Fall 2020 Edition

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The Future of Pain Relief

Alliance Spine
AND PAIN CENTERS

Alliance Spine and Pain Centers is leading the way to the future of pain relief with groundbreaking quality standards that go beyond pain reduction to restoring functionality, independence, and quality of life. As the largest interventional pain management practice in the southeast, we set groundbreaking quality standards in our field, carefully track our clinical outcomes, develop evidence-based best practices, and share what we learn with our colleagues around the country.

Our practice offers board certified, fellowship trained physicians practicing cutting edge interventional pain management between 19 locations and 16 state of the art ASCs in Georgia. Spine treatment procedures are clinically proven and follow the guidelines of American Society of Interventional Pain Physicians. Our state-of-the-art outpatient centers are Joint Commission accredited.

This is the future of pain relief. Alliance Spine and Pain Centers is leading the way.

CONDITIONS TREATED

- Neck & Back Pain
- Facet Pain
- Joint Pain
- Radiculopathy / Sciatica
- Degenerative Disc Disease
- Disc Herniations
- Nerve Root Impingements
- Spondylosis
- SI Joint Dysfunction
- Diabetic Neuropathy
- Occipital Headaches
- Vertebral Compression Fractures
- Complex Regional Pain Syndrome (CRPS)/ Reflex Sympathetic Dystrophy (RSD)
- Pelvic Pain
- And more...

INTERVENTIONAL TREATMENTS

- Epidural Steroid Injections
- Selective Nerve Root Blocks
- Diagnostic Nerve Blocks
- Facet Injections
- Lumbar Sympathetic Blocks
- Stellate Ganglion Blocks
- Radiofrequency Ablation
- Spinal Cord Stimulation Trial, Implant and Revision
- Peripheral Nerve Stimulation
- Trigger Point Injections
- Joint Injections
- SI Joint Injections
- Celiac Plexus Blocks
- Occipital Nerve Blocks
- Vertiflex (Superion) for Spinal Stenosis
- Vertebroplasty and Kyphoplasty
- Discograms
- Regenerative Medicine

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Work Injury? Consult a Pain Specialist Early

Efosia O. Ogiamien, M.D., D.ABA

Most work-related injuries are relatively acute and normally resolve within the first twelve weeks. Typically, these types of injuries can be treated with ice, heat, rest, stretches, and/or anti-inflammatory medication. As the patient's pain persists or worsens, they are often left without proper guidance as to the expected healing timeline, necessary treatments, and possible outcomes of these injuries. This often leads to undue stress, unnecessary costs of care, and possible disability. This is where a pain specialist can become the pilot for these Workers' Compensation pain-related claims.

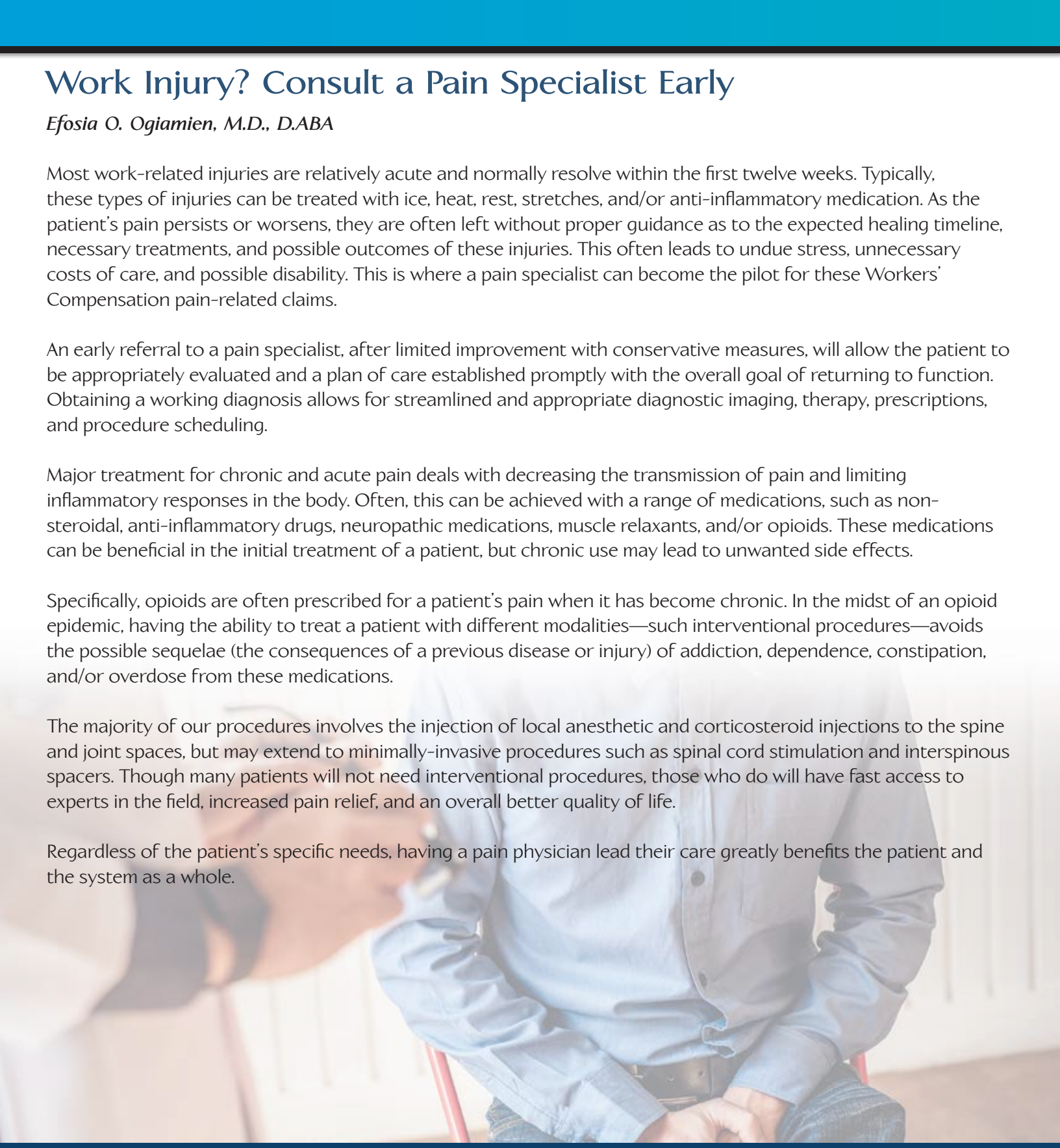
An early referral to a pain specialist, after limited improvement with conservative measures, will allow the patient to be appropriately evaluated and a plan of care established promptly with the overall goal of returning to function. Obtaining a working diagnosis allows for streamlined and appropriate diagnostic imaging, therapy, prescriptions, and procedure scheduling.

Major treatment for chronic and acute pain deals with decreasing the transmission of pain and limiting inflammatory responses in the body. Often, this can be achieved with a range of medications, such as non-steroidal, anti-inflammatory drugs, neuropathic medications, muscle relaxants, and/or opioids. These medications can be beneficial in the initial treatment of a patient, but chronic use may lead to unwanted side effects.

Specifically, opioids are often prescribed for a patient's pain when it has become chronic. In the midst of an opioid epidemic, having the ability to treat a patient with different modalities—such interventional procedures—avoids the possible sequelae (the consequences of a previous disease or injury) of addiction, dependence, constipation, and/or overdose from these medications.

The majority of our procedures involves the injection of local anesthetic and corticosteroid injections to the spine and joint spaces, but may extend to minimally-invasive procedures such as spinal cord stimulation and interspinous spacers. Though many patients will not need interventional procedures, those who do will have fast access to experts in the field, increased pain relief, and an overall better quality of life.

Regardless of the patient's specific needs, having a pain physician lead their care greatly benefits the patient and the system as a whole.



Efosia O. Ogiamien, M.D., D.ABA, brings the latest innovation in interventional pain management to his patients at Alliance Spine and Pain Centers. As a leader and educator, Dr. Ogiamien is dedicated to finding comprehensive solutions and providing life-changing relief to patients in chronic pain. He is a graduate of the University of Mississippi Medical Center in Jackson, MS, completed his internship and residency at Jackson Memorial Hospital in Miami, FL, and was fellowship-training in Interventional Pain Medicine at The University of Alabama, Birmingham, AL.

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WH CONTENTS

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2020-21 Upcoming Educational Events
Workplace Health Magazine gets around!

Disclosure: Event dates could be postponed, cancelled, or virtual. Please use the following as a guide. If you would like your event added to the Workplace Health magazine calendar of events, please contact Michelle Wilds at michellewilds@selectonenetwork.com. Workplace Health magazine would love to come and cover your event.

September 2020

30 - October 2: Society of Human Resource Managers
Georgia Annual Conference-VIRTUAL

October 2020

4-7: Florida Association of Self-Insureds
Naples, FL

14: Georgia Workers' Compensation Association Summit Lunch and Learn Program

28-30: Society of Human Resource Managers
Annual Conference-VIRTUAL

29-30: Alabama Workers Compensation Organization Conference (AWCO)
Birmingham, AL

November 2020

11: Georgia Workers' Compensation Association Summit Lunch and Learn Program

December 2020

9: Georgia Workers' Compensation Association Summit Lunch and Learn Program

January 2021

13: Georgia Workers' Compensation Association Summit Lunch and Learn Program

February 2021

10: Georgia Workers' Compensation Association Summit Lunch and Learn Program

March 2021

5: Workplace Health Symposium
Savannah Technical School
Savannah, GA

10: Georgia Workers' Compensation Association Summit Lunch and Learn Program

April 2021

14: Georgia Workers' Compensation Association Summit Lunch and Learn Program

18-21: Risk Management Society (RIMS) National Conference and Expo
McCormack Place, Chicago, IL

May 2021

3-5: Insurance Rehabilitation Synergy Group Conference
Lord Baltimore Hotel
Baltimore, MD

13-14: National Workers' Comp Defense Network
Southeastern Regional Conference
Charlotte, NC

June 2021

2-4: Georgia Workers' Compensation Association
Jekyll Island, GA

9-11: Tennessee Workers' Compensation Annual Conference
Murfreesboro, TN

20-23: SHRM National Annual Conference and Expo
Chicago, IL

July 2021

12-16: Southern Association of Workers' Compensation Administrators
Hot Springs, VA

19-22: Florida Association of Self-Insureds
Naples, FL

27-31: Florida Risk Management Society (RIMS)
Naples, Florida

August 2021

22-25: Workers' Compensation Institute, Annual Conference,
Orlando, Florida

30-Sept 1: State Board of Workers' Compensation Annual Conference
Atlanta, GA

30-Sept 2: HR Florida Annual Conference
Kissimmee, FL

September 2021

22-24: Georgia SHRM State Conference
Evergreen Resort
Stone Mountain, GA

26-29: American Congress of Rehabilitative Medicine
ACRM 98th Annual Conference
Hilton Anatole
Dallas, TX

October 2021

3-6: 45th Annual South Carolina Educational Conference on Workers' Compensation
Myrtle Beach, SC

20-22: National Workers' Compensation and Disability Conference and Expo
Las Vegas, NV

Guidelines on Workers' Compensation Claims

Dustin C. Hoffman, M.D.

