Addressing Pain Before It Becomes a Claim

By Trenton C. Shuford

Workplace injury rates are staggering. Bureau of Labor Statistics (BLS, 2011) estimates that in the U.S., more than 1 million severe occupational injuries occur annually. In addition, the 2011 Liberty Mutual Workplace Safety Index states that overexertion injuries alone accounted for more than $50 billion in direct U.S. workers' compensation costs. These expenditures, also called hard costs, are the proverbial tip of the iceberg. Indirect expenditures, also called hidden costs or associated costs were calculated for exceed direct costs. Also not to be overlooked are the often-inmeasurable emotional and physical effects that work injuries have on injured employees and their families.

Workplace injuries are an onerous problem for businesses and injured workers. They hurt productivity, company morale and bottom lines. The question is, Are injury prevention strategies worthwhile or are injuries simply part of the cost of doing business? Is it the author's position and experience that all injuries are preventable, and that effective prevention solutions will consistently provide more than a worthwhile return on investment.

The 2011 Liberty Mutual Workplace Safety Index shows that overexertion was the leading cause of disabling workplace injuries in 2009, accounting for more than 25% of all claims. Overexertion refers to injuries associated with excessive lifting, pushing, pulling, holding, carrying and throwing. With overexertion identified as a primary cause of work injury, prevention strategies must be targeted more precisely. Specifically, addressing workers' pain and their attitudes about reporting it should be a priority of any prevention strategy.

For example, BLS examined more than 87,000 occupational injuries involving the shoulder. "We know through scientific literature that occupational physical loading increases the risk of clinical shoulder disorders," says Center for Physical Ergonomics Director Nib Faleskin. "Based on the study findings, we know that the key elements of an intervention should include ways to reduce pain and discomfort, making informed decisions about activities and care, communicating effectively in the workplace, and dealing with feelings and concerns about symptoms and work ability," says Center for Disability Research's Glenn Pransky.

Although addressing pain and creating a culture where employees feel secure in their ability to report pain is not a universal feature of most prevention programs, these facets are vital to decreasing injury rates. Employers must instill a level of comfort at work so employees feel that they can communicate when they are experiencing symptoms without concern for being perceived as either a nuisance or fragile.

Additionally, an education component that raises awareness of distinct, condition-specific signs and symptoms helps arm workers with the ability to detect when certain types of problems are emerging. Finally, as the case with any awareness program, creating culture must be a continual process where the message becomes part of a workforce's psyche. The prevention message must emphasize proactiveness and shift away from reactivity.

Early Symptom Recognition

The first step in addressing workplace pain is an early symptom recognition education program. Clearly, the longer one waits to seek solutions for musculoskeletal issues, the greater the scope of the problem and associated claim expenses can become.

Consider a 55-year-old assembly floor worker who begins to notice his hand goes numb at night. He figures this is a normal part of aging. As months pass, the numbness gets worse, he develops pain in his hand and wrist, and he begins to notice decreased grip strength. When he can no longer hold his coffee mug, he finally visits the doctor.

He learns that he has carpal tunnel syndrome and will need surgery because by now any conservative treatment measures will be ineffective. The doctor asks him what he does for a living and determines that the injury is work related.

If the worker is fortunate, the surgery will go as expected. He will recover with full function and eventually return to his job without restrictions. However, carpal tunnel surgery has an approximate 57% failure rate, and only 21% of all carpal tunnel syndrome surgical patients return to their previous professions following surgery (Nancola, Peimer, Wheeler, et al., 1995).

Conversely, had this worker been trained to recognize on initial notice what the symptoms represented he likely would have been proactive and seeking solutions sooner. Logic dictates that had he had greater understanding to proactively access his company's safety department, occupational health professional or perhaps an on-site wellness facility, the severity of his condition and its associated costs could have been minimized.

How is pain affecting your workforce? No matter the industry or the job task, pain is present. Employees in pain are particularly at risk. The question is, Will your organization address workplace pain or simply hope that it does not result in a claim?

Pain, which is a precursor to injury, is present in all workforces and sectors. In 1999, a study of hotel workers conducted at University of California, San Francisco, found that more than 75% of room cleaners experienced work-related pain. Of them, 73% experienced such severe pain that they consulted with a physician, and 53% took time off work to recover (Scherzer, Rupeles & Krause, 2005).

In 2002, a similar study found that 95% of room cleaners reported pain; of them, 47% rated the pain as severe or very severe. The most common areas of pain were in the lower back, upper back and neck (Frumin, Moriarty, Vossenas, et al., 2006).

In addition, Scherzer, et al. (2005), looked specifically at reasons employees chose not to report symptoms or injury. Of the workers surveyed, 44% thought it would get better, 35% didn't know they should report it, 13% stated they would get in trouble if hurt at work, 3% said coworkers told them not to and 2% didn't want to run the chance of winning a safety prize.
How do we address these issues when we are uncertain they actually exist? If by identifying and understanding these barriers, companies can work to minimize their effects and address the other potential reasons workers do not report symptoms and injuries early on.

