

## **Addressing Pain Before It Becomes a Claim**

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### **Introduction**

Workplace injury rates are staggering. The Bureau of Labor Statistics (BLS) estimates that there are over one million severe occupational injuries occurring annually in the U.S.<sup>1</sup> According to the 2011 Liberty Mutual Workplace Safety Index, over-exertion injuries alone accounted for over \$50 billion in direct U.S. workers' compensation costs.<sup>2</sup> These expenditures, also called "hard costs," are the proverbial tip of the iceberg. Indirect expenditures, also called hidden or "soft costs" often far exceed direct costs. Also not to be overlooked are the often-immeasurable emotional and physical impacts work injuries have on injured employees and their families.

It is clear that workplace injuries are an onerous problem for businesses and injured workers alike. 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? It is this author's position, and experience, that all injuries are indeed preventable, and that prevention solutions that actually work will indeed consistently provide more than a worthwhile return on investment.

Also according to the 2011 Liberty Mutual Workplace Safety Index, a review of the top ten causes of the most disabling injuries of 2009 shows that "over-exertion" is the number one cause of work place injuries, accounting for over 25% of all claims.<sup>3</sup> *Over-exertion* refers to injuries associated with excessive lifting, pushing, pulling, holding, carrying and throwing. With over-exertion identified as a primary cause of work injury, the targeting of prevention strategies becomes more precise. Specifically, addressing workers' pain and their attitudes about reporting it should be made a priority of any prevention strategy.

A recent BLS study 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 Nils Fallentin, Ph.D. "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 Glenn Pransky, M.D. of the Center for Disability Research.<sup>4</sup>

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. Involved in the process is instilling a level of comfort in employees whereby they can communicate when they are experiencing symptoms, without concern for being perceived as either a nuisance or “delicate.” Additionally, an education component that raises awareness of distinct, condition-specific signs and symptoms goes a long way towards arming workers with the ability to know sooner than later when certain types of problems are emerging. Finally, as is the case with any awareness program, the creating-of-culture needs to be a continual process the message of which becomes part of a workforce’s psyche. The prevention message must echo pro-activity 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 muscular-skeletal issues, the greater the scope of the problem and associated claim expenses can become. Consider a 55-year-old assembly floor worker that begins to notice his hand “goes to sleep” at night, but figures this is a normal part of being 55 years old. As the days, weeks and months pass, the numbness gets worse, he develops pain in his hand and wrist, and begins to notice decreased grip strength. At the point he can no longer hold his coffee mug in the morning, he finally goes to 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 full function and eventually return to his job without restrictions. However, carpal tunnel surgery has an approximate 57% failure rate,<sup>5</sup> and only 23% of all carpal tunnel syndrome surgical patients returned to their previous professions following surgery.<sup>6</sup>

Conversely, if upon initially noticing his symptoms, the same worker had been trained to recognize what they represented and report them, he would likely have been more apt to seek solutions sooner. Logic dictates that had he more proactively accessed his company’s safety department, occupational health professional, or perhaps an at-the-job site wellness facility, the severity of his condition, and its associated costs, could have been minimized.

How is pain in your workforce impacting your organization?

No matter the industry or the job task, risk 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, in all sectors. A study of hotel workers in 1999, done at the University of California at San Francisco (UCSF), found that over 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.<sup>7</sup>

Three years later, in 2002, a similar study found that 95% of room cleaners reported pain and of them, 47% rated the pain as being either severe or very severe. The most common areas of pain were in the lower back, upper back and neck.<sup>8</sup>

Another study of room cleaners looked specifically at reasons employees choose 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 co-workers told them not

to, and 2% didn't want to ruin the chance of winning a safety prize.<sup>9</sup> How do we address these issues when we are uncertain they actually exist? Only by identifying and understanding these barriers can we work towards minimizing their impacts and the other potential reasons workers do not report symptoms and injuries early.

## Early Intervention

Previously discussed is the value of employees' ability to recognize and report the characteristic signs and symptoms of the muscular-skeletal conditions that lead to over-exertion, overuse and repetitive stress injuries. The facet of the prevention strategy that compliments symptom recognition and reporting is a viable solution for workers' pain once they've come forward to declare it. Creating an environment in which workers are comfortable with reporting pain is of course worthwhile, but only by also making a solution to pain available will employees report it in the first place. It is not uncommon to hear employees 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' perception is that the only solution for pain is to open a claim.

What does a pain solution, short of opening a claim, 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. Whoever the "go-to" person is, it is vital that he or she understand his or her role, what is to be communicated to the employee coming forward, and what the next step will be. The question is: Once an employee reports being in pain, then what? What exactly is the next step?