Navigating the Workers' Compensation program can be a challenging and uneasy time. There are many opinions surrounding the program, but, in actuality, it is meant to protect employees from hazardous working environments and care for them if an injury results while on the time clock. The majority of the workforce across the nation will not find themselves within the scope of a Workers' Compensation claim; however, those who do can attest that it can feel overwhelming at times.

Avoidance of a claim can be achieved through many avenues. Strict compliance to the Occupational Safety and Health Administration (OSHA) rules and regulations is a good place to start. Being aware of dangerous situations and swift reporting to a supervisor can help decrease the likelihood of serious injury or death to an employee.

Employees can also protect themselves by taking control of their own health and wellness by eating right and getting enough exercise. To maintain healthy bone structure, weight bearing exercises have been proven to increase bone density and health and prevent osteoporosis, especially in women. Proper body mechanics during lifting activities or repetitive motions, as in factory or assembly work, is paramount to preventing injury. Taking advantage of scheduled breaks can also prevent injuries that can occur as a result of fatigue.

If an injury does occur, prompt reporting is key to ensuring positive outcomes. This allows the proper chain of events to transpire for an appropriate and timely visit to an approved Workers' Compensation physician. Once established with a physician, the patient is responsible for following the prescribed regimen whether it be surgical intervention or conservative management. This also includes relaying how the work injury occurred. If any restrictions are deemed necessary by the physician, the employee should report them to their supervisor when returning to work.

Keeping personal records of all Workers' Compensation paperwork including testing, bills, and other pertinent information is also wise. By taking ownership over the claim and staying organized, the process involved in an open claim can feel more manageable. Adhering to these simple guidelines can help decrease chances that an injury will occur.

Dustin C. Hoffman, M.D., is a total joint fellowship trained orthopedic surgeon who specializes in the conservative and surgical treatment of all hip and knee conditions. Dr. Hoffman is from Warner Robins and is the regions only fellowship trained joint surgeon. He completed his Adult Reconstruction Fellowship at Emory University and is trained in the latest and most advanced techniques in total joint reconstruction.

Florida Legislative Update

David Langham, Deputy Chief Judge

The fact is 2020 has not turned out like anyone anticipated. The Florida legislative session saw an introduction of some interesting bills, but nothing with a major impact on Workers' Compensation passed. The usual post-session "sigh of relief" was short-lived as COVID-19 came calling.

By early March, we appreciated COVID's potential. On March 14, 2020, we ordered all mediations in Florida to be conducted telephonically. Thereafter, we began to use Internet video platforms for hearings. We learned a great deal in the process. First, there are a fair number of people who do not have access to high-speed Internet. There are also those who do not have computer webcams. Coincidentally, the Office of the Judges of Compensation Claims (OJCC) was in the latter group. Our purchasing department moved heaven and Earth to obtain us webcams.

Mandatory telephonic mediation was discontinued May 14, 2020. After that sixty-day (60) period, the discretion for telephonic or in-person mediation was again left to the individual mediators. Through June, the telephonic tendency remained, both in mediation and hearings. Florida Workers' Compensation practitioners adapted to and embraced the Internet video platforms and conference calls. Our constant reminder was essentially, "it may not be how we would like it to be, but we will keep doing the best we can in the circumstances."

While Workers' Compensation adjudication systems shuttered and sheltered around the country, the Florida OJCC maintained operations. Some landlords excluded the public from our facilities. Some hearings had to be continued due to logistics, others were via video or telephone. But in all, the OJCC did not close any offices as a result of COVID (knock on wood).

The larger frustration for the community was in the delivery of medical services. That may be obvious in terms of doctor appointments, but consider surgery. For many days, elective surgeries were simply forbidden. There were injured workers who were frustrated in their need for care. Telephonic medicine (telemedicine) sprang to the foreground. The long-held objections to that ("it'll never work") were replaced with hopeful refrains. Patients received refills, follow-up, and more in the process. Some even did physical therapy that way.

COVID has changed us all. As we move forward, we will have much to enhance and improve. Telemedicine seems destined to become a "go to" for a medication refill or follow-up. But, is the quality of that encounter sufficient for determining activity restrictions, impairment ratings, and other more complex questions? Can an independent medical examination be performed on such a video? What are the potentials for challenges? What can be done to make it work? There is indeed much to study and perhaps improve in days to come.

Lawyers were astounded in March to hear that our law allows notary publics to swear witnesses over a video. That became a need with COVID, but few noticed it or obtained the needed credentials. Many have now become qualified. This facilitates the fact that many witnesses do not want strangers in their office for a deposition. Thus, the COVID challenges and the technology of our invention help us through.

It is not clear what the fall will bring. What is clear is this community has proven itself strong, adaptable, and courageous. We will persevere moving forward because of the quality of those in this Workers' Compensation community. And, we will be ready for the next challenges that lie ahead.

David W. Langham has been the Florida Deputy Chief Judge of Compensation Claims since 2006. His legal experience includes workers' compensation, employment litigation, and medical malpractice. He has delivered hundreds of professional lectures, published over forty articles in professional publications, and has published over 950 blog posts regarding the law, technology, and professionalism. David is a student, a teacher, a critic, a coach, and a leader. He lives in Pensacola, Florida, with his wife, Pamela Langham, Esq.

SmarTrac: Patient Compliance Sensor

Ed Marti

SmarTrac is a game changer for many reasons. By documenting patient Home Exercise Programs (HEP) compliance, SmarTrac will help healthcare professions get injured employees back to work sooner, reduce plaintiff settlement negotiations, and much more.

SmarTrac is the only "smart" compliance sensor available in the market today. It enables health care professionals to monitor patient compliance for HEP. And, unlike other TeleRehab devices, SmarTrac is seamlessly incorporated into a therapist's normal routine because it does not require any hands-on programming by the therapist. It also requires zero patient interaction between exercises, making it the only smart sensor in the market. Its plug and play design makes it easy to use.

SmarTrac's ability to monitor individualized vital signs provides physiological feedback assuring that the injured worker is indeed the person using the sensor. Additionally, SmarTrac's AI will establish baseline and active physiological benchmarks which bring objectivity and consistency to individualized pain scores.

SmarTrac proprietary algorithms help prevent inadvertent or deliberate fraud as it only records actual rehab motions. Other wearable sensors in the market are unreliable as they can easily be manipulated by patient, resulting in inaccurate performance readings.

SmarTrac enables healthcare providers to better diagnose, document, and deliver treatment(s) that improve patient outcomes, reduce employer costs, and return injured employee back to work sooner.

SmarTrac delivers:

- patient HEP compliance
- exercises performed
- range of motion
- time spent performing exercises
- heart rate (resting & active)
- oxygen pulse oximeter
- step counter
- pain scores
- PROM (Patient-reported outcome measures) – Medicare validated questionnaires completed by patients to measure their perception of their functional well-being and health status (quality of life)
- PROM Reports such as DASH, KOOS, etc.
- comprehensive HEP video library
- patient feedback - patients can enter comments in the chat-box that can be reviewed by therapist and/or physician prior to their next meeting
- Patient Progress Reports

For more information email info@OnTracMD.com or call Team Post Op at 305-252-0963 ext: 100

Ed Marti has been in the medical industry for thirty years. He is an innovator at heart with over a dozen patents and trademarks in the Health Care sector. He is CEO of Team Post Op, one of the largest durable medical equipment (DME) providers in the country.

Create a Plan: How to Prepare for the Next Pandemic

Julie Weith Smith, MBA-HRM, SHRM-SCP

Like a tornado in the middle of the night, COVID-19 unexpectedly disrupted the lives of workers and family-members across the nation and changed our world virtually overnight.

Medical experts say COVID-19 will become part of our annual vaccination process and epidemiologists claim a similar, future, viral pandemic is certain. Businesses were grossly underprepared for the rapid spread of the virus as well as the impact it would have on them. While still dealing with the fall out of what the current pandemic, how do business owners and human resources managers prepare for the next one?

Written health and safety plans are common in the workplace; required in some states. Developing and implementing a comprehensive health and safety plan that addresses infection possibilities will minimize the spread of contagions in the workplace, maximize safety measures, and reduce workplace absences and injuries.

Plans addressing infection control should include detailed protocols in these areas:

- Arrival/clock-in process
- Temperature checks
- Health screenings
- Personal protection requirements
- Physical distancing
- Occupancy limits
- Operational changes
- Sanitizing and cleaning practices
- Clear and visible signage
- Self-monitoring of symptoms
- Procedures for reporting a positive test result
- Procedures for reporting a Families First Coronavirus Response Act (FFCRA) absence
- Business closures resulting from declaration of emergency

When developing your plan, start with a physical walk-through of your office. Focus on spaces where employees tend to gather, such as the lobby, break rooms/kitchens, and meeting rooms. Remember, the goal is to limit contact and create an environment where physical distance is effortless. Your solutions could include moving or removing furniture, expanding walkways, and/or adding one-way floor decals to remind employees and visitors to maintain physical distance.

Your plan should also include identifying how and where personal protection is going to be used. Personal protection may include face coverings and gloves. Your plan should be specific about when and under what circumstances the protection is required. For example, are face coverings required at all times or may they be removed when in a fixed office alone?

Finally, once your plan is developed, consider having your legal counsel review the information prior to implementing company-wide. Require all current employees to participate in training on the plan and provide them with access to plan documents for future reference. Maintain training records showing who received training, when the training occurred, and a keep with a master copy of the plan.

Even if you have already reopened without a health and safety plan, it is never too late to develop one that addresses infection management. Precisely-worded health and safety plans can alleviate fears of being exposed to a virus while at work and sends a concise message to everyone that you care about the well-being of your employees.

Julie Weith Smith has more than thirty years of experience as a human resource leader. She is the founder/CEO of Custom Human Resource Solutions, LLC, an HR consulting firm based in Atlanta, Georgia - www.ilovehr.com.

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Effectively Treating Knee Ligament Injuries

Ifran Ansari, M.D.

