



**DSI Work Solutions**  
*Concepts that work. Solutions that last.*



## Work Solutions Insight

Your work injury management newsletter July 2009

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### DSI ANNOUNCES WEBINAR SERIES

2009 and 2010 have seen the move toward interactive education without the cost of travel and lodging. In response to the need for education on topics coupled with limitations in travel budgets, DSI Work Solutions will offer webinars starting in October 2009.

The months and topics are:

- October: Onsite injury prevention and management team: methods to improve employee safety and health: This topic will address key players in industry
- November: Ergonomics I: The functional approach to reducing workplace stressors
- December: Ergonomics II: Continued: functional approach to reducing workplace stressors
- January: Early intervention onsite: preventing symptoms from becoming injuries
- February: Functional Capacity Assessment: Clinical issues on handling the difficult clients; working more clearly with your referrer: Guidelines and evidence
- March: Office and upper extremity ergonomics

Presentations will be 90 minutes and will include slide/ video and ability to ask questions. Presenters will include: Scott Ege PT MS, Curt DeWeese PT, Ginnie Halling PT, Nancy Bellendorf OTR, Libby McCoy OTR, Sarah Budde OHN and Safety Director, Susan Isernhagen PT

Later in July the exact dates, costs and registration materials will be available. Contact Susan Isernhagen at [sisernhagen@dsiworksolutions.com](mailto:sisernhagen@dsiworksolutions.com) or 218-625-1051

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### TWO VIEWS ON HEALTH CARE REFORM: SICKNESS CARE VS HEALTH AND PRODUCTIVITY

Russell J. Green M.D.: Work Health Solutions

The debate over health care is just warming up and is divided into two very different approaches.

With the first, there is a focus on more treatment and detection of more disease. It increases reliance on technology through usage of an electronic medical record. This model makes little reference to keeping people out of the illness system (i.e., prevention of ill health). It makes the insurance companies accountable for something they don't own.....their customers' health. There is a focus on consumption of resource not maintenance or improvement of health. Western illness-care consumers really want to be sure the ambulance will be waiting for them at the bottom of the hill... rather focus on not falling over the edge.

Moving toward the second philosophy: primary and secondary prevention is what reform should focus upon: preventing disease or treating it quickly to mitigate its consequences. Truth is, there is much more in the way of health promotion on television each morning than in medical offices in a whole day. Primary prevention includes use of vaccines, maintenance of an acceptable weight, remaining well-hydrated, avoidance of the use of tobacco, and a moderate use of alcohol. It does not rely on technologically advanced tools. It addresses things that don't hurt now, but may be awful in the years to come. It is about course correction and straight and level flight and not about emergency exits.

A more positive model comes from an occupational perspective. I really like the American College of

Occupational and Environmental Medicine's approach. It establishes productivity as the goal of a health care system. In several position statements over time ACOEM has tried to focus its membership on productivity as a proxy for health. People stay healthy to stay productive. The personal goal is to live a full life and take responsibility to be able to do it. There is less reliance on unnecessary surgery, MRI's, and blood tests. It focuses more energy on reducing turnover, decreasing absenteeism and presenteeism, and improving workplace safety. We, members of the College, are now less about "workers' comp" and much more about understanding a worker's functional ability in order to assist the community in being healthier and more productive.

As DSI Work Solutions providers, we have an elegant process available to our community and economy which addresses ability when we perform job function matching with our clients. By testing individuals against the needs of their very own job, we help all parties understand an individual's capacity, whether the tested person is just joining a company or after some sort of illness/injury. The payor is not the question, capacity is the question. Stakeholders are given data upon which to make choices. You can choose to prevent problems either now or in the future or you can understand which risks you accept through non-action. Also, if illness or injury does occur, quick, thorough attention to restoring work and life function prevents many chronic problems.

Employers, medical providers of various types, and workers who "get" the need to be able are much more likely to be healthy as organizations and as individuals. Helping the community with information about coming to work, staying at work, or returning to work is priceless.

Occupational health providers who understand productivity and function are at the forefront of the exciting changes coming in offering real health care solutions. We have a validated, practical, and useful process that we are currently offering our communities. We can serve as leaders in the discussion that is upon us. We need to get our message out to our client companies and those companies and groups who need to know what we can offer. We practice preventive health everyday. We can very much be a part of the solution.

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## THE NEW AMERICANS WITH DISABILITIES AMENDMENTS ACT MAKES IMPORTANT CHANGES

President George W. Bush signed the ADA Amendments Act of 2008 (ADAAA) which expands interpretation of the ADA's coverage, reversing a trend toward narrow interpretation. It went into effect Jan 1, 2009.