There of course exists the potential for companies to be hesitant in encouraging people to report pain. Clearly no organization wants to open "Pandora's Box" and see a spike in claims when all the "walking wounded," at-risk employees begin raising their hands, declaring they are in pain. It is this author's experience that while this may indeed occur, it is typically only for a very short period of time. The key is to make sure there is a mechanism in place, 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 to a workforce before symptoms show up? As OSHA begins to define what the requirements for its Injury and Illness Prevention Program (I2P2) will be, it is evident that employers will 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. Done correctly, workplace prevention programs decrease injury rates, decrease dollars spent per claim, increase productivity, improve morale and help foster the coveted culture of safety, all while yielding a sound ROI.

Effectively preventing injuries and claims in your workplace involves a multi-faceted approach. Pre-hire screening and post-hire testing predict whether new hires are fit for duty and help ensure the right people are matched with the right jobs. In addition, fit-for-duty testing procedures should be considered when transferring employees from one department to another. All too often, employees that are physically able to perform one set of job tasks are moved to different positions for which they may not be physically fit. Again, it is important to be sure that the right people are matched with the right jobs.

Periodic health promotions and challenges are a fun and engaging way to help employees identify weaknesses that predispose them to greater levels of risk. In addition, these challenges can be used to illustrate the need for individual adaptation to specific work conditions and behavior, including education and preventative 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**

An at-the-job-site health and wellness program, when done correctly, provides employees with solutions, other than opening claims, for their pain. Does it actually work? It is this author's experience, on a repeated basis, that pain reporting, addressing pain and joint-specific conditioning to strengthen that which is weak does indeed result in an injury free workplace, increased employee health and increased productivity, with a return on investment.

Specifically, it is a concept called an employee maintenance center (EMC) that gives workers access to these solutions. An EMC is an at-the-job-site facility where employees go to report their pain, receive solutions for it, and to engage in joint-specific and job-task-specific conditioning. It's also the place where employees go to proactively improve their muscular-skeletal health to avoid the onset of aches and pains altogether. 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 open a claim, and it provides them with the coaches, education, conditioning equipment and technology to be fit for duty. It is an effective way to keep claims from opening and to minimize their expenses by keeping costs in-house when they do occur. Furthermore, it provides for the seamless transitioning of the injured worker back to the job after an injury has occurred.

Finally, an EMC is a comprehensive preventative maintenance solution for the industrial athlete. Companies allocate substantial resources to maintain their tools and equipment to avoid interruptions in business. What about employees, particularly those in our aging workforce? What will keep them from breaking down as they get older but 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 towards reducing risk and decreasing injuries. However, there remain unique opportunities to further impact injuries, increase worker productivity and improve companies' bottom lines.

By addressing pain before it becomes a claim, there is less cost and less impact on both the employee and the employer's bottom line. The next step of implementing a prevention program ensures that risk related to pain is mitigated with effective intervention. Finally onsite fitness and wellness solutions help organizations achieve their health and safety goals, and provide employees a place to address pain and weaknesses that put them at risk. Onsite wellness programs help industrial athletes maintain their health throughout their employment.

This author believes that all work injuries are 100% preventable. By incorporating these concepts into health and safety initiatives, companies are seeing a dramatic reduction in work claims, cost per

claim, improved employee health and productivity, and healthier bottom lines. The result, for the companies that choose to be proactive, is an increased competitive advantage.

## Endnotes

1. Bureau of Labor Statistics, *Workplace Injury and Illness Summary*, 2011 edition.
2. Liberty Mutual, *Workplace Safety Index*, 2011 edition.
3. Ibid
4. Ibid
5. Nancollas, et al., 1995. *J. Hand Surgery*.
6. Ibid
7. Scherzer, PhD, MSW et al. 2005. "Work Related Pain and Injury and Barriers to Workers' Compensation Among Las Vegas Hotel Room Cleaners." *Am J Public Health* March; 95(3): 483–488.
8. Frumin E, Moriarty J, Vossenas P, Halpin J, Orris P, Krause N, Punnett L. "Workload-related musculoskeletal disorders among hotel housekeepers: reveal a growing national problem." Paper presented at the National Institute of Occupational Safety and Health's 2006 National Occupational Research Agenda (NORA) symposium, April 19, 2006, in Washington, DC.
9. Scherzer, PhD, MSW et al. "Work Related Pain and Injury and Barriers to Workers' Compensation Among Las Vegas Hotel Room Cleaners." *Am J Public Health* March; 95(3): 483–488.