Ligament injuries to the knee are very common in the workplace. They can sideline a worker for a significant amount of time from their ability to do their job effectively. However, most ligament injuries can be treated effectively through both surgical and nonsurgical means.

Ligaments are tough bands of connective tissue that attach bones to each other. In the knee, the ligaments primary purpose is to provide stability.

There are four (4) major ligaments in the knee:

1. Anterior cruciate ligament (ACL): It is one of the most commonly injured ligaments. It connects your femur (thigh bone) to your tibia (shin bone).
2. Posterior cruciate ligament (PCL): It also connects your thigh bone to your shin bone. Less commonly injured than ACL
3. Medial Collateral Ligament (MCL): It connects your thigh bone to your shin bone on the inside of the knee.
4. Lateral Collateral ligament (LCL): It connects your thigh bone to your fibula on the outside of the knee.

Initial treatment for a knee ligament injury should be rest, ice, and elevation to decrease pain and swelling. Prompt evaluation by a medical professional is also important. A physical exam will be done to assess for range of motion, swelling, and neurovascular status. Initially, x-rays will be done to rule out fracture or any other bony injury. Nonsteroidal anti-inflammatory drugs—or NSAIDs—can be prescribed to help control pain and swelling. Often, a brace and/or crutches will be provided to assist with ambulation.

Magnetic resonance imaging (MRI) is the definitive test that will determine the degree of an injury to the ligaments in the knee. Unlike x-rays, which only show bone, an MRI sees all of the soft tissues in the knee. Once the degree of injury is assessed, definitive treatment can be determined.

Treatment options include bracing, physical therapy, and/or surgery. For most isolated injuries of the MCL, LCL, and PCL, nonsurgical treatment with bracing and physical therapy is quite successful. Partial ACL tears can also be treated successfully with bracing and physical therapy.

Complete tears of the ACL and multiligamentous injuries of the knee typically have better outcomes with surgery. Surgery involves reconstructing the torn ligaments using tissue from other parts of your own body (autograft) or using donor tissue from a cadaver (allograft). Surgical techniques are advanced and most can be done arthroscopically, using mini “poke holes” and minimally-invasive techniques to decrease scarring, stiffness, and pain. Surgical outcomes are excellent with success rates of ninety percent (90%) or greater.

To achieve the best outcomes for your injured worker, visit a Board Certified orthopedic surgeon to assess and treat knee injuries.

Irfan Ansari, M.D., is a board-certified orthopaedic surgeon specializing in Sports Medicine and Arthroscopic Surgery. He received his medical degree from the University of Cincinnati College of Medicine in Cincinnati, Ohio. He completed his residency in orthopaedic surgery at Emory University in Atlanta, Georgia and his fellowship in Sports/Arthroscopy at the University of Cincinnati at the Christ Hospital in Cincinnati, Ohio.

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A Word from the Chairman

Frank R. McKay, Chairman, State Board of Workers' Compensation

On July 1, 1920, by an Act of the Georgia General Assembly, the Board opened its doors to create a more just system for Georgia workers injured on the job and for employers providing compensation to injured employees. Over the past one hundred years, there have been many changes in the Workers' Compensation laws and in the structure of the Board. Now, we begin working toward the next hundred years with the goal of continuing to improve all systems under the title of State Board of Workers' Compensation. Little did we know we would be in the middle of a COVID-19 pandemic as we begin the next phase?

In these unprecedented times, I am proud of the Board's ability to successfully continue operations using technology. The Board's offices have not been closed a single day during the pandemic as all eleven divisions have continued full operations facilitated by telework ability with technology and our updated ICMS system for case filings. In "warp" speed, we went from one hundred years of in-person board proceedings to the virtual world of court appearances, mediations, and conferences. We are in business and look forward to seeing you soon - in person or on video.

Alternative Dispute Resolution (ADR) Division

After exploring options with the assistance of our IT division, our ADR division determined Zoom Pro would nicely facilitate mediations with virtual face-to-face contact. This platform allows a secure sign-on for multiple parties, with participation by video or simply by voice if a video device is not available. Video participants need a camera and voice connection, as well as high-speed internet. Parties can use a desktop, laptop, tablet, or smartphone, and voice participants can use a landline, cell phone, or voice-over-IP. There is no cost and no subscription required for participants.

Zoom Pro affords break-out rooms into which the host, a Board mediator, can separate the parties for private discussions, as well as a conference forum for all parties to meet together. Participants can share documents on-screen and the mediator can use a "white board" or even closed captions to share information with the participants. Because mediations are confidential, Zoom Pro's "record" function is disabled. Also, for confidentiality purposes, a participant's use of a public Wi-Fi connection (such as an internet café) is not allowed, as these are not secure.

Videoconferencing has allowed ADR mediators to cover conferences throughout the state, including areas not regularly included in their schedules. ADR has six experienced mediators and three administrative law judges (ALJs). The Hearing Division ALJs conduct mediations, also. We have mediators with different styles and backgrounds to suit participants' preferences, special needs, and personalities. Videoconferences also afford the flexibility to "special set" a mediation conference with a particular mediator without the need for travel. This allows us to get claims onto the mediation calendar quicker.

Other advantages of videoconferences include providing mediation services to parties who would not be able to travel for reasons of health, transportation, workload, or simply distance. Adjusters and employer representatives can be included in a videoconference with ease whereas their personal attendance could be more difficult.

There are advantages to videoconferencing which make it an option we will continue to use after we are able to return to a more traditional mediation format with in-person mediations. Attorney fee lien mediations, change of physician mediations, computation of the average weekly wage, and additional medical treatment negotiations, are particularly suited for videoconference mediations. These matters are likely to continue by videoconference as demand warrants. We will also keep videoconferencing as an option for parties for whom health and distance are barriers to traveling.

Additionally, we are using videoconferences in place of some conference calls – seeing each other face-to-face adds a helpful aspect to discussions. Videoconferencing has proven to be a valuable tool; it will remain in our toolbox even as we transition back to more in-person mediations.

Hearing Division

The Hearing Division has been holding virtual hearings through Zoom. We rolled out this project at the end of April. Attorneys, parties, and our ALJs seem to be happy with this process. This service will be available in claims where all parties and the ALJ agree the issue(s) to be tried are appropriate for the videoconferencing platform. Where all agree, the parties and ALJ enter a consent order that governs the logistics of the hearing including the electronic sharing of exhibits. Our ALJs hold prehearing conferences with counsel to iron out the technology and prepare for use of the Zoom platform.

Our Hearing Division will continue to offer virtual hearings and will begin holding some in-person proceedings under careful guidelines. During May and June, we carefully monitored reopening guidelines from the Governor's office and the Georgia Supreme Court and studied CDC recommendations for COVID-19 precautions. We also analyzed precautions being taken by each location that provides us with hearing space across the state. Our Guidelines for In-Person Hearings are the result of our studies and careful reflection. Before admitting participants to an in-person hearing, we will make sure each participant is asked the CDC recommended screening questions. Participants will be required to wear a face covering and sanitize their hands.

Additionally, exhibits will be tendered and exchanged by electronic means; and any documents to be exchanged in paper form must include a separate copy for each participant. Social distancing will be strictly enforced. Any pre-hearing meetings between parties and/or witnesses and attorneys must occur off-premises. The Hearing Division is willing, where appropriate, to conduct an in-person hearing that also includes the presentation of a witness(es) virtually through Zoom. Initially, the Board will only hear one case per day in each location; therefore, parties wanting a hearing should contact the presiding ALJ at least one week before a scheduled hearing to secure a date and location for the hearing. It is somewhat unlikely the actual hearing date will be the one published on the hearing notice. Prehearing conferences are now required in all cases before a hearing will be held. This gives parties the ability to work out the many challenges presented by today's environment. We welcome our stakeholder's thoughts, comments, and suggestions during this unprecedented time. We are devoted to fairly adjudicating claims in as safe an environment as possible under the current circumstances. We continue to encourage parties to use Zoom for the safest possible environment, while we understand the need for in-person proceedings in some cases.

Appellate Division

At the Appellate Division, we began hearing appellate oral arguments in April in our virtual courtroom with overwhelmingly positive feedback. As the pandemic continues and in the interest of promoting public safety and health, the Appellate Division will continue to hear cases via the video conferencing platform Zoom.

Judge McKay was appointed Chairman of the State Board of Workers' Compensation on March 1, 2013. Prior to becoming Chairman and the Presiding Judge of the Appellate Division, Judge McKay was a partner in the Gainesville firm of Stewart, Melvin & Frost, where he concentrated his practice primarily in workers' compensation.

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Championing Workplace Diversity and Inclusion

Ya'Sheaka C. Williams, Attorney

When I consider diversity, I think of a diverse workforce reflecting the fabric of the American people. Inclusion, for me, occurs when everyone is invited and, once they arrive, made to feel welcome.

When mulling over how to depict the benefits a diverse workforce provides, I received my 401(k) quarterly report… and… epiphany. In reviewing it, my allocations reflected bonds, conservative growth, aggressive growth, and income assets on the balance sheet. I thought… *Would you allocate your entire 401(k) balance sheet to aggressive growth assets?* Of course not. You would be advised on how to diversify your portfolio to get the best use of your money. And, in order to ensure growth and sufficient funds for retirement, your portfolio should reflect your ultimate intentions and post-retirement lifestyle.

Now, apply this method to your company. Why would you want to hire only a particular type of employee? Why not guarantee your company and its culture reflects the diversity of this nation as well as that of your client base? Why not hire the best and the brightest? However, it's not enough to hire diverse employees—African American, Latino, LCBTQIA,—you must include them in making your company great by granting them access to opportunities for success through encouragement and mentorship.

The work doesn't stop at the hiring table. The culture of your company should be welcoming to all and you must be willing to invest in employees' growth and success as it's a reflection of your commitment to them as individuals. Your company reaps the benefits of diverse employees through their experiences, backgrounds, thoughts, and ideologies.

Here are some ways for your company to get started:

- Hire a Director of Diversity and Inclusion.
- Review your team's diversity. Does it reflect the fabric of the United States? Does it mirror your client base? Are both women and men represented? If not, ask why. Are you actively trying to recruit a diverse team? Is it your company's desire to be diverse? If so, what efforts have you taken?
- Assure fair and equal compensation.
- Analyze policies and procedures impacting diversity.
- Are you listening to complaints, concerns, and/or ideas from your diverse employees? If not, start.
- Encourage, commit to, and invest in the success of your diverse employees.
- Introduce clients to your team. Speak positively about your team members, especially when they're not in the room to help spark confidence. When clients ask for assistance, recommend someone diverse.
- All levels of management must have diversity training so the company culture is in alignment with the overall desire to diversify the workforce and provide a welcoming environment to all employees.

