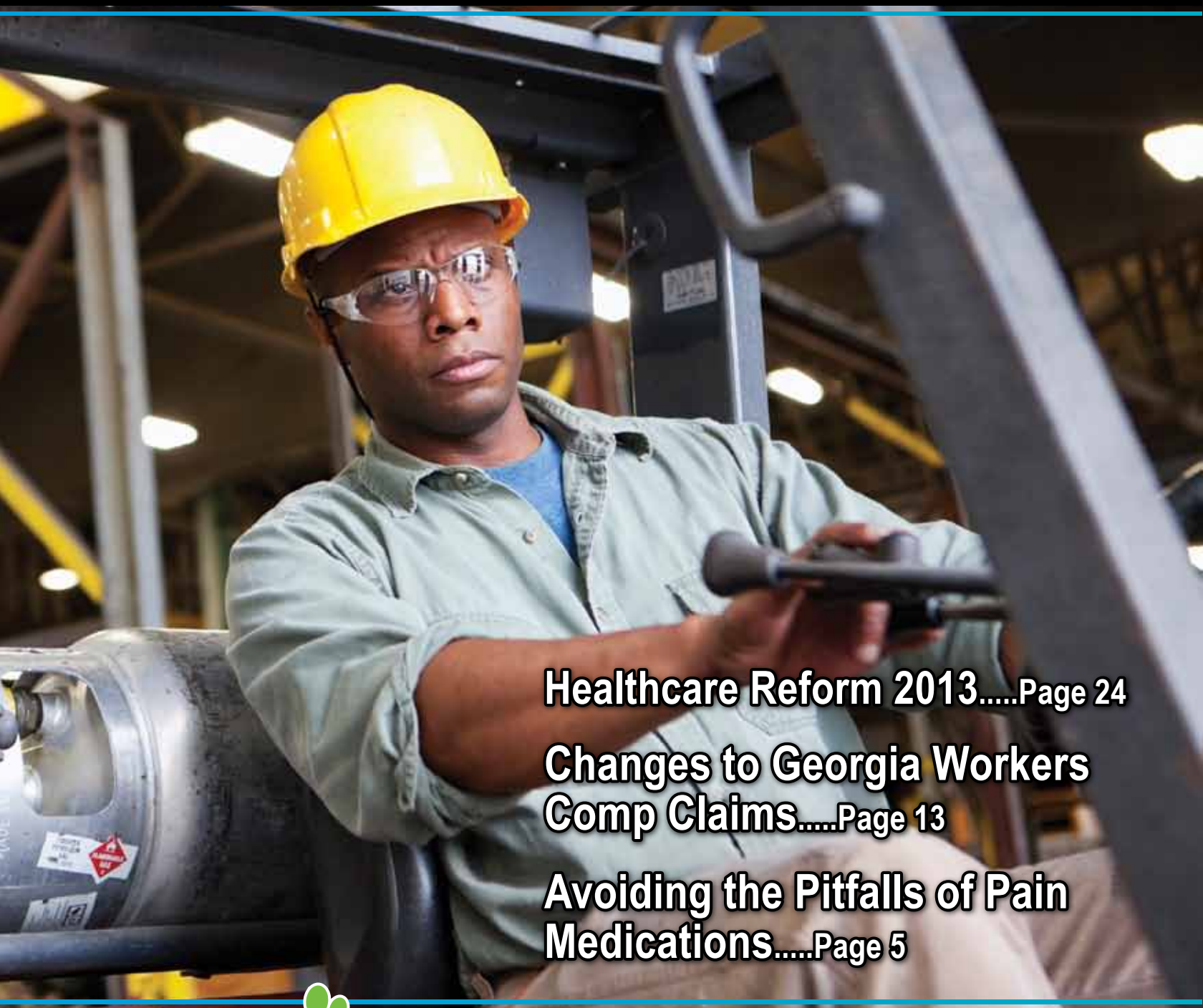
Spring 2013 Edition

WH Workplace Health



SEE PAGE 8

get to KNOW pinnacle

At **Pinnacle Orthopaedics**, our goal is to help the injured worker return to work as quickly and effectively as possible. Our physicians specialize in a wide variety of musculoskeletal injuries. Some of our specialties include: general orthopaedics; fracture care; surgery of the hand, shoulder, foot, knee and spine; along with a broad range of other work-related injuries.

We believe that communication between the patient, employer, case manager, insurance adjuster and all medical personnel is critical to the most thorough, cost-effective service. To ensure consistency and open lines of communication for all involved parties, **Pinnacle Orthopaedics** has a dedicated Workers' Compensation Coordinator in each division.

pinnacle orthopaedics

www.pinnacle-ortho.com

Fixing Bones and Improving Lives: The Role of the Orthopedic Surgeon

By D. Hodari Brooks, MD

As a board certified orthopedic surgeon practicing in the greater metropolitan Atlanta area, I, along with my fellow partners of Pinnacle Orthopedics, treat literally thousands of patients on an annual basis. At Pinnacle Orthopaedics, our goal is to help the injured worker return to work as quickly and effectively as possible. One of the reasons that many of us chose a career in orthopedic surgery is that this particular area of medicine allows us to have a positive and relatively quick impact on our patient's lives. Although we cannot fix every injury, the majority of treatment options available usually allow us to reduce our patient's pain and improve their function, even when a definitive cure is not possible.

Unfortunately, the experience of sustaining an orthopedic injury, such as breaking a bone, is not a pleasant one. However, the majority of these injuries can be effectively treated; usually healing within 6-8 weeks. Some broken bones do require surgery but the majority can often be treated effectively with casts, braces, and/or activity modification. The biggest mistake that I see patients with injuries make is that they do not see an orthopedist when they first suspect a serious injury. If one sustains a significant injury that does not start to improve within 48-72 hours, then you should start to be concerned that it may be serious. What you may not realize is that broken bones, for example, will usually heal with or without appropriate treatment. The problem, however, is that when they are left to heal on their own, they can heal in improper positions which leads to lifelong problems. Thus, the need for appropriate treatment is critical.