The term "disability" is expanded: The ADAAA:

- Provides for much broader coverage of individuals
- Clarifies that an impairment that substantially limits one major life activity need not limit other major life activities to be a disability
- Protects individuals suffering from episodic impairment, so long as the impairment would substantially limit a major life activity when active
- Provides an extensive list of the major life activities, including physical tasks such as walking, standing, and lifting; mental tasks such as learning, reading, and thinking; and the operation of major bodily functions.
- Provides that individuals discriminated against because they are "perceived" to have an impairment,(whether or not they actually do), are protected.
- Expands to employees with a mental or physical condition controlled with medication – whether the treatment is successful or not – will likely be covered. Conditions of insulin-dependent diabetes, heart conditions, severe depression and anxiety may be covered.

Focus on accommodation not definition

The ADAAA removes the focus from a "disability" inquiry, and places the focus squarely on the individualized interactive process. Employers must be prepared to engage applicants and employees in a reasonable accommodations conversation and, as appropriate, provide qualified individuals with accommodations to perform their essential job duties.

A partial list of accommodations includes acquiring certain equipment, adjusting training material or policies; reallocating nonessential job functions; permitting part-time or modified work schedules; and reassigning

employees to vacant, equivalent positions.

The question of whether an individual's impairment is a disability under the ADA should not demand extensive analysis. Rather, the bill says the primary attention will be whether employers have "complied with their obligations

Employers are also protected: Identifying and offering reasonable accommodations does not mean that any individual is entitled to a job. An individual must be qualified. Reasonable accommodations are designed to put the applicant or employee on an equal footing with other qualified individuals.

New methods for ADA lawsuits. Previously, it was up to an employee to prove he or she had a disability. Under the new law, the employer bears the burden of proving they did not discriminate against an employee because of a disability, and they must prove they offered the employee a "reasonable accommodation" in the workplace.

Role of medical providers and use of Job Function Matching

If employees or applicants claim a disability and the employer requests substantiation, documentary evidence from a healthcare practitioner supporting the disability claim and reflecting the limitation(s/accommodations) will be needed.

A job description with the functional aspects of the job described clearly is important in determining job aspects that the employee must perform.

Disability advocates say that employers with return-to-work programs will have to focus on providing reasonable and effective accommodations for returning workers rather than questioning whether the employee meets the technical definitions under the ADA.

With objectivity required for the interactive process, the DSI Job Function Matching process can play a strong role. The employee (or potential employee) is tested against the physical requirements of the job using a test validated against the job description. If tasks are not passed, the job modification column explains reasonable accommodation options. This then becomes a clear objective basis for the interactive process.

Summary: The ADAAA emphasizes the employer's responsibility to an applicant or employee who has an impairment that can be accommodated. Objective information and fair dialogue in the interactive process allows both employer and employee needs to be met.

For more information on the job matching process, contact Sue Isernhagen at [sisernhagen@dsiworksolutions.com](mailto:sisernhagen@dsiworksolutions.com) or 218-625-1051

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## NEW TEXTBOOK ON FUNCTIONAL CAPACITY EVALUATIONS

Elizabeth Genovese MD and Jill Galper PT have utilized multiple experts of functional capacity testing to form a comprehensive book on how to understand and interpret FCE's: Guide to the Evaluation of Functional Ability

Highlights of the book include

- The history of functional capacity testing
- Scientific and practical backgrounds to differing FCE formats
- Types of functional capacity evaluations, from the well-known FCE format for those with chronic work disability to post offer testing
- Methods of testing
- Functional capacity evaluators
- Understanding legal implications of FCE
- Suggestions for future improvements.

Chapter authors include Susan Isernhagen, Doug Gross, Michiel Reneman, Gwen Simons, Rick Wickstrom, Margot Miller and Eveline Innes and many others.

The book is available through the American Medical Association. [www.amabookstore.com](http://www.amabookstore.com) or 800-621-8335

Quotes from reviewers:

"Pioneers and today's leading lights in the field of evaluating functional ability have contributed to this long-overdue volume. A clear thread runs through it: a commitment to logical and evidence-based reasoning, to reliance on objective data, and to commonsense practicality.

Jennifer Christian MD, MPH, FACOEM

*“Guide to the Evaluation of Functional Ability* is not just a book for professionals who perform and interpret evaluations of the physical capability of others. This book should be required reading for human resources professionals, risk managers, claims adjusters, worker advocates and personnel involved in the litigation of workers' compensation and personal injury claims.

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