Diversity and inclusion isn't just a catch phrase. It must be a part of your company's culture and requires intentional efforts and actions, not words. Assure your company is a true ally of diversity and inclusion. It starts with you!

Ya'Sheaka C. Williams is a practicing attorney, who has defended Workers' Compensation claims for over fifteen years and has been a practicing attorney for seventeen years. She is a partner with Eraclides Gelman, and a member of its Diversity and Inclusion Committee.

A Case for Evidence-Based Medicine in Workers' Compensation

Patrick F. Robinson

Long before *Tiger King* clawed out his fifteen minutes of fame, there was Clark Stanley, a.k.a. the "Rattlesnake King." Stanley, a silver-tongued Texan born in 1854, found fame and fortune in the late 1800s with "Clark Stanley's Snake Oil Liniment." He sold his salve across the country as a cure for "pain, lameness, rheumatism, neuralgia, contracted cords, frost bite, animal bites, and everything a liniment ought to be good for," until federal authorities finally put him out of business. It just goes to show, whether it is nineteenth century snake oil or twenty-first century cleanses to "detoxify" your colon, there is never a shortage of unscrupulous marketers ready, willing, and able to come between uninformed healthcare consumers and their hard-earned money. (*Source: Wanjek, C. (2011, September 6). Study Dumps Colon Cleansing as Useless and Dangerous. Retrieved from https://www.livescience.com/15912-colon-cleansing-useless-dangerous.html*)

Unfortunately, bad medicine is not limited to snake oil salesmen and occasionally finds its way into the mainstream. In their book, *Quackery: A Brief History Of The Worst Ways To Cure Everything*, Lydia Kang, M.D., and Nate Pedersen explore the long history of accepted medical practices eventually proven to be useless and oftentimes worse than the disease.

For instance, centuries before the dangers of mercury toxicity were recognized, physicians prescribed vaporized mercury as a remedy for syphilis. Therapeutic dosage was reached when the patient started salivating uncontrollably, coincidentally, also a sign of mercury poisoning. Eighteenth century doctors used tobacco enemas to treat drowning victims, literally blowing smoke up the patient's rectum in hopes of warming them back to life. As the son of an ear, nose, and throat surgeon, I'd be remiss if I failed to acknowledge practitioners who, once upon a time, threaded leaches and dangled them onto tonsils to suck out infection. In the 1990s, American doctors operating "fen-phen mills" prescribed millions of "miracle" weight loss pills before discovering they also caused serious heart valve defects. History and hindsight show accepted medical practices are not always good medicine.

Still, if you want to liven up a Friday night workers' comp party, just bring up the subject of evidence-based medical treatment guidelines for injured workers. However, be prepared for the apocalyptic opposition chorus:

"Let the doctors practice medicine and not the insurance companies!"
"The only thing the [insurers/lawyers/doctors… take your pick] *care about is money!"*
"Only doctors from [insert your state here] *can decide what's right for patients from* [repeat your state here]*."*

Same arguments, same misunderstanding of the process and purpose of guidelines.

At the heart of Workers' Compensation is a promise to provide reasonable and necessary medical treatment that expedites recovery and return-to-work. Why would anyone be opposed to treatment guidelines based on scientific studies distinguishing care that has proven to be helpful from that which has not? Why would stakeholders oppose a drug formulary designed to reduce opioid abuse in favor of better treatment options? Doesn't the art of medicine go hand-in-hand with science? Still… some do, notwithstanding voluminous information supporting evidence-based medicine.

In ODG's case, decades of data show states adopting ODG treatment guidelines and formulary have substantially better outcomes relative to their sister states. Look first to seventeen years of positive experience in Ohio, which adopted ODG treatment guidelines in 2003. Treatment delays decreased by seventy-seven percent (77%), accompanied by a sixty percent (60%) reduction in medical costs and a sixty-six percent (66%) decrease in lost days per claim.

Look to North Dakota, which adopted ODG guidelines in 2005. Already a high performing system, the use of ODG rules resulted in "one of the largest direct cash infusions into North Dakota's economy" according to the state's House Majority Leader, Rick Berg. Since Texas adopted ODG guidelines in 2007 and the formulary in 2011, Lone Star stakeholders have seen premiums, medical costs, and lost time decrease by sixty-three percent (63%), thirty percent (30%), and thirty-four percent (34%), respectively. Other states implementing ODG since then saw similar results, prompting more recent adoptions in Indiana, Kentucky, and Montana. Independent research by both WCRI and NCCI confirms the positive impact of ODG's evidence-based treatment guidelines and formulary. A list of states that have implemented ODG's evidence-based treatment guidelines and formulary is available at https://www.mcg.com/odg/client-resources/state-adoptions/.

So, in the age of COVID-19, what is the responsibility of state policy makers in ensuring injured workers are not subjected to snake oil, tobacco enemas, or their modern-day equivalents? Do we leave it to device-makers and drug manufacturers to lobby the bureaucracy? Do we shift the burden to practicing physicians and demand they analyze the countless studies produced each year, perhaps between Mr. Thibodeaux's lumbago and Mrs. Leblanc's torn rotator cuff? Do we gather a group of doctors in a smokeless room until they reach a consensus? But, of course, "consensus" is not the same as "evidence-based." Rather, as Margaret Thatcher once said, it is "something in which no one believes and to which no one objects." (*Source: Colon, D., Workers Compensation and Prescription Drugs: 2016 Update, https://www.casact.org/education/annual/2016/presentations/C-34.pdf; Thumula, V., Liu, T., Impact of a Texas-Like Formulary in Other States, June 1, 2014, https://www.wcrinet.org/reports/impact-of-a-texas-like-formulary-in-other-states/*)

The better answer, of course, is medical treatment guidelines should be crafted by dedicated physician editors and supported by trained methodologists and data analysts. They should be created by unbiased medical experts with experience reviewing and analyzing complex scientific medical studies, doctors and support staff who understand what makes one study more or less valuable than the next. Because employees and employers deserve medicine that is properly grounded in science, treatment guidelines should be created by experts like those at ODG.

And, as for Clark Stanley? After an investigation found no benefit from (and no snake in) his product, Mr. Stanley was charged in 1917 under the Pure Food and Drug Act for "misbranding" his product. He was fined twenty dollars, a whopping four hundred dollars in today's money. Still, evidence-based analysis killed the demand for his product and ruined his business, protecting the public and leaving the Rattlesnake King to fade into obscurity.

Anybody know the CPT code for snake oil?

Patrick F. Robinson, workers' compensation attorney and judge, serves ODG as Vice President of Government Affairs. Along with his public policy experience as a former Director of the Louisiana Office of Workers' Compensation, Robinson has over twenty-five years of experience as an attorney, successfully representing business owners, employers, and insurers. ODG, an MCG Health company, provides unbiased, evidence-based guidelines that unite payers, providers, and employers in the effort to confidently and effectively return employees to health. The clinical guidelines and analytical tools within ODG are designed to improve and benchmark return-to-work performance, facilitate quality care while limiting inappropriate utilization, assess claim risk for interventional triage, and set reserves based on industry data. For more information, visit mcghstage.wpengine.com/odg.

WELCOMES A NEW PRESIDENT

Georgia Association of Manufacturers

Mike Coan became President of the Georgia Association of Manufacturers (GAM) effective July 1, 2020. Mr. Coan is a fourteen-year veteran of the Georgia General Assembly, having been first elected in 1996. He most recently served over ten years as Administrator of the Georgia Subsequent Injury Trust Fund spanning the Perdue, Deal, and Kemp administrations. Mr. Coan will succeed Roy Bowen, with Mr. Bowen continuing to provide leadership as Chief Executive Officer through the next year to ensure a seamless transition.

The Georgia Association of Manufacturers has served as the advocate for the interests of Georgia's manufacturers since its founding in 1900, ensuring the views of manufacturers are well represented in the public forum, through engagement with state leaders and agency heads. Today, GAM members collectively employ half of the state's manufacturing workforce. GAM's Manufacturers Education Foundation (MEF) works with local school districts, select technical colleges, and four-year colleges and universities to guarantee the development of talent to meet the workforce needs of GAM members and of other Georgia manufacturers. Both GAM and MEF support Georgia's manufacturers as information resources for a wide-range of matters including energy costs, taxation, environmental quality and sustainability, workplace safety and training, education, and workforce development.

Join GAM and become part of our network of engaged manufacturers and associate member companies who supply, service, or otherwise support them. For more information, contact GAM at **404-688-0555 or info@gamfg.org**

Fun times with our WH Workplace Health *family!*

Minimally-Invasive Spine Surgery

Raymond R. Walkup, M.D.

Thanks to new technologies, many spine ailments and injuries can now be treated with minimally-invasive spine surgery.

In days past, back or neck surgery meant days—or even weeks—in a hospital, followed by long, painful recovery times. Now, minimally-invasive procedures greatly reduce pain, lower infection rates, shorten hospital stays and recovery times by half or even more, enabling the patient to get back to a normal life sooner.

At Polaris Spine and Neurosurgery Center, we use an advanced robotic system called Excelsius GPS™, which improves surgical accuracy with the use of GPS technology. We were the first outpatient facility to offer this system in the Southeast (and the second in the nation) in 2018 and have performed over one hundred robotic cases since then. Excelsius GPS™ not only maps the patient's anatomy with incredible precision, it also adapts to patient movements and even breathing during the procedure, providing real-time guidance to the surgeon, similar to a GPS in your vehicle, but at a far more intricate level.

Thanks to this pioneering science, we are able to treat even lumbar fusion patients on an outpatient basis in our surgery center, returning them to the comfort of their home on the same day of their operation.

The results?

- Small incisions become even smaller due to increased accuracy.
- Blood loss is reduced.
- Scarring is minimized.
- Muscle damage is limited. The enhanced precision and visualization enable the surgeon to separate the muscles along the spine, rather than cutting through them.
- The risk of infection and other complications is reduced.
- Recovery times improve.
- The rate of overall success improves. Greater accuracy improves chances for the best possible outcome.

Our Outpatient Surgery Center provides the perfect setting for these minimally-invasive surgeries, all while avoiding the risks of a hospital environment.

We know the importance of timely treatment and understand how gravely an injured worker may be impacted by delays in returning to work. Consequently, we have invested in tools that improve patient outcomes and tighten the turnaround in getting that worker back on the job.