In addition to fixing broken bones, orthopedic surgeons treat a variety of injuries affecting the other important parts of the musculoskeletal system, such as muscles, ligaments, and tendons. Just like broken bones, these injuries can be very painful, and if not properly treated, can result in a significant decrease in one's quality of life and work. Fortunately for our patients, just like broken bones, the overwhelming majority of these injuries can be effectively treated in a relatively timely manner, allowing the injured worker to return to work quickly. However, the key is not to delay seeking appropriate treatment.

So although a visit to your orthopedist may be a trip you prefer to put off, you should remember that we can often have you back at work and participating in all of your favorite activities as quickly and effectively as possible!

Dr. Brooks is a board certified, orthopaedic surgeon at Pinnacle Orthopaedics. Get to know Pinnacle. Call 770-944-3303 or visit www.pinnacle-ortho.com for a complete list of services, physicians and locations near you.

WH Workplace Health

Published by:

SDS
Specialty Development Society

P.O. Box 55801
Macon, Georgia 31208
1-800-991-4716
specialtydevelopment@gmail.com

Editor-in-Chief:
Garlana H. Mathews
President
SelectONE MEDIA

Managing Editor:
Jeri Gale

Director of Sales:
Michelle Wilds

WH Contents

Avoiding the Pitfalls of Pain Medications with Transdermal Compounds

Current management of chronic pain most commonly involves oral administration of analgesics, steroids, non-steroidal anti-inflammatory agents, muscle relaxants, and narcotics. All of these may produce significant side effects. Furthermore, the potential exists for abuse and drug diversion. These unwanted consequences not only have lasting effects on the patient's health but can dramatically add to time away from work and billions are lost annually in workplace productivity.

Transdermal drug delivery is an alternative method of pain management which may eliminate these problems. Collaborating together, a physician and compounding pharmacist can assess an individual patient's needs and customize a transdermal medication for a convenient, non-invasive, and generally side effect free experience. Medication delivery and dose are tailored to a specific patient considering factors such as weight, age, allergies, root causes of pain, and additional medication usage. By avoiding the digestive system with localized medication delivery, damage to the stomach, intestines, and liver may be avoided. **The physical nature of the dosage form makes abuse and diversion nearly impossible.** The advantages of transdermal delivery systems are numerous, but less than 1% of all pharmacies are trained and equipped to provide them..

Many drugs currently used in oral pain therapy work well for acute and chronic conditions as transdermal agents:
• Numbing agents • Steroids • Non-steroidal anti-inflammatory drugs • Muscle relaxants • Nerve pain.

Potential benefits of transdermal medication delivery
-Less Overall Side Effects (Including Drowsiness)
-Unlikely GI Discomfort or Distress
-Less Concentration of Meds in General Circulation
-Higher Concentration of Medication at the Site of Pain
-Increased Patient Compliance
-Non-Addictive
-Lower Chance of Drug Diversion

Side effects of oral pain medications
-GI Discomfort (Nausea, Stomach Upset, Heartburn, Stomach Ulcers)
-Constipation
-Kidney and Liver Damage
-Dizziness, Drowsiness, Fatique, and Confusion

By David Taylor, Pharm.D

Welcome Chairman Frank McKay!

Chairman McKay took over his duties as Chairman of the State Board of Workers' Compensation March 1, 2013. Previously a partner in the Gainesville law firm of Stewart, Melvin & Frost, his experience of 22 years in Workers' Compensation and his involvement with the advisory council have certainly prepared him for his new role with the State Board.

Mr. McKay is a resident of Gainesville and has an undergraduate degree from Clemson University and a law degree for Walter F. George School of Law at Mercer University.

Better than OK!

Work is better when you're at your best

COA

CHATHAM ORTHOPAEDIC ASSOCIATES, P.A.

Expert pain care. Superior results.

(912) 355-6615 • 4425 Paulsen Street • Savannah, GA 31405
Office services provided in Savannah, Rincon, and Richmond Hill

www.chathamorthopaedics.com

A Pain in the Buttock: Sacroiliac Joint Syndrome

The sacroiliac joint or "SI" joint is the largest spinal joint in the body. It consists of a complex connection between the sacrum and the pelvic bone with a synovial joint in the front and a syndesmosis in the back of the joint.

The SI joint was mainly designed to function in weight-bearing and to provide spinal stability and has a limited degree of motion. It also has muscular reinforcement from various groups of muscles from the buttocks.

Pain can arise from within the SI joint, such as from arthritis, or from outside of the joint, such as from ligamentous injury and can manifest as focal buttock pain or can radiate into the groin, the outside of the thigh and even behind the thigh. Although uncommon, the pain has even been reported to radiate into the calf and foot. Usually, the main complaint is buttock area pain without neurological abnormalities such as numbness, tingling or weakness.

SI joint pain can result from a combination of stressors including axial loading and abrupt rotational forces. Motor vehicle accidents, falls, cumulative or repetitive trauma have all been cited as traumatic causes. Also, many other non-traumatic factors have been implicated to the development of SI joint pain. Pregnancy or biomechanical abnormalities that result from leg length discrepancies. A low back surgery with fusion can contribute to producing excessive movement of the joint and subsequent joint dysfunction.

Low back and buttock pain can have many sources. Provocative SI joint pain is more likely if the patient reports an inciting event, such as a fall, and has pain and tenderness in the buttock area on one side only without neurological deficits.

MRI and CT scanning can detect SI joint disorders in patients with rheumatological disorders, but imaging findings poorly correlate with symptoms in the patients without rheumatological disorders. The most accurate method of diagnosing SI joint pain is through intra-articular SI joint injections. These are generally under fluoroscopic or x-ray guidance, for visualization of the needle within the SI joint followed by administration of contrast within the joint to confirm proper placement. A mixture of steroid and anesthetic can be used for diagnostic and therapeutic purposes. Pain relief or reduction of pain following SI joint injection indicates that the painful source was most likely identified as the joint itself.
Oral or topical pain relievers and anti-inflammatories are generally used in conjunction with physical therapy. The physical therapist formulates a rehabilitation program designed to restore proper alignment, biomechanics and ultimately stabilize the SI joint.

