adopted, can reverse that process. You can actually put it "back in!"

Once taught, the educated patient can accept responsibility for his own disorder and hopefully can reduce his dependency on therapists and therapy.

Forsyth Street Rehab Center has the only McKenzie certified therapists (MDT) in our area. We'd like to introduce our four MDT's.



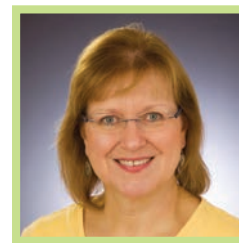
Tommy Williamson  
Director, PT,  
Cert. MDT



Nancy Hunnicutt  
MDT



Pam Thomasson  
PT, Cert. MDT



Catherine Hawkins  
PT, Cert. MDT

"The disabling and recurrent disorders that affect the spine can produce disability and mental anguish in all who experience the problem. It is estimated that over 80% of the world's population will at some stage of their lives develop at least one episode of severe back pain necessitating bed rest. Such a widespread problem causes significant losses not only to industry because of the forced absence from work, but to the individuals affected who suffer loss of income and self esteem should the disorder become prolonged. It occurred to me many years ago that the only possible chance we have of influencing the course of the disorder is to teach each and every patient as much as is possible about his own particular disorder."

– Robin McKenzie, President of the McKenzie Institute International



# Forsyth Street Orthopaedics



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