Raymond R. Walkup, M.D., completed his undergraduate degree at Florida State University where he graduated magna cum laude. He completed medical school at the University of Alabama at Birmingham. During his neurosurgical residency at Emory University Hospital in Atlanta, Georgia, Dr. Walkup learned from spine experts in both departments of Neurosurgery and Orthopaedic Surgery where he received training in the latest minimally-invasive surgical techniques for spine disorders. Dr. Walkup joined Polaris Spine and Neurosurgery practice in 2011. He is board-certified in neurosurgery and continues to publish and contribute to spine research in addition to participating in national education conferences.

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Cancelation of 2020 Georgia Safety Heath & Environmental Conference

Gene Scott, President

Sometimes, it is necessary to make difficult decisions based on information currently available with uncertainty as to what the near future holds. In 2019, we were forced to cancel the Georgia Safety Health & Environmental Conference based on Georgia's governor's order to evacuate Savannah due to an impending hurricane. This year, even though we have planned a great and inclusive conference, COVID-19 has made us consider whether we can safely assemble a sufficient number of attendees and speakers. Because we did not feel we could meet this number one requirement, it has causes us to make another difficult decision.

Our decision to cancel the 2020 conference was not an easy one. Many factors went into the decision-making and each process was evaluated with all possible consequences involved. We used our surveys, governmental and corporate advice, and attendee feedback to garner the proper information. Still, in the end, the safety and health of the attendees, vendors, and speakers far outweighed anything else.

As we make this announcement, we have already begun preparing for, not only the 2021 conference, but also the 2022 conference, both which will be held at the Savannah Marriott Riverfront Hotel. We will be providing more information as the dates get closer, so please visit our website and watch for a head's up in your email inbox.

On behalf of the Board of the Georgia Safety Health and Environmental Conference, we appreciate your understanding this decision during this continued difficult time for our communities and nation. As safety-focused people supporting others in similar situations, we are taking the lead. Please let us know if we can be of any assistance to you as you move forward in trying to achieve a balance of safely implementing any necessary changes in your place of business. We have been here for you since 1994 and look forward to supporting you in years to come.

Gene Scott retired after 46 years with Georgia Power as the Corporate Safety & Health Specialist. He had the opportunity to serve not only Georgia Power but the entire Southern Company System. Gene is the current president of the Georgia Safety Health and Environmental Conference Board.
For more info please visit: www.georgiaconference.org

Managing Workplace MRSA

Suzanne Tambasco, DNP-PMHNP, MED, CRRN, CCM, LNCC

Methicillin-resistant Staphylococcus Aureus (MRSA) infection is caused by a strain of staph bacteria that's become resistant to the antibiotics commonly used to treat ordinary staph infections.

MRSA infections began with a very specific strain of the staph bacteria now defined as HA-MRSA or healthcare acquired MRSA. It is associated with patients who have been hospitalized and or have had invasive medical procedures, such as surgery or implanted medical devices.

The first United States hospital outbreak of MRSA occurred in 1968. By 1995, the rate had increased to twenty-two percent (22%) and by 1997, HA-MRSA had reached fifty-percent (50%).

Another strain of MRSA appeared in the intravenous drug population in 1981 and was later defined as CA MRSA or community-acquired MRSA. At the same time the health care community was working hard to stabilize the rise of Hospital Acquired MRSA, the newest strain or CA-MRSA continued to rise. This trend continues today.

About two people in 100 are carriers of MRSA. Healthy people can be carriers without any symptoms of the disease and without knowing. Transmission is person-to-person through hand-to-hand contact.

For employers and claims adjusters, understanding both hospital and community-acquired MRSA is critical for managing your claims. A MRSA infection is physically and financially costly and potentially life-threatening. The average cost of a MRSA infection is about $14,000, due to the increased cost and multiple antibiotics required to treat the infection.

MRSA, especially the community-acquired strain, has an affinity for the skin, brain, and meninges. As a result, untreated MRSA that begins as cellulitis has been known to cause MRSA Meningitis which can lead to stroke if untreated or spinal abscesses which can lead to spinal cord injury.

CA-MRSA often starts as a boil—or abscess—more often than not mistaken for a bug bite. Many employees will report to their employer and occupational health physicians that they must have been bitten by a spider given the appearance of the abscesses. Many MRSA infections have been incorrectly diagnosed and the treatment resulted in increased morbidity and even mortality. Inappropriate diagnosis leads to costs being inappropriately shifted to Workers' Compensation and contributes to the public misunderstanding that spider bites cause MRSA. Employers and providers must be keen to understand the report of an un-witnessed "spider bite" cannot be considered a spider bite and the differential diagnoses of MRSA must be considered. Most public health officials and medical boards have alerts posted on their respective websites as these misdiagnoses are quite prevalent.

Employers also may want to take the extra step at the initial evaluation to have the employees' NAREs (nostrils) swapped for MRSA colonization as to assist with the establishment causality of the infection. Because this is a community-based disease also acquired by medical care, it is critical to a claim to understand if the patient infected themselves or if it was acquired as a result of treatment for a work-related injury. This is doubly important if, in fact, the wound originates as an abscess and is not associated with medical treatment.

Employers who work closely with the public—daycare workers, prison workers, EMTs/paramedics, healthcare providers, nursing home employees, and other jobs where there is close personal contact with potentially-infected individuals—are at risk for occupationally-acquired MRSA. It is critical to be able to have a good infection control and a reporting plan in place so you can identify active cases and potential exposed employees.

When properly treated with the necessary antibiotic medication, most employees can return-to-work with a MRSA infection barring other physical limitations. Maintaining good hand and body hygiene, especially after exercise/sweating, is critical. Wounds should be kept clean and covered until healed.

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"I spy with my HR eye:" Pandemic Liabilities for Employers

Rushe Hudzinski

The COVID-19 pandemic has brought about many employer questions because we have entered into a new stage of what "work" looks like for our organizations. Changing the face of work also changes the face of employer obligations and liabilities. How we conduct business affects employer mandatory reporting both federally and for each specific state. Allowing employees to telecommute from states (at home) in which they do not normally work can create additional issues within the organizational framework.

Taxing Wages:

The ruling in many states is the physical presence of the employee dictates where tax is due. For example, if an employee telecommutes from home in South Carolina, but the company is in Georgia, income tax is paid to South Carolina. At the point of this article, only six (6) states are actively using the "convenience-of-the-employer" rule for a telecommuting employee: Arkansas, Connecticut, Delaware, Nebraska, New York, Pennsylvania, and New Jersey (with restrictions). In this instance, the employee compensation is treated as if it is earned in the state where the employer resides.

Nexus:

An employee working from home can create a taxable nexus for the employer. An employer must be aware of both the nature and frequency of contacts that an out-of-state organization must establish in a state, before it becomes subject to that state's tax laws and jurisdiction. Look closely at your telecommuting employees' locations, especially if you live near a border. The nexus threshold is very low so one (1) to six (6) employees out-of-state could trigger a difference in income tax filing.

Expenses and Reimbursements:

A rule of thumb for employers: do not pass along the costs for items that are normally considered business expenses of the organization onto an employee working from home. For example, additional technology requirements to maintain organizational expectations for the job function. State guidelines are very strict and will in most cases rule in favor of the employee. Also, if telecommuting is provided as a reasonable accommodation under the Americans with Disabilities Act (ADA/ADAAA), the employer will not be allowed to recoup any expenses from the employee.

As Human Resource and Risk Management professionals, it is key to be as proactive as possible and question the applicability of current organizational practices. Seek guidance, look for potential liability issues, update organizational policies, and document organizational actions to change.

Rushe Hudzinski is a professor of Management and Human Resources at Savannah Technical College and serves as the Business Strategy Educational partner for Workplace Health/ SelectOne Network. She is a graduate of Elmira College and Syracuse University. She holds the Global Professional in Human Resources (GPHR) and the SHRM Senior Certified Professional (SHRM-SCP) certifications and presents on strategic human resources and risk management trends and practices.

TROY LANCE GREENE ATTORNEY AT LAW

Mr. Greene is a Magna Cum Laude graduate of Mercer University and the Walter F. George School of Law. He is a former member of the Board of Directors of the Georgia Defense Lawyers Association and a member of the Defense Research Institute. He is involved in several committees and organizations involving workers' compensation matters. He is a member of the National Eagle Scouts Association and the Toombs County Bar Association.

Mr. Greene was a law clerk for the judges of the Middle Judicial Circuit. He also served as juvenile court associate judge in the Middle Judicial Circuit. He was formerly employed with Allen, Brown, and Edenfield in Statesboro. He has been a member and partner of the firm of McNatt, Greene and Peterson for over 26 years.

Mr. Greene represents several insurance companies and self-insurers in Georgia and has been in practice for over 26 years in the field of insurance and workers' compensation defense. Mr. Greene is well versed in property and casualty matters, premise liability and electrical contact cases. In this regard, he has represented utilities in the state for several years. He has tried a great number of workers' compensation hearings before administrative law judges in the state. He has significant trial experience and has tried many jury trials to verdict. He has been involved in four jury trials in the last eighteen months. He continues to represent insurers and self-insurers in his new practice.

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How COVID-19 Has Changed Public Entity Risk Management

Juli Irvin

During recent events, risk professionals have found themselves thrust into a different type of risk management: pandemic risk. We have learned that pandemic risk is real and can change an entity's risk configuration rapidly. Public entity risk professionals are no longer working within their normal risk portfolios. Suddenly, we are also answering a multitude of questions regarding COVID testing, quarantines, return-to-work protocols, and much more. As we try to navigate this new reality for public entities, we are creating innovative protocols for health and safety, as well as updating codes of conduct and procedures to follow in case of exposure and potential infection. These will help guide employees so they know what is expected of them during this time of uncertainty and confusion.

As entities begin to slowly re-open offices and try to maneuver through the "new" normal, risk professionals are also encountering questions and concerns from employees resulting from the anxiety of returning to work during the pandemic, finding safe childcare, or caring for loved ones suffering from the virus. If your entity has an Employee Assistance Program (EAP), it may play an integral role in helping manage the anxieties employees are experiencing during this time. Providing a resource for employees to manage their mental well-being, and having such resources consistently and readily available, will greatly aid public entities during these formidable times.

The current pandemic has heavily impacted and reshaped the risk professional's role for supporting staff as well as the community, identifying and reducing both risk and liability and doing so in a rapidly-evolving environment with resources one normally depends on now being limited or suddenly non-existent.

COVID-19 has demonstrated that entities must have a plan to monitor and manage all severe risk and prepare for those risks to intensify. Preparation must ensue in order to protect the entity's future, even though the risk may seem unlikely in current times. Insurance carriers have their fingers on the pulse of future risk and are a great resource to stay updated on potential issues. Networking with other risk professionals is also vital, not only for sharing information, but for collegial support.