For patients that continue to experience pain or are not able to tolerate physical therapy there is Prolotherapy - a regenerative therapeutic injection or Radiofrequency ablation (RFA) of the nerve supply. Radiofrequency treatment will not benefit patients with pain originating from the front of the SI joint.

Sacroiliac joint pain can be a very difficult syndrome to treat due to the various biomechanical factors as well as the complex nature of the joint itself. The pain can originate from within the joint or outside of the joint and can be a challenge to treat. Conservative and non-surgical management is the first-line treatment for SI joint pain syndrome to reduce pain, stabilize the joint and improve function. Most patients tend to experience improvement with conservative management and without the need for surgery.

By Gerald Chai, D.O., Pain Specialist
Chatham Orthopaedics Associates, P.A.

FOOT SOLUTIONS FOR INDUSTRY

Reduce injuries.

- Footwear improves balance and coordination and protects against injuries.

Reduce pain.

- 80% of foot, leg, and low back pain can be attributed to improper support for feet.

Promote safety.

- Foot Solutions offers steel or composite toes as well as puncture resistant & slip-resistant soles.

We know feet and we'll come to you!

- We properly fit & measure your employees for their safety boots or shoes.

- There is NO cost for Foot Solutions to come to your business or to meet with safety personnel to make recommendations.

FOOT SOLUTIONS®

1600 Forsyth Street Macon, GA 31201

Please contact: Courtney Logue-Foot Solutions Coordinator:

email: macon@footsolutions.com

or: clogue@fs-ortho.com

(478) 749-1612, EXT 151

IRON AGE RUCKS CONVERSE FLORSHEIM GRABBERS ROCKPORT WORKS Knapp

www.fs-ortho.com/footsolutions

Return to Work Policies

To reduce workers' compensation costs/exposures, many employers make it a policy to return employees out on worker's compensation leave to work as soon as possible, offering light and/or modified duty positions until the employee can return to work in a full-duty capacity. This is a great policy that, if properly enacted and followed, can represent substantial savings to employers and insurers alike. Unfortunately, many employers also have a policy that extends light/modified duty work only to employees on workers' compensation leave, to the exclusion of all other disabled employees. "Return to work" policies that systemically treat employees with work-related disabilities differently from those with other disabilities violate The Americans with Disabilities Act ("ADA").

As its general rule, the ADA provides that, "No covered entity shall discriminate against a qualified individual on the basis of disability in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment" (42 U.S.C.A. § 12112(a)). Most employers that have had 15 or more employees for at least 20 weeks are "covered entities." Where an employee can perform the essential duties of a particular job with or without "reasonable accommodations," he or she is entitled to equal opportunities for job and benefits as other employees/candidates without regard to his/her disability (42 U.S.C.A. § 12112(b)(4)). Light/modified duty work is a "reasonable accommodation" that an employer may be required to provide unless doing so represents an undue hardship to the employer (42 U.S.C.A. § 12111(9)(B)).

The bottom line is this: return to work policies extending light/modified duty work to some employees (such as those with workers' compensation disabilities) but not to others (such as those with disabilities that are not work-related) are like ticking time bombs waiting to explode into a flurry of EEOC charges and federal litigation that can seldom be won by summary judgment (see Bush v. Iowa Nat. Guard, 31 F. Supp. 2d 681, 682 (N.D. Iowa 1999)). If you are concerned about your company's policy, then contact one of our knowledgeable employment law attorneys today. We will review your return to work policy at no charge and let you know if your company's policy needs to be revised.

Richard S. (Rick) Thompson, partner with Levy & Thompson, LLC's Southeast Georgia's satellite offices, handles matters on behalf of the firm both regionally and state-wide. Mr. Thompson also offers his mediation services throughout Georgia. Mr. Thompson has practiced in the area of workers' compensation since 1989 and was appointed by Georgia Governor Sonny Perdue to serve as Chairman of the Georgia State Board of Workers' Compensation, a position he held from 2009 through 2013. Rick earned his Bachelor of Arts degree from Mercer University in 1979 and his Juris Doctorate degree from Mercer University in 1982. Mr. Thompson is a member of the State Bar of Georgia. As Chairman, he has presented at numerous seminars throughout Georgia. While Chairman, he also served on the Executive Committee of the International Association of Industrial Accident Boards and Commissions (IAIABC), the international group which develops policies and model rules and assists governing bodies in implementing those in the workers' compensation area. He also served on the Executive Committee of the Southern Association of Workers' Compensation Associations (SAWCA). His areas of practice include General Litigation, Insurance Defense, Workers' Compensation Defense and Mediation.

Rick Thompson is dancing! He will be competing on September 7, 2013 in the Ballroom Extravaganza in Savannah to benefit Kids' Chance of GA. Support his campaign at **www.ballroomextravaganza.com.**

Motivated by Life Beyond Work

Younger employees tend toward living, not just living to work. Similarly older workers often recognize life transitions on the horizon, investing increasingly more of themselves in personal interests, hobbies, family and/or community.
Incorporating off-work hobbies and activities in safety interventions is critical to workers of all ages. Therefore, leaders must include at-home safety as part of every intervention. This invites employees to develop and share personal methods for improving their performance and safety in favorite at-home activities. Leaders should consider implementing a home safety leader program and create materials for making decisions (ergonomic and safety) in personal purchasing.

Four Vulnerabilities

Younger and older workers can work on these vulnerabilities to improve their lives at work and off work, relatively quickly. (Some of the strategies even benefit more than one area of concern.)

