

# Treating the Industrial Athlete: A Workers' Compensation Overview

Kevin Valvano, DO, CAQOM, CAQSM, FAOASM  
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## Learning Objectives

- At the end of this session, participants will be able to:
  - Review the history and basic structure of the Workers' Compensation system.
  - Identify the key roles within Workers' Compensation and understand the physician's responsibilities.
  - Apply sports medicine principles to the care of the "industrial athlete."
  - Differentiate impairment from disability and explain how each affects return-to-work decisions.
  - Understand documentation requirements and recordability rules in occupational injury care.
  - Recognize the growing role of sports medicine physicians in Occupational Medicine.

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## Financial Disclosures

- Nothing to disclose

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## Occ Med meets Sports Med

- Occupational medicine is a rapidly growing
  - increased by 12% over the past 10 years (2x FM)
- Companies are focusing on injury prevention
  - Utilizing the "sports" model → hiring ATCs for "prehab" and warm up routines
    - Less time injured = better product "on the field" = more revenue generated
- Historically hired "urgent care" capable physicians (i.e. FM, IM, ER)
  - PCSM hires are growing because of the MSK knowledge and skills
- Private ortho practices are having non-op partners see most WC



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## Occ Med Employment Allure

- Traditionally in outpatient setting
  - May include on-site or walk-in care
- Hours: 9 am – 5 pm; No call, nights or weekends
  - Partner with ED for afterhours coverage
- Scheduled patients
- Lower volumes
  - Longer visits with very few walk-ins/add-ons
- Procedures as comfortable



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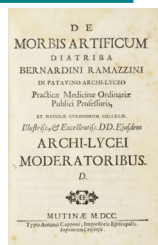
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## History of Occupational Medicine

- Occupational injuries and deaths in US cost ~\$1.2T per year
  - **Most of that cost is lost time**
    - Companies are trying to minimize this expense
- Bernardino Ramazzini wrote: "Diseases of Workers" in the 1700s
  - Recommended adding "what is your occupation" to the medical interview
- Federal Employees Compensation Act (FECA) in 1916
  - Set the precedent that employees would be compensated for injuries at work
    - All injuries were traumatic & considered work related (i.e. mine explosions)
- No-Fault System: injuries/illness are covered regardless fault
  - Neither party is liable, nor can be sued for liability



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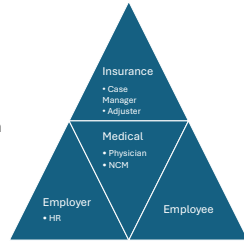
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## Work Comp Overview

- Insurance policy designed to protect all parties
  - No-Fault System
  - Job protection
  - Pay protection (after waiting period)
    - Must "remain in good standing"
- "Team": coworkers, management, medical team



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## "Team Physician" Roles

- Understand the "sport"
  - Know about the workplace & job duties
- Understand common strain patterns & identify injury risks
- Identify the Mechanism of Injury
  - Provide professional opinion
- Appropriately diagnose & treat the condition
- Understand return to play/work protocol
  - Know the employee's role and job functions
- Determine Recovery Timelines
- Clear for full (or limited) participation
  - Assess the extent of **impairment** and the ability to resume work
    - Restrictions should be **APPROPRIATE** for injury

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## Impairment vs Disability

- Determined with respect to work requirements
  - **ability to compete in the open job market**
- **Impairment** – decrease work FUNCTION
  - Anatomic or functional loss
    - Does not affect ability to work
- **Disability** – decrease ABILITY to work
  - Cannot complete job duties due to a physical or mental impairment
- i.e. amputation of right index finger
  - Jason Pierre-Paul (football player) – impairment
  - Police officer – disability (trigger finger)



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## Work Restrictions

- Goal is to align injury/risk of reinjury with functional activity levels
  - **Full Duty**
    - May be impaired, but not disabled
  - **Restricted (Modified) Duty**
    - Temporary partial disability
  - **Out of work**
    - Temporary total disability (TTD)
      - Unable to work - medical or employee directed
- If an employee misses time
  - Employee: only earns 60-70% of income when OOW
  - Employer: paying employee to not work
- Restrictions are not one size fits all
  - Depends on job requirements and function



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## What Counts as Work Comp?

- Not all injuries sustained the job are eligible for WC
  - Common misconception: injured at work → work comp should cover it
- Causation determines compensability of a claim
  - Insurance companies want specialists to comment on causation
- **“ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT”**
  - **Arising out of:** injury must be directly connected to the job and its specific risks
  - **In the course of:** where, when and how the injury relates to the employment
- Both criteria must be met for an injury to be covered by workers' comp
- Burden of proof is on the patient, not the physician



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## Terminology

- **Causation:** looks at the underlying cause of the injury/illness
  - Determines if it's **work related**, **not work related**, or **undetermined**
    - Exacerbation of a pre-existing condition → responsible to treat to baseline
- **Reportable:** An injury incurring loss of life or limb
  - needle sticks
- **Recordable:** An injury requiring more than **“First Aid”**
  - OSHA 300 log



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## OSHA Recordable Injury/Illness

- Any work-related case of significant or chronic illness/injury
  - i.e. fatalities, cancer, chronic irreversible diseases, fractures (bones or teeth), and punctured eardrums
- Any work-related injury/illness that results in:
  - loss of consciousness
  - days away from work
    - Note: the day of injury doesn't count
  - restricted work
  - transfer to another job
- Any work-related injury or illness requiring medical treatment beyond first aid
- Special recording criteria for work-related cases involving:
  - needles/ticks and sharps injuries (contaminated with animal or human tissue, fluids or pathogens)
  - reportable diseases (i.e. tuberculosis)
  - hearing loss



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## OSHA First Aid vs Medical Treatment

- Rules of First Aid:
  - **First Aid list is exclusive:** if not explicitly listed = First Aid
  - Injury/illness "work up" is not considered recordable
  - Once initiated, cannot reverse "medical treatment"
  - Qualifications/specialty of provider does not matter
- **Non-prescription medication @ non-prescription strength**
  - MT: non-prescription medication at rx strength
- **Wound coverings (i.e. Band-Aids, gauze, Steri-Strips)**
  - MT: wound closure (i.e. sutures, staples, skin glue)
- **Non-rigid means of support & bracing**
  - Temporary immobilization for transport is acceptable
    - i.e. splints, slings, C-collars
  - MT: devices with rigid stays designed to immobilize
- **Hot or cold therapy**
- **Messages**
  - MT: physical therapy or chiropractic treatment
- **Administering tetanus immunizations**
  - MT: other immunizations (i.e. Hep B or rabies)
- **Removing foreign bodies**
  - Eye: using only irrigation or a cotton swab
  - Elsewhere: "simple means"
    - irrigation, tweezers, cotton swabs
- **Other First Aid treatments:**
  - eye patches
  - cleaning, flushing or soaking wounds on the skin surface
  - draining fluid from a blister
  - finger guards, nail trephination
  - hydrating to relieve heat stress



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## Common Treatment Complaints

- **Work Restrictions** were not appropriate
- **Causality** was not addressed
- The claim didn't have to be **Recordable**



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## Thank you!

Questions?

Kevin Valvano, DO, CAQOM, CAQSM, FAOASM  
Garden State Sports Medicine  
Kevin.valvano@gssportsmed.com



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