Sharing information and experiences allows everyone the opportunity to learn and pass that knowledge onto our entities. No one has all the answers, but collectively, we are strong and resilient. We are all in this pandemic together.

Juli Irvin manages Risk Management for Hall County, Georgia, responsible for managing the entire risk portfolio. She is also on the Board of Directors for Georgia Public Risk Management Association as the current Vice President and former President. Juli has sixteen years of human resources experience and twelve years dedicated to risk management. Juli and her husband live in North Georgia with their two dogs Indi and Maggie. They spend their spare time enjoying their five grandchildren.

ABOUT US

Kids' Chance of Georgia provides educational scholarships to the children of Georgia workers who have been seriously, catastrophically, or fatally injured in work-related accidents.

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Scholarships are provided to eligible, full-time students between the ages of 16-25. More than 30 students will be funded for the 2020-2021 academic year.

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Our mission is supported by direct donations and events like golf and tennis tournaments, galas, and silent auctions.

VOLUNTEER

Our organization is driven by a group of dedicated volunteers who chair events, secure donations and raise awareness for Kids' Chance.

HOW CAN I HELP?

Now more than ever, we're so grateful for the community that has funded, volunteered, celebrated, and advocated for Kids' Chance through the years. At a time when everything feels uncertain, we find comfort and encouragement knowing that you care about us. While much of the world has stopped, our mission will not be placed on hold. That's why we're asking you or your company to help us keep our promise to fund our current scholarship recipients. Our students need us and we need your help.

Donations can be made directly through our website at:
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Pain Institute of Georgia is a multi-disciplinary comprehensive Pain Management medical practice. It is our goal to make the treatment process as smooth as possible. **We are devoted to providing the safest and most appropriate care for the injured worker.** We understand the Georgia Workers' Compensation system, and our treatment plans focus on achieving maximum medical improvement (MMI) as quickly as possible.

CARLOS J. GIRON, M.D.

PRESTON C. DELAPERRIERE, M.D.

JULIAN M. EARLS, JR., M.D.

The goals of our Workers' Compensation program:

- Return employee to previous levels of activity and functionality
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Reclineritis: The Condition Of One's Body After Prolonged Exposure To A Chair Called The Recliner

Cindy Nix

After working in rural America for thirty-seven years as a physical therapist, I started noticing a trend in my middle-to-advanced aged patients. I began to believe the elbow calluses, rough heels, lack of hair on the back of the lower legs, loss of hair at the back hairline, tight hamstrings, sore backs, and forward leaning posture may not be from age. What did all their histories have in common? The recliner.

If you are guilty of a long-duration sitting addiction to your recliner, an intervention is in order. If it were up to me, I would install an obnoxious timer into the chair's design to motivate one to get up every twenty minutes.

The lack of hair at the back of the legs and head indicate friction of a duration to impede hair recovery and a repetition frequent enough to prevent regrowth. The calluses at the elbows and heels show abrasive forces sustained long enough that the body wants some protection of the skin in those areas.

You're checking your elbows and heels right now, aren't you?

What about the inability to stand easily after a marathon session in the unmentionable chair? If you have difficulty straightening into a full and upright posture immediately, you have exceeded your recliner capacity. If held in a captive position for too many hours a day—or weeks—your hamstrings (the muscles behind your thighs) and the tissues of lower back will shorten if not stretched regularly.

It is a serious addiction many people face as they age. They look forward to returning from work and collapsing into the comfort of their favorite chair. It is fine to rest and recuperate for twenty minutes, but longer than that and you risk adapting a body contour resembling the shape of the recliner.

So, look around your beloved chair. Do you have all the creature comforts of home within reach? Things like beverages, a cooler (or refrigerator), tissues, TV remote(s), reading material, phone, phone charger, snacks and wrappers filling the trash can indicate your risk for reclineritis.

Good news. There is a cure. Set a timer, remind family about the recliner time limit, and remove items not necessary or needed during a twenty-minute stay. Continue this routine and you will be on your way to relief from reclineritis. Always stretch before and after sitting and extend your legs and back in a safe manner for your age and condition of joint wellness.

You can overcome this addiction. Start this evening. Avoid reclineritis and other stationary conditions by moving and changing body positions at least every twenty minutes at home and at work. You will see how it improves circulation, flexibility, mobility, lubrication of joints, and an overall healthy habit to optimize performance and function at any age.

Cindy Nix, PT, MAED, CEAS, IR, has been a specialist in Workers' Compensation physical therapy and injury prevention for thirty-seven years. A graduate of Georgia State University, she now practices at Pain Institute of Georgia in Macon specializing in aquatic and land-based physical therapy, work site consultations, work conditioning, functional capacity evaluations, and impairment assessments which can assist other health professionals with case closures and safe return to work.

Thank you!

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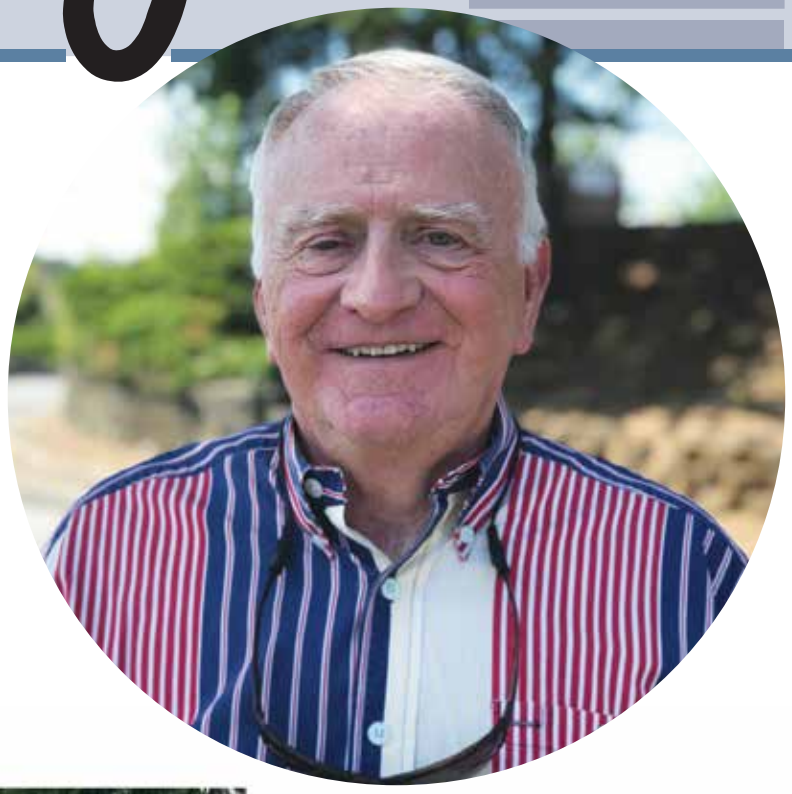

The GWCA Board of Directors and I would like you to join us in extending our sincere congratulations to John Poole on his well-earned retirement. He has dedicated his life to be an advocate for employers in Georgia. We send a heartfelt thank you to not only John but also Sharon for their many years of service and lobbying efforts on behalf of GWCA.
John's hard work, passion and diligence greatly benefited our association and we strive to follow his stellar example.
John's contributions to our association will continue to be a part of our culture for many years to come. Our Board of Directors and membership wish him the best for the beginning of this new era of his life.

With best wishes to you,
Garlana H. Mathews
GWCA Director

Joe Tanner & Associates

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MEET GWCA'S NEW LOBBYING TEAM!

It is with a great deal of excitement that I introduce Joe Tanner and Associates (JTA) to the Georgia Workers' Compensation Association (GWCA). JTA is thrilled to begin representing your association at the Georgia State Capitol and throughout the state beginning August 1, 2020. GWCA adds to our family of outstanding clients and we are honored to represent an organization whose members are the premier employers in Georgia.

I bring over twenty years of experience at the State Capitol. I served for ten years in the Georgia House of Representatives, the last six as House Majority Leader. After retiring from the legislature in 2010, I joined Troutman Sanders Strategies in their state lobbying division. In January 2018, I became the President and CEO of Joe Tanner and Associates. Prior to serving in the legislature, I founded and ran my own insurance firm, which I sold to a Georgia-based bank holding company.

Two other team members from JTA will be working with me on your account. Scott Tanner has been with JTA over twenty years and previously spent more than ten years in banking in the private sector. Scott is recognized as the one of the top lobbyists in the state. He has spearheaded the successful passage of numerous bills as well as two constitutional amendments. He also founded the Georgia Legislative Sportsmen Caucus and remains the executive director. Scott is an accomplished hunter who also enjoys the outdoors with his wife, who is an avid nature enthusiast.

Eric Bailey joined JTA in 2016 after serving as Georgia government relations director for the American Cancer Society. While at the ACS, he managed all state-level health care and public health issues. He was selected by the ACS to be part of an elite team which led a reorganization and transformation of the organization. Eric has achieved a great deal of success while at JTA, working not only on key legislative issues, but also helping our clients with procurement at the state government level. He spends his leisure time with his wife and coaching his son in youth sports.

Our first task is to get acquainted with the members and understand your goals and mission over the next couple of years. Your executive director and executive committee members have already been very helpful to us in that regard. Additionally, I want to thank Chairman Frank McKay for appointing me to the State Board of Workers' Compensation Chairman's Advisory Council and allowing me to serve on the legislative committee.

Georgia's workers' compensation system is recognized nationally as a successful model for both employers and employees. We are committed to keeping it that way and to warding off any attempt at the state government level to weaken the system. JTA is proud to partner with you to keep the system strong and viable for the foreseeable future.

I look forward to seeing you and meeting you in October at Jekyll Island!
– Jerry Keen

Jerry Keen serves as President and CEO of Joe Tanner and Associates. JTA has a long track record of service to an elite list of clients in Georgia.

From Left:
Eric Bailey, Jerry Keen,
Scott Tanner

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Leading through Transitions: COVID-19 and Medical Practices

Bill Lindsey, MHA, FACMPE, FACHE

For healthcare leaders, cutting through the news about COVID-19 leads to numerous considerations for navigating the pandemic:

- The public health aspect, particularly direct patient care,
- The economic piece, the staffing question, and the financial survival of your medical practice,
- Uncertainty on how long this will last; significantly different than other disasters we've faced;
- What will happen when this is over and what kind of transition will be required to get back to normal?