Balance: Balance is the ability to stay on one's feet, especially while on the move, and apply full body strength to a task, not draining away excess physical power in overly fighting gravity.
Agility: The two main components of agility are range of motion and reaction time. Reduced agility can stem from overtension, being distracted/mentally unready or previous injury, as well as from several factors in the normal aging process. But agility also can be greatly improved with the right approach and practice. Leaders can help all workers emphasize eye-hand coordination methods, forward-thinking and mental-rehearsal activities (akin to fire drills) to preprogram safe reactions to streamline reaction time.
Energy: Energy refers to having sufficient mental and physical resources to direct attention, recall safest procedures, accomplish tasks in the safest manner (without having to resort to energy-saving shortcuts or being fatigued to the point of not lifting feet sufficiently or enlisting safety methods to move), and fully communicate about changing exposures and other safety issues. Lowered energy levels can adversely affect many types of injuries.
Focus: Focus refers to the abilities to direct attention, vision and memory to accomplish desired tasks as effectively as possible. On the prevention side, the inability to control focus can be a contributing factor in all incidents, but especially slips, trips and falls, struck by/struck against injuries, hand injuries, motor vehicle crashes, strains and sprains, and repeat incidents all of which affect younger and older workers.
Strength: Most people, young or old, relish the prospect of becoming physically stronger. This is well within the reach of almost all without necessarily lifting weights. According to WebMD, sarcopenia, age-related muscle loss, can result in the loss of 3% to 5% of muscle mass for each decade a person lives after the age of 30. Enhancing usable strength can improve performance in at-work and at-home activities; elevate self-esteem; and help prevent a wide array of injuries, especially strains and sprains, and slips, trips and falls.

Excerpted from April 2013 'Professional Safety", Journal of the American Society of Safety Engineers http://www.asse.org

TAKE A LAP FOR kids' chance

"Ladies and Gentleman, Start your Engines!"

All net proceeds go to Kids' Chance of Georgia

A FREE CEU PRESENTATION ON ETHICS FOR GEORGIA ADJUSTERS, CCM & RN

BY GREGORY T. PRESMANES

A great time was had by all on March 26, 2013!

Andretti Indoor Karting
11000 Alpharetta Highway Roswell, GA
http://www.andrettikarting.com

Thanks to our team sponsors!

Bone & Joint Institute of South Georgia

Bovis, Kyle and Burch

Chatham Orthopaedic Associates, P.A.

Forsyth Street Orthopaedics, Rehabilitation and Surgery Centers

McNatt, Greene & Peterson

Meridian Investigative Group

Patient First Transportation

The Physicians Group

Vidalia Orthopedic Center

Wellbeings Occupational Healthcare

Official Sponsors:

ACCORD SERVICES
HEALTHCARE EXCELLENCE

SelectONE NETWORK™

R & R MOBILITY VANS & LIFTS, INC.
Conyers, GA • 877-969-9786
www.rrvan.com

The GSIA is Becoming the GWCA!

The Georgia Self Insurers Association is expanding its focus and membership to include all Georgia employers, self-insurers, high deductibles and fully insured. The new name is the Georgia Workers Compensation Association, GWCA. We want any employer who is interested in controlling their workers' compensation costs and program to become a member.

The Georgia Self Insurers Association (GSIA) has well represented the interests of Georgia self-insurers for many years and will continue to do so. But times change and the workers' compensation market is changing also. More companies are choosing to go to a high deductible or fully-insured program. However, that doesn't change the overall need for an employer to manage their losses, control their workers' compensation costs, promote a safe workplace and take care of and return their injured worker(s) to gainful employment. So GSIA is transitioning and becoming the GWCA, Georgia Workers' Compensation Association, in order to be the legislative and regulatory advocacy for all Georgia employers.

Education is a major focus for GWCA. Through education employers have the tools to continuously improve their programs. During our 2013 Spring Conference we will be holding our first Employer's Roundtable Session. This session will provide employer members the opportunity to discuss with other employers any issues or concerns that they may have. One of the best ways to learn is to communicate with others who have already successfully or possibly unsuccessfully dealt with a problem. We plan on holding roundtable sessions several times throughout the year.

We urge all Georgia employers who want to control their workers' compensation costs, one of the major cost factors in business today, to join GWCA. By joining GWCA and becoming an active member, you provide a voice at the legislative level with greater strength and significance. Today Georgia's system is A rated by the Work Loss Data Institute which means more businesses will consider locating in Georgia, but to maintain that A rating we must continue to make certain that our workers' compensation law is fair and just.

An informed employer is going to be an industry leader. By joining GWCA you not only stay informed but you are also able to meet other strong leaders who can help you improve your entire workers' compensation program.

For membership information, please contact Kathy Oliver, 404-376-5493 or koliver@gsia.net.

EMPLOYERS' ADVOCATE GWCA
A GEORGIA EMPLOYERS' WORKERS' COMPENSATION ASSOCIATION

The 6th annual Chatham Orthopaedic Associates Ballroom Extravaganza will be held at 6:00PM on September 7, 2013 at the Savannah Marriott. Savannah's Red Carpet event has a very special guest performing – international competitor Jonathan Doone of Australia's *Dancing with the Stars*.

The GA Safety Conference will be held on September 10, 2013 at the Marriott. Treat yourself to a weekend in Savannah and support Kids' Chance of GA by attending the Ballroom Extravaganza!

www.ballroomextravaganza

Changes on the way for Georgia Workers' Compensation Claims

By Jason C. Logan

Changes to Georgia workers compensation claims are all but guaranteed beginning July 1, 2013. House Bill 154 passed Georgia's House and Senate without a single "nay" vote and was sent to the Governor's desk for signing on April 1, 2013. Essentially, the proposed bill would enact the following changes:

• New Cap on Medical Benefits: For accidents occurring after July 1, 2013, the proposed new law would limit an employee's entitlement to medical benefits to 400 weeks from the date of injury, except in cases qualifying for catastrophic designation.
• New Threshold for Formal Offers of Light-Duty Work: A good-faith effort to return to light-duty work offered in accordance with O.C.G.A § 34-9-240 will require the employee to attempt the proffered job for at least "eight cumulative hours or one scheduled workday, whichever is greater."
• Higher Maximum Compensation Rates: For accidents occurring after July 1, 2013, the maximum temporary total disability (TTD) and permanent partial disability (PPD) rates would increase from $500 to $525 per week, and the maximum temporary partial disability (TPD) rate would increase from $334 to $350 per week.
• Quicker Payments for Mileage Reimbursement: Employees requesting compensation for mileage incurred as a result of compensable medical care or services would have to be paid within 15 days rather than 30 days under current law.
• Lower Discounts for Lump Sum Payments: Employees that qualify for a lump sum payment of future income benefits can expect a higher payout since the proposed new law would decrease the present-day value discount rate from 7% to 5%.