Early Intervention
Employees' abilities to recognize and report the characteristic signs and symptoms of the musculoskeletal conditions that lead to overexertion, overuse, and repetitive stress injuries are key. The facet of the prevention strategy that complements symptom recognition and reporting is a viable solution for workers' pain once they have reported it. Creating an environment in which workers are comfortable reporting pain is worthwhile, but employees will only report pain if there is a solution to it. Employees often say, "I tried to tell them I was having problems." This sentiment, in the absence of a solution for their pain, leads to greater disenchantment where the attitude of, "If I get hurt, it will serve them right," prevails. All too often employees' perceptions are that the only solution for pain is to file a claim.

Short of opening a claim, what does a pain solution look like? Depending on an organization's structure, it is often human resources, occupational health, medical or safety that handles this solution. Other times, it is the responsibility of the team leaders or supervisors. Whomever the go-to person is, they must understand higher role, what is to be communicated to the injured employee and what the next step will be. The question is, once an employee reports being in pain, then what?

Companies could be hesitant to encourage employees to report pain. No organization wants to see a spike in claims when all the wounded, at-risk employees begin declaring they are in pain. It is the author's experience that while this may occur, it is typically only for a very short period. The key is to ensure that a mechanism exists, outside of opening claims, to address employees' pain once they are invited and encouraged to report it.

Prevention Programs
While early symptom recognition is of great value, it can still be considered a reactive approach to prevention. What would prevention look like if it could be applied before symptoms appear? As OSHA begins to define the requirements for its Injury and Illness Prevention Program (I2P2), employers will likely take on more responsibility for mitigating risk, reducing injuries and increasing the overall health of their workforces.

While the increase in regulatory compliance may initially be perceived as burdensome, change can be good. When done correctly, workplace prevention programs decrease injury rates, decrease dollars spent per claim, increase productivity, improve morale, help foster a culture of safety and yield a sound return on investment.

Effectively preventing injuries and claims in the workplace involves a multifaceted approach. Prehire screening and posthire testing predict whether new hires are fit for duty and help ensure that the right people are matched with the right jobs. In addition, fit-for-duty testing procedures must be considered when employees transfer departments. Too often, employees who are physically able to perform one set of job tasks are moved to different positions for which they may not be physically fit.

Periodic health promotions and challenges are a fun and engaging way to help employees identify weaknesses that predispose them to greater risk levels. These challenges can illustrate the need for individual adaptation to specific work conditions and behavior, including education and preventive training.

Ergonomics is another key to the prevention model. Ergonomic evaluations and assessments help identify risk. Once risks are identified, design modifications can be implemented and awareness training can be utilized to reduce risk exposure.

The Employee Maintenance Center
When done correctly, an on-site health and wellness program provides employees with solutions, other than opening claims, for their pain. In the author's experience, pain reporting, addressing pain and joint-specific conditioning to strengthen weak areas result in an injury-free workplace, increased employee health and increased productivity with a return on investment.

Specifically, an employee maintenance center (EMC) can provide workers access to these solutions. An EMC is an on-site facility where employees can report their pain, receive solutions, and engage in joint-specific and job-specific task conditioning.

Employees can also proactively improve their musculoskeletal health to avoid the onset of aches and pains.

An EMC bridges the gap between healthcare and the health club, as it gives employees a viable option for addressing their aches and pains without having to file a claim. It provides them with coaches, education, conditioning equipment and technology to be fit for duty. It is an effective way to control claims and to minimize their expenses by keeping costs in house. Furthermore, it provides a seamless transition for an injured person to return to work.

Finally, an EMC is a comprehensive preventive maintenance solution for the industrial athlete. Companies allocate substantial resources to maintain tools and equipment to avoid interruptions in business. What about employees, particularly those in the aging workforce? What will keep them from breaking down as they get older when they are still needed to perform at the same level they did when they were younger? What return on investment is available for maintaining them?

Conclusion
Workplace safety has made tremendous strides toward reducing risk and decreasing injuries. However, unique opportunities remain to further impact injuries, increase worker productivity and improve companies' bottom lines. Addressing pain before it becomes a claim decreases cost and impact on both employees and the employer's bottom line.

Implementing a prevention program ensures that risk related to pain is mitigated with effective intervention. On-site fitness and wellness solutions help organizations achieve safety and health goals, and provide employees with a place to address pain and weaknesses that put them at risk. On-site wellness programs help industrial athletes maintain their health throughout their employment.

All work injuries are preventable. By incorporating these concepts into safety and health initiatives, companies can see a dramatic reduction in work claims, cost per claim, improved employee health and productivity, and healthier bottom lines. The result, for proactive companies, is an increased competitive advantage.

References
Trenton C. Shuford is president of InjuryFree Inc. Shuford is a professional member of the ASSE's Puget Sound Chapter and is chair of the Human Resources Branch Membership Committee. Shuford is scheduled to present at the upcoming Saftey 2013 conference and exposition. For more information, visit www.injuryfree.com.