In these unprecedented times, we must changeover to a new way of doing things. In his book, Managing Transitions: Making the Most of Change, author William Bridges suggests transitions have three phases that must be managed to successfully move forward:

1. It starts with an end - this is where you "take leave" of the old situation. One of the key differences when making a transition is this change is situational. Transition is letting go of the long-standing "reality." Psychologically, it will never be the same again. It is important to recognize and accept this.
2. It moves through a neutral zone - this is "no man's land" or limbo filled with uncertainty. Do not rush through this phase. Accept it as real, but not necessarily the new reality. This can be a scary time, but it's where creativity occurs. Think of it as springtime when seeds take root and grow. Yesterday no longer exists and something new and exciting can emerge. It's a time to engage with your colleagues who may share similar fears, but their ideas, willingness to help, and buying into new processes will assist in achieving growth.
3. And, it ends with a beginning – this occurs only after the neutral zone is complete. Here we find renewal. There are barriers, of course, such as feeling it was easier/better doing it the way it was. This new way may feel risky and there is always a temptation to go back to what's always been done.

To stay the course, remind yourself and your colleagues of four Ps:

1. What is your purpose – a clear perspective of what you are and what you want your organization to become
2. Create a picture of what you hope it will be – an image, communicated to all, which represents a secure, comfortable idea of what will be
3. Develop and follow a plan designed to be personal, not organizational; one following a series of steps focusing on the process, not the outcome
4. Make sure everyone plays a part. All must recognize the problem and feel they can contribute. Prioritize open communication and others' feelings and recognize everyone's contributions.

It is important to be consistent through the phases. Seek win-win situations that reinforce the transition, create a new identity, and celebrate success, once achieved.

Now, in applying these lessons to COVID-19, there's an "initial phase" of dealing with the virus and its associated illness(es). We are caring for COVID-19 patients as well as "normal" ones at the same time. Communication with patients, staff, suppliers, payers, and many others has altered, i.e. triaging patients via phone or in their cars. The list of changes goes on: canceled elective procedures, wellness visits, staff reductions, risks of taking care of patients with limited personal protective equipment (PPE), as well as loss of revenue despite continued expenses. All these actions bring about change.

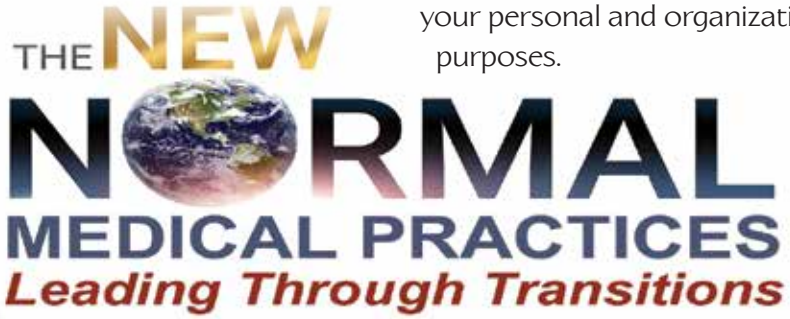
The neutral zone is the "management phase" where the daily routine has changed and requires a new set of policies/procedures. In other words: Let's get through the day with as little risk as possible. Let's see what the federal and state government programs mean in terms of restrictions and possible financial support. This is a good time to review how/why things were done in the past. What are the barriers to success? What gaps occurred? What sources of waste can be identified? Take low volume times in the office as opportunities to brainstorm with your staff. Ask them what changes they would like to see in their job.

Finally, in dealing with COVID-19, the beginning has two phases:

1. Recovery – begins when practices look at resuming elective procedures and routine visits. Which employees are needed in the office? Who can continue to work from home? A financial review finds the revenue stream fairly clean and significantly reduced. The level of new patients and ongoing revenue streams has created significant cash flow problems, not only now, but for the short-term future. Many questions can and will be answered about patient flow, supply availability, and permanent changes. Communicate constantly— not necessarily talking, but listening, reading, and gaining a clear understanding from employees regarding internal issues and doing the same with suppliers, payers and competitors in the marketplace regarding external issues.

2. New Normal - is where implementation occurs. Telemedicine and new applications, such as artificial intelligence (A.I.), must be worked into the daily routine. Chronic care management programs will continue. Elective surgeries will now be managed with little or no wait time. Payment models will become more risk- based and shift away from fee-for-service. The budget process will be adjusted to allow for more flexibility. Cash reserves will be maintained. Teleworking will be included in staffing models and all positions will be focused on a newly identified purpose. Patient wait times will shorten as barriers and gaps in the patient flow process are removed, making each patient's experience much more pleasant. The overall culture will be patient-centered, a group-first dynamic, with effective, transparent communication, and recognition and acceptance that each member of the team will play a key role in helping to achieve the organization's purpose.

COVID-19 has caused a great deal of concern, frustration, fear, and anxiety. However, we should use this time to reflect on the possibilities. Be cautious and measured, yet open to new and better ways of achieving your personal and organizational purposes.



Bill Lindsey is the CEO of OrthoGeorgia bringing over twenty-five years of healthcare management experience to the organization. He holds two independent board certifications from the American College of Healthcare Executives and the American College of Medical Practice Executives (CMPE) and is one of only eighty-six professionals nationally boarded by both organizations. He currently serves as an adjunct professor in the School of Nursing & Health Sciences at Middle Georgia State University and is a member of their School of Health Sciences Advisory Council.

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COVID-19 Compensability

C. Todd Ross, Esq.

In the early days of the pandemic, I was asked by a client to draft a policy statement concerning compensability of COVID-19. This statement would be utilized in six (6) different States, as well as other jurisdictions of North America. Upon advice that I am only licensed to practice law in the State of Georgia, the client, nonetheless, agreed to accept the following policy statement for all North American operations:

> "Workers' compensation does not provide benefits for illnesses or diseases which an employee can acquire from the general public or outside of the workplace. For example, you cannot receive workers' compensation benefits if you miss work as a result of a cold or the flu. Likewise, if an employee is diagnosed with COVID-19, our workers' compensation program administrator will not provide workers' compensation benefits. Please see the other benefit programs available."

Other clients reacted differently. One, in particular, nearly adopted a policy to accept any employees' claims of COVID-19 as a compensable workplace injury. Fortunately, for that self-insured employer, they consulted with me before doing so. The generosity of workers' compensation program managers is absolute to the extent that a claim is actually compensable.

However, the Georgia Legislature defined the requirements of compensation for occupational disease in O.C.G.A. § 34-9-280:

(2) Occupational disease" means those diseases which arise out of and in the course of the particular trade, occupation, process, or employment in which the employee is exposed to such disease, provided the employee or the employee's dependents first prove to the satisfaction of the State Board of Workers' Compensation all of the following:
   - (A) A direct causal connection between the conditions under which the work is performed and the disease;
   - (B) That the disease followed as a natural incident of exposure by reason of the employment;
   - (C) That the disease is not of a character to which the employee may have had substantial exposure outside of the employment;
   - (D) That the disease is not an ordinary disease of life to which the general public is exposed;
   - (E) That the disease must appear to have had its origin in a risk connected with the employment and to have flowed from that source as a natural consequence.

Subsequent case law has interpreted the Occupational Disease Act to require an employee to prove each of the five (5) elements set forth therein. As such, it is unlikely an Administrative Law Judge would find COVID-19 as a compensable condition under Georgia's Workers' Compensation Act. Certainly, there could be exceptions for frontline healthcare providers in the early days of the disease. However, with the passage of time and the spread of the disease within the general public, the viability of such claims is diminished.

C. Todd Ross serves on the Legal Committee for the Georgia State Board of Workers' Compensation's Steering Committee. He has presented on workers' compensation topics to numerous claims associations, TPA's, employers, insurers, self-insured, and at State Bar of Georgia seminars. He is also very active with the Georgia Association of Manufacturers.

Combating Workplace Violence

Anastasia Settle, RN, CCM

Violence is never a pleasant subject, but it is not new to our society. Throughout our nation's history, violence has been persistent and directed toward the poor, weak, and persons of color. It is not going away and, in fact, is getting worse. Although this is a deep issue requiring much further discussion, let's focus on workplace violence, how best to protect employees and how to provide if/when they become victims of violence.

In 1979, violence affected our nation to such a degree that the surgeon general made it one of his top priorities. It became obvious to our leaders that the prevention of violence was increasingly important to maintain both our health and cohesiveness, and yet… here we are.

There isn't space here to delve into all of the issues, but we can narrow our focus to violence in the workplace and educate ourselves on how to best protect our employees and provide for them if/when they become victims of such violence.

Did you know…

- The Occupational Safety and Health Administration (OSHA) estimates **two million** workers per year are victims of workplace violence.
- An average of twenty (20) employees is **murdered** each week at work.
- The leading cause of workplace death for **women** is homicide.
- In **two-thirds** of workplace homicide, the attacker has no known personal relationship with the victim.

Scared yet? I am. This data is a wakeup call.

In my career, I began to see more injuries involving some type of workplace violence. I wanted to know more about how to protect myself, care for the injured, and serve my community better. While we cannot prevent workplace violence, we can reduce it and we can do a better job caring about those who have been injured.

More and more injuries from workplace violence are happening, so I wanted to know more about protecting myself, caring for the injured, and serving my community. Here are types of workplace violence:

1. **Criminal** - occurs during commission of a crime, no legitimate relationship exists between perpetrator and victim.
2. **Customer/Client** - a reciprocal relationship exists between the parties and violence occurs when one party becomes disgruntled.
3. **Worker-on-Worker** - generally begins as verbal abuse, escalates to bullying, then physical aggression, and occasionally homicide.
4. **Personal Relationship** - perpetrator has a personal relationship with worker(s) which spills over into the workplace.

There are jobs which involve increased risk, such as:

- Works alone
- Works at night
- Handles monetary (cash) transactions
- Car service drivers, taxis, food delivery services
- Environments where employees exert physical control or significantly influence other people's lives (such as prisons, nursing homes/hospitals, and schools)
- Locations where drugs or alcohol are available and/or served (like pharmacies, airplanes, nursing homes/hospitals, bars, or restaurants)

According to the Federal Bureau of Investigations (FBI), the most accurate predictor(s) of violent activity are males having a previous display of aggressive behavior. We also know non-physical aggression often precedes physical aggression. Those fascinated with violence are generally irresponsible or unreasonable, depressed, or under the influence of drugs/alcohol and are more likely to be involved in—more likely to be the perpetrator of—physical

aggression. Protecting yourself in any environment is important and requires planning. This is particularly necessary for employers.