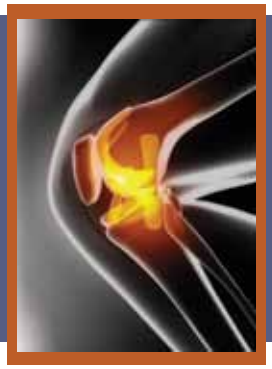
Keeping with its quid pro quo origins, the proposed new bill, once signed, will be both a win and loss for employees and employers alike. However, most would agree that the proposed 400-week cap on medical benefits will have the largest impact. Under current law, an injured worker with a compensable claim can theoretically receive medical benefits for the rest of his or her life. Since this change would limit medical benefits to 400 weeks (in non-catastrophic claims), the projected future costs for many claims, especially those requiring a Medicare Set Aside allocation, will be substantially less. Thus, this long-needed proposed change is expected to promote claim resolution and decrease long-term employee dependency on the workers' compensation system. The other proposed changes, while certainly noteworthy, pale in comparison.

Jason C. Logan is an attorney with Constangy, Brooks & Smith, LLP, a national law firm specializing in labor and employment law.

Knee Joint problems

The knee joint is often injured during working conditions and spills in a hazardous work environment. Some of the time an injury to the knee can be successfully treated with some relative rest and physical therapy. Often however a slip and fall at work, or even repetitive motions can lead to meniscus and ligaments tears. Some times the knee cartilage can even be injured due to repetitive movements or a traumatic injury. Overall the knee is pretty resilient to injury, but once injured it is difficult to bring the structures back into a relative homeostasis.

Injured knees that require surgery can return to pre-injury levels as long as all injured structures are appropriately addressed with the initial procedure. If not appropriately handled during initial evaluation and subsequent treatments, the knee can go on to early arthritis. The overall goal of orthopaedic outcomes of the knee is to make the knee stable and keep it from swelling from a mechanical irritation or from increased friction across cartilage surfaces. Even once the knee has started to break down; there are still multiple solutions to correct the environment within the knee to slow the arthritic process.



Smoking, Orthopedics & Workers' Comp

Study data presented at the AAOS 2013 Annual Meeting revealed that smoking is associated with increased nonunion rates, longer healing times, and higher rates of wound complications in long-bone fractures. Also, patients undergoing treatment for spine pain who smoked had the worst disability scores, followed by previous smokers; then nonsmokers, had the least pain. In addition, the superficial infection rate was higher for smokers than for nonsmokers and the deep infection rate was also higher for smokers than for nonsmokers.

The Bottom Line

• This study of more than 13,000 patients undergoing treatment for back pain found that those who smoked had the worst pain and the highest disability scores.
• Patients who had secondary gain issues (workers' compensation or litigation) had worse pain than patients without those issues.
• Current smokers with secondary gain issues had the worst pain and highest disability scores of all.
• Orthopedic surgeons should be aware of a patient's smoking and secondary gain status, because these factors might affect outcomes.
• Smoking increases complications

These factors may also play a role in the treatment pathway and goal setting for recovery success. It has been shown that, with the assistance of a spinal surgeon, up to 40 percent of patients are able to quit smoking.

ATHENS Bone & Joint

ORTHOPEDIC CLINIC

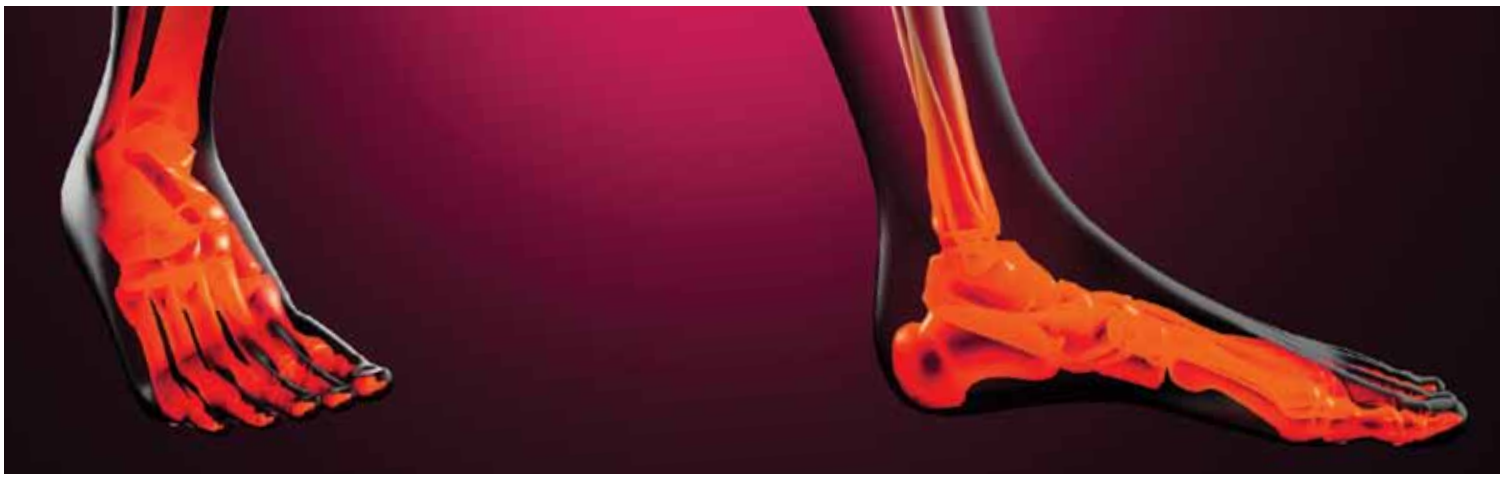
Orthopedic Surgery • Sports Medicine • Total Joint Replacement

John R Dorris MD — David W Bacastow MD — David S Ryan MD

Yancey Shuman PA-C Natalie Moseley PA-C

Athens • Royston • Commerce • Elberton 706-583-9000

- Patient Centered Quality Care
- Hands on Personable Healthcare
- Worker's Compensation Patients
- Personalized Communication with all adjusters and patients through our Worker's Comp Department
- Orthopedic Care
- Total Joint Replacements, Sports Medicine, Fractures, Hand & Foot Surgery
- Evaluations, Diagnostic Imaging, & Physical Therapy
- Multiple North East Georgia Locations – Offices in Athens, Commerce, Elberton, & Royston



Prevention & Treatment of Lower Back Pain

Almost everyone will experience lower back pain at some point in their lives. It can be the result of a specific movement such as lifting or bending. Age also plays a role in many back conditions, causing degenerative changes in the spine that can start in the early 30s or even younger.

Those suffering from lower back pain may experience some of the following:

- Back pain with bending and lifting, or prolonged sitting
- Pain when standing and walking
- Back pain that comes and goes, and often follows an up and down course
- Pain that extends from the back into the buttock or outer hip area
- Sciatica, including buttock and leg pain, numbness, tingling or weakness that goes down to the foot.

Prevention

It may not be possible to prevent lower back pain as we can't avoid the normal wear and tear on our spines that goes along with aging. There are ways to lessen the impact of lower back problems:

- Lift heavy items with your legs, not your back. Rather than bending over to lift, keep you back straight and bend at the knees.
- Combine aerobic exercise, like walking or swimming, with specific exercises to keep the muscles in your back and abdomen strong and flexible.
- Maintain a healthy weight. Being overweight puts added stress on your lower back.
- Avoid smoking. Both the smoke and the nicotine cause your spine to age faster than normal.
- Good posture is important for avoiding future problems.

Nonsurgical Treatment

Medications like aspirin or acetaminophen can relieve pain with few side effects. NSAIDS like ibuprofen and naproxen reduce pain and swelling. Pain medications, such as codeine or morphine, may also help. Steroids, taken either orally or injected into your spine, deliver a high dose of anti-inflammatory medicine.

Physical Therapy may include application of heat or ice, massage, ultrasound, and electrical stimulation. Active therapy consists of stretching, weight lifting, and cardiovascular exercises. Exercising to restore motion and strength to your lower back can be very helpful in relieving pain.

Braces are often used, the most common of which is a corset-type that can be wrapped around the back and stomach.

Other exercise-based programs, such as Pilates or yoga are helpful for some patients.

Surgical Treatment

Surgery might be an option when a disc problem or other lower back issue causes pain prevents you from doing everyday tasks. Consider surgery only when other non-surgical options have been exhausted.

With proper treatment, resuming normal or modified activity, including work, is a typical and expected part of treatment and recovery from lower back pain.

*Only your surgeon can help you decide what treatment is best for your lower back pain or other condition. Talk to orthopedic surgeons Dr. Lex Kenerly and Dr. Matt Valosen and the staff at the **Bone & Joint Institute of South Georgia** if you have questions about the best treatment for your condition, or visit **BJISG.com***

WORKERS' COMP INJURIES?

Our board-certified physicians are trained to diagnose & treat workers' compensation injuries with a personal approach.

We provide care for all types of orthopedic problems & aim to return patients to work quickly & safely.

FOR WORKERS' COMP, CONTACT: Jennifer Herring, CWCP: (706)549-1663 x3259

Locations in:

ATHENS
GREENSBORO
LAVONIA
LOGANVILLE
MADISON
MONROE
ROYSTON
SNELLVILLE
WINDER

AthensOrthopedicClinic.com

Congratulations from your friends at Workplace Health!

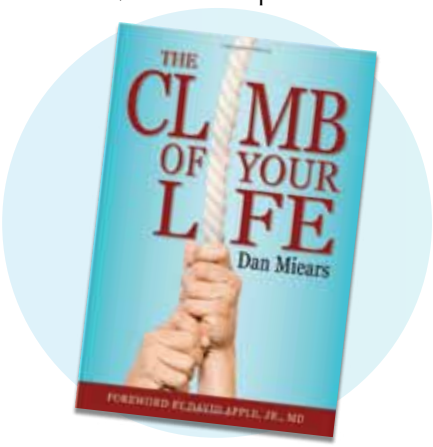
The Climb of Your Life – By Dan Miears

On September 8, 1989, Dan Miears became a statistic. A motorcycle accident left him a dual-diagnosis paraplegic with a traumatic brain injury. Weeks after he woke up from his coma, he found himself on his way to the Shepherd Center and in "The Climb" of his life. Through sheer determination and hard work, Dan proved he was not going to be a statistic. Today, Dan is Director of Business Development for Accord Services. His journey from the hospital bed back to full engagement in life has a lot to teach us; both as health care professionals and as human beings, about our power to heal ourselves and to move past difficult life events. Dan challenges individuals to succeed, despite difficult circumstances by empowering themselves and accepting personal responsibility.

Readers say:

"Dan used humor and metaphors to punctuate the lessons he learned: the climb to the top of Mt. Everest, the support of Sherpas, the race to the finish, his "medical incarceration," the carving block, the oars and anchors in his life, and so many more. Dan's strength and optimism are inspirational. Anyone who faces a challenge will be moved."

"I just finished the autobiographical book, The Climb of Your Life. Once I started, I couldn't put it down. This story was an honest portrayal of life after a traumatic injury. Throughout Dan Miear's climb, he remained positive and only looked forward finding endless opportunities. I cried as I read about the birth of his son and the adoption of Angel, Emily's dog. I cheered as Dan finally made it out of the hospital bed and discovered Emily was a "one in a million chance."