Security, including new hires and annual training, surveillance, security personnel, good lighting, buddy systems, and the involvement of local law-enforcement should be employed to varying degrees depending upon the nature of the workplace. Additionally, having a written policy in place including where concerns can be directed is essential. OSHA recommends a zero tolerance policy toward workplace violence.

Perhaps, you're not the one in charge of making policies or even enforcing them. You need to protect yourself on a personal level. Safety is very important and it involves your powers of observation, de-escalation, and determination regarding fight or flight in the event you become involved in a violent situation.

We should all be working toward protecting one another. In the wake of significant acts of violence, we tend to be open to an exchange about what can be done to avoid future damages. The old saying "an ounce of prevention is worth a pound of cure" comes to mind.

Knowledge and planning saves lives.

Anastasia Settle has been an RN since 1991 and a CCM since 2000. She loves nursing, her husband of twenty years, their eight children/stepchildren, Pickleball, and case management. For more information/direction to resources in your area, email anastasiarnccm@gmail.com.

Neuropathic Pain from Work-Related Injuries

Gregory P. Kolovich, M.D.

Neuropathic pain is caused by damage or disease affecting the somatosensory nervous system and is characterized by abnormal sensations or pain created by non-painful stimuli.

Occurrences are usually described as:

- sharp
- burning
- pins and needles
- electrical shocks
- may occur continuously or transiently

Neuropathic pain can be derived from the central nervous system (brain and spinal cord), peripheral nervous system (nerves within the arms or legs), or mixed (central and peripheral). Injuries in the workplace from falls, blunt trauma, and/or heavy lifting can injure the spinal cord while crush injuries, fractures, electrocutions, and/or penetrating damage can cause injuries to the nerves in the limb.

Peripheral nerve injury can be further classified as:

1. stretch-related,
2. lacerated, or
3. compressed

Local stretch injury from a fall or such can cause transient numbness or strength loss as the nerve shuts down from injury. In most cases, these injuries do recover after several weeks; however, more severe traction forces on the nerve can cause permanent damage to the nerve cells leading to chronic neuropathic pain.

Lacerations from penetrating injury can cause partial or complete transection of a peripheral nerve leading to mixed symptoms upon presentation. Partial nerve lacerations may demonstrate partial function of a nerve, whereby some, but not all, strength and sensation are lost. Complete peripheral nerve lacerations demonstrate no nerve-specific strength or sensation distally in the extremity.

Amputations, by definition, cause complete lacerations to peripheral nerves and usually have associated compression and stretch-related injuries to the affected peripheral nerves. Nerve compression can occur from crush injuries or from post-traumatic or post-surgical scar tissue constricting a nerve or adhering to it preventing its normal movement. Chronic compression can restrict blood flow causing reactive swelling and nerve damage.

In more severe or chronic cases, target motor and sensory receptors distal in the extremity suffer as each no longer receives necessary innervation and they start dying off. It is now a race against time, whereby the nerve must recover (through surgical repair, surgical release, or naturally) before a threshold of receptors are permanently lost to make a functional recovery. Typically, a nerve regenerates at a slow rate of one (1) millimeter of growth per day so recovery is dependent on the length and time.

The more proximal or chronic the injury, the longer the recovery or the lower the likelihood of achieving meaningful post-treatment recovery.

Gregory P. Kolovich, M.D., is a hand, wrist, and elbow specialist at Optim Orthopedics. He earned his medical degree at Ohio State University College of Medicine followed by residency at Wexner Medical Center Ohio State University and a fellowship at Harvard University at Massachusetts General Hospital. He is board-certified by the American Board of Orthopaedic Surgery.

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WH Workplace Health

In this crisis, we would like to thank all of the essential workers who show up for work, putting their own health on the line so we can remain as “normal’ as possible as we wait out this health crisis.

We have been both excited and pleased to see our online readership grow substantially during this COVID-19 pandemic. Our priority with ***Workplace Health Magazine*** is assisting you by providing information on the safety and well-being of employees, employers, and the company as a whole.

We are also now established in more regions – Georgia, Florida, and Alabama – and have been asked to expand into Tennessee and the Carolinas in 2021. I want to thank God and my awesome team for the many blessings and opportunities we have received in 2020. Stay tuned for more great news to come in 2021.

This issue is chock-full of information tailored to your patients, clients, and customers throughout the workers’ compensation industry. We are honored by the varied professional voices we put together in each magazine and you’ll find this one to be even stronger as we try to tackle this world-wide pandemic.

Also, we are always looking for great content and innovative voices in each issue of ***Workplace Health Magazine*** which, in turns, means fresh topics, new perspectives, and more in-depth subject matter affecting you and your employees.

We hope you, your family, and all those around you remain safe. We are privileged to have you as a reader. Even in this unprecedented situation, we are working hard to continue serving you as you expect.

Thank you for your business, your friendship, and your trust.

Garlana Mathews, President

Complex Regional Pain Syndrome

Randy F. Rizor, M.D.

Complex regional pain syndrome (CRPS) is one of the rarest medical conditions—with an incidence of about one in 100,000 people per year—yet, the diagnosis frequently appears in the context of workplace injuries. It is often associated with extensive medical treatment and prolonged disability.

So… what do we know about CRPS?

- CRPS virtually never appears on its own.
- CRPS commonly occurs following an extremity injury.
- Fractures, sprains, contusions, lacerations, even successful surgeries, are common inciting events.
- Women are two to three times more likely to be affected by CPRS than men.
- CRPS is more common in smokers.
- Inactivity appears to be a root cause, as CRPS usually develops during or after immobilization of the affected body part.
- The hallmark of CRPS is severe pain that is out of proportion to the injury.
- In addition to pain, there must also be objective physical changes in the skin and soft tissues of the extremity. These include color changes, temperature changes, atrophy, swelling, abnormal sweating, stiffening and deformity of joints, and abnormal texture of skin, hair, and nails.

There is no test that confirms or excludes the diagnosis. Since CRPS is so rare, the diagnosis can only be made with documented physical findings that cannot be explained by any other probable condition.

The *AMA Guides to the Evaluation of Permanent Impairment* states whenever the diagnosis of CRPS is made, it is probably incorrect. Because the symptoms and signs of CRPS can occur from disuse alone, or can be seen with other medical conditions, it is highly over-diagnosed. CRPS-like findings can also be seen with conscious use avoidance caused by fear of movement or even malingering. Prompt and correct diagnosis is essential to a good outcome.

How is it treated?

The fundamental treatment for CRPS as well as for the disuse conditions for which it is commonly mistaken is: mobilization, desensitization, and reconditioning through an intensive and closely supervised program of physical therapy. Pain control measures—such as medications and nerve blocks—are helpful as long as their use is associated with documented improvement in function that allows for the progression of active exercise. There is no medical evidence to support the use of opioids. Poorer outcomes are seen when pain treatments are administered alone, without addressing function.

What are the keys to best outcomes?

1. Discontinue splints, casts, boots, and other immobilizing devices following an injury, especially if their use is associated with worsening pain and function.
2. Obtain an expert second opinion as soon as possible when CRPS is diagnosed.
3. Focus on function – utilize active physical therapy and do not continue or increase medications or nerve blocks if they do not result in a clinical meaningful improvement in function.

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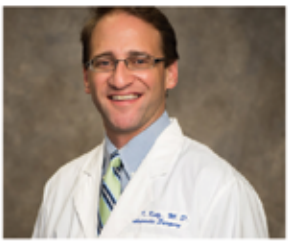
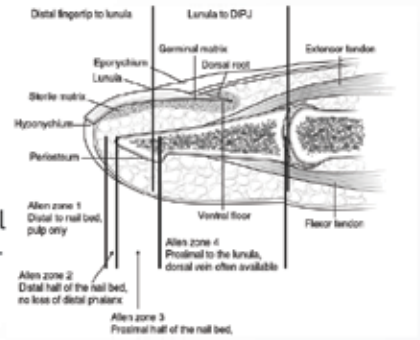
FINGERTIP INJURIES IN THE WORKPLACE

by David I. Katz, MD



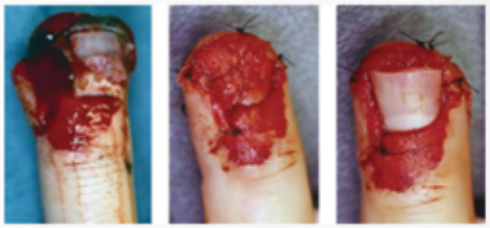
Fingertip injuries are unfortunately a common occurrence in many different places of employment. They are especially common in young men who perform manual labor. The fingertip is exposed in a variety of occupations where it can be crushed by heavy objects, lacerated by knives, or injured by power tools such as table saws. These injuries can lead to damage to the bone, tendon, nerve, nailbed, finger pad (pulp), and skin (see Figure 1 below). Tendons (both flexor and extensor tendons) are the key structures that bend and straighten the finger. Nerves provide feeling to the tip of the finger, while the nailbed (germinal matrix) is responsible for making the nail.



The relative lack of soft tissue at the tip of the finger, as well as the presence of the nailbed, makes these injuries often complicated to treat. While some people may disregard the importance of the nail itself, it plays a key role in the function of the hand. Nails protect the fingertip, provide a counterforce when picking up small objects, and contribute to the tactile sensation of the fingertip.

When evaluating an injury to the fingertip, the degree of damage as well as the physical demands of the patient are taken into account when devising a treatment plan. Blood often collects underneath the nail (subungual hematoma) after a crushing injury. When there is a significant amount of blood, as well as a break of the underlying bone, surgery is often recommended to drain the hematoma, wash out the open fracture, and to repair the nailbed (see Figure 2 below). The fracture itself is often amenable to nonoperative treatment with a splint - only occasionally requiring surgical treatment with a metal pin or screw.

Some fingertip injuries can be treated with simple



daily dressing changes with antibiotic ointment. These patients often only have soft tissue loss of the fingertip, without the severe damage involving bone, tendon and nailbed as described above. With some persistence, the end result of this non-surgical treatment in select patients can be excellent.

While most patients with fingertip injuries are able

to regain much of their pre-injury function, it is important to note that many of these patients will report residual numbness, cold sensitivity, and nail growth abnormalities. Finally, the involvement of a certified hand therapist is an integral part of optimizing functional outcomes for the long term with or without surgical treatment.

[1]Sorock GS, Lombardi DA, Hauser RB, Eisen EA, Herrick RF, Mittleman MA: Acute traumatic occupational hand injuries: Type, location, and severity. J Occup Environ Med 2002;44(4):345- 351.

[2]DaCruz DJ, Slade RJ, Malone W: Fractures of the distal phalanges. J Hand Surg Br 1988;13(3):350-352.

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