The Climb of Your Life by Dan Miears is now available on Amazon.com –

http://www.amazon.com/The-Climb-Your-Life-Miears/dp/1600478514

Need a great Workers' Comp physician? Please see page 25 for a list of our preferred network of physicians.

Did you know?

Forsyth Street Orthopaedics

Our Forsyth Street Surgery Center gives you the choice to have your surgery without hospital admittance.

• With fully equipped operating and recovery rooms, the Forsyth Street Surgery Center provides services that are more cost-effective and less stressful than found in most hospitals.

• You are able to schedule a more convenient time to have your surgery and much less down time between entering the surgery center providing the actual surgery.

Our Forsyth Street Rehabilitation Center has 13 licensed health care providers.

• Physical therapists can often meet with patients on the same day as their appointment with their physician

• Our Certified Hand Therapist (CHT) credential offers assurance to the public that the therapist treating them has achieved the highest recognition of competency in the profession of upper limb rehabilitation.

We have the expertise of 4 McKenzie spine therapists.

• The McKenzie Method utilizes a treatment approach for back and neck pain emphasizing self-treatment and patient education. Our certified McKenzie Method physical therapists work with our patients to not only eliminate back and neck pain, but to prevent the pain from occurring in the future.

• Four out of 44 certified McKenzie Method physical therapists in the state of Georgia are at Forsyth Street Orthopaedics, making Forsyth Street Orthopaedics the leading provider of McKenzie treatment.

We have Foot Solutions!

• A cerified pedorthist will help you discover a new level of comfort for your feet while creating a good base of support for the rest of your body.

• There is no cost for an expert evaluation. Recommendations wll be made for inserts and top quality footwear that are available next door in our rehabilitation center.

• Visit our Rehabilitation Center and inquire about our services for diabetic feet. We participate in the Medicare diabetic shoe program.

FOOT SOLUTIONS

(478) 749-1612 • 1600 Forsyth Street Macon, GA 31201

email: **macon@footsolutions.com**

www.fs-ortho.com/footsolutions

Cervical Disc Disease and Arm Pain

Neck and shoulder pain are a common sign of degenerative changes in the cervical spine. The cervical spine consists of 7 bones (C1-C7) and is separated from one another by intervertebral disc. These discs allow the spine to move freely and act as shock absorbers during activities. At each level in the cervical spine a pair of spinal nerves exit through small holes called foramina (one on the left and right side). These spinal nerves provide function to the body and muscles, skin, and tissues in the arms.

The natural history of a HNP in your neck is improvement by 6 weeks. Those patients that are not improving by 6 weeks may need to be seen by an Orthopedic Spine Surgeon to determine the cause of the pain or weakness and determine other treatments. Most people will get improvement with conservative care consisting of anti-inflammatories, modification of activities, muscle relaxants, physical therapy, and limited use of cervical collar, cervical traction and steroids.

During the work up by your physician you may require certain tests to determine which spinal nerves are involved. This work up also helps to rule out other causes of the pain, since different ailments can cause similar symptoms. Some of these tests include, X-rays, MRI, CT scan, and nerve studies. After undergoing conservative care for 6 weeks if the pain is still disabling, or the patient is continuing to have weakness or balances issues they may require surgery to relieve pressure off the spinal nerves. Relieving the pressure is called decompression. There are many different ways to decompress the nerves in your neck, but the most common is called an anterior cervical decompression and fusion (ACDF). This means the surgeon makes an incision on the front park of the neck to get down to the HNP. The herniated disc is removed and then bone graft replaces the disc material. A small plate with screws is also used to hold the graft in place and allow the bones to fuse together (meaning becoming one solid bone) to prevent recurrence at that level. Another option is called a cervical disc replacement, which means instead of fusing the bone together you replace the disc with an implant that allows you to keep your motion. Most of these surgeries can be done as an outpatient, which means you would be able to go home the same day after your surgery. The results are greater than 90% of relieving pain. If you are having these symptoms you may need to be evaluated by an Orthopedic Spine Surgeon.

By Wayne Kelly Jr MD

Health Care Reform - Overview of the 2014 Employer Mandate *By Diane Lukin*

Beginning January 1, 2014, employers that employ an average of at least 50 or more full-time employees and 'full-time employee equivalents' during the preceding calendar year are subject to the Affordable Care Act's employer mandate. For purposes of making this determination, related employers, controlled group and affiliated service members are treated as a single employer. Workers employed an average of 30 or more hours per week or 130 hours per month are considered full-time. If subject to the employer mandate, an employer must offer its full-time employees and dependents (excluding spouses) employer-sponsored medical coverage that satisfies certain requirements. (Spousal coverage is not required.)

The requisite employer-sponsored medical coverage must also satisfy minimum value and affordability requirements. Coverage provides minimum value if the plan pays at least 60 percent of total allowed benefit costs. Coverage is considered affordable if an employee's share of premiums for employee-only coverage does not exceed 9.5% of household income. Dependent premium expenses are not regulated under the employer mandate. Because it is unlikely that most employers will know an employee's household income, safe harbors are available for employers to use to monitor employee-only coverage affordability requirements.

Employers that fail to offer the requisite medical coverage run the risk of incurring one of two penalties. The first penalty is incurred if an employer fails to offer a full-time employee and dependents the required medical coverage and the employee purchases health insurance through a state exchange with the assistance of a premium tax credit or cost sharing subsidy. The second penalty may be incurred if the employer fails to offer coverage that satisfies minimum value or affordability requirements, and the employee seeks health insurance on the exchange and receives a premium tax credit or cost sharing subsidy. If the second penalty applies, the employer pays the lesser of the first or second penalty.

Because individuals and families in Georgia making between 100%-400% of the federal poverty level ($23,550-$94,200 for a family of four) will qualify for a premium tax credit or cost sharing subsidy, A large portion of the population will be eligible for assistance if health insurance is purchased on the exchange. For this and other reasons, employers need to consider their options for dealing with the employer mandate as soon as possible.

Warren Kingsley, Firm Administrative and lead Employee Benefits Partner, (404)873-8636, warren.kingsley@agg.com
Diane Lukin, Corporate Group Employee Benefits Associate, (404)873-8516 diane.lukin@agg.com

Arnall Golden Gregory LLP

Attorneys at Law

171 17th Street Northwest, Suite 2100
Atlanta, GA 30363-1031

How do we expand your visibility in the Workers Compensation arena? We successfully market our physicians through a proven program that includes attending important industry conferences, sponsoring events for insurance providers, and representing physicians at health fairs - to name just a few.

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.

We are proud to announce that we have added two highly respected and knowledgeable representatives to market our preferred network of physicians!

Garlana H. Mathews,
President, SelectOne Network and SelectOneMedia

Jeri Gale, Project Manager & Assistant to Garlana

Michelle Wilds, Director of Sales
Michelle is based in central Georgia and covers Macon, Dublin, Vidalia, Athens and Augusta.

Ellen Waller, Sales Representative
Ellen represents SelectOneNetwork in the Atlanta area.

Our Team is Growing!

SelectONE NETWORK™

A Preferred Network of Physicians for Workers' Compensation

P.O. Box 16267 • Savannah, GA 31416 • 912-667-0441
garlanamathews@bellsouth.net • www.selectonenetwork.com

Select Experience. Select Relationships.

SelectONE NETWORK™

A Preferred Network of Physicians for Workers' Compensation

Please tear this page out for your convenience

Bone & Joint Institute of South Georgia

Dr. J. Lex Kenerly, III – General Orthopaedic Surgery
Dr. J. Matthew Valosen – Sports Medicine and Joint Replacement

110 Professional Court
Jesup, GA 31545

110 E. Tollison Street
Baxley, GA 31513

475 South Main Street
Hinesville, GA 31313

Worker's Compensation Coordinator

Davina Simmons
Direct Line: 912-427-0800
Email: dsimmons@bjisg
Web address: www.bjisg.com
PHONE: 912-427-0800 FAX: 912-427-6029

Chatham Orthopaedic Associates, P.A.

4425 Paulsen Street
Savannah, GA 31405
With locations in Richmond Hill, GA and Effingham County, GA

Dr. Spencer Wheeler – Sports Medicine
Mark A. Jenkins, D.O. – General Orthopaedic Surgeon
Dr. Raphael R. Roybal – Spinal Surgery
Dr. James F. Holtzclaw – General Orthopaedic Surgeon
Dr. Greer E. Noonburg – General Orthopaedic Surgeon
Dr. Robert D. Hoffman – Knee and Shoulder Specialist
Dr. Ronald H. Levit – Hand Specialist
Dr. John T. Prather – Foot Specialist
Gerald Chai, D.O. – Pain Specialist

Worker's Compensation Coordinator

Della Latimer
Direct Line: 912-525-1312
Email: dlatimer@chathamorthopaedics.com
With locations in Richmond Hill, GA and Effingham County, GA
Web address: www.chathamorthopaedics.com
PHONE: 912-355-6615 FAX: 912-351-0645

Compounding Solutions of Savannah

David Taylor, Pharm.D.
Email: rxuga@yahoo.com
612 East 69th Street
Savannah, GA 31405
Web address: www.CompoundSavannah
PHONE: 912-629-0444 FAX: 912-629-0443

Forsyth Street Orthopaedic, Rehabilitation & Surgery Centers

1600-1610 Forsyth Street
Macon, GA 31201

1201 N. Columbia Drive
Milledgeville, GA 31061

Dr. Frank B. Kelly-General Orthopaedic Surgery
Dr. Charles H. Richardson – Spinal Disorders & Lower Extremities
Dr. Gary L. Hattaway – Joint Replacement, Arthroscopic Surgery & Spinal Surgery
Dr. Joseph E. Slappey – General Orthopaedic Surgery
Dr. Timothy R. Stapleton – Sports Medicine, Shoulder Reconstruction & Joint Replacement
Dr. Don C. Beringer – Hip & Knee Surgery
Dr. Wood D. Pope – General Orthopaedic Surgery

Worker's Compensation Coordinator

Debbie Collins
Direct Line: 478-743-3000
Email: dcollins@fs-ortho.com
www.forsythstreetortho.com
PHONE: 478-743-3000 FAX: 478-741-9657

Vidalia Orthopedic Center

Dr. C. Cullen Scott – General Orthopaedic Surgery
Dr. Charles P. Catron – General Orthopaedic Surgery
1707 Meadows Lane, Suite F and H
Vidalia, GA 31474

Swainsboro Orthopedic Center

119B Victory Drive
Swainsboro, GA 30401
PHONE: 478-419-1020 FAX: 478-419-1025

Dublin Bone & Joint

104 Fairview Park Drive
Dublin, GA 31021
PHONE: 478-272-1350 FAX: 478-272-2240

Worker's Compensation Coordinator

Felecia Mceachin
Email: fmceachin@meadowsregional.org
Direct Line: 912-541-0500
Web Address: www.vidaliaorthopediccenter.com
PHONE: 912-538-0040 FAX: 912-538-8133

Wellness Occupational Healthcare

Jane T. St. Claire, M.D. – Preventive Medicine, Occupational Medicine & Anesthesiology
3300 Holcomb Bridge Road, Suite 110
Norcross, GA 30092
Contact: Cheryl Ellis
Email: cbellis@wellbeingsocc.com
PHONE: 770-449-5161

Select Relationships. Select Experience.

P.O. Box 16267 • Savannah, GA 31416 • 912-667-0441
www.selectonenetwork.com

SelectONE

Cloud-Based Azalea Products

- Azalea EHR
- Azalea PM
- Azalea PHR
- Azalea LabHub
- Azalea eRx

Azalea Services

- Azalea RCM
- Azalea PreCert

Contact us Today for a Live Demo!

(877) 777-7686
info@azaleahealth.com
www.AzaleaHealth.com

Azalea® HEALTH

Forsyth Street Orthopaedics

1600-1610 Forsyth Street
Macon, Georgia 31201

478-743-3000

www.fs-ortho.com

Imaging Center Rehab Center Surgery Center

Getting Better Together