



OCCUPATIONAL HEALTH BRIEFS

NEWSLETTER of the ACA's **COUNCIL on OCCUPATIONAL HEALTH**

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ACA COUNCIL on OCCUPATIONAL HEALTH 2007:

DAVID THORPE, DC, DACBOH
PRESIDENT
DRThorpe8@cs.com

FRED RASCHKE, DC
VICE PRESIDENT
difred@execpc.com

MIKE MEGEHEE, DC
ASST. VICE PRESIDENT
megehee@wtechlink.net

MARCUS VAUGHN, DC
SECRETARY
marcusvaughndc@yahoo.com

DANIEL DODD, DC
TREASURER

BRUCE HANSBROUGH, DC,
DACBOH
IMMEDIATE PAST PRESIDENT
bhansbro@bellsouth.net

ELIZABETH L. AUPPL
**EXECUTIVE ADVISOR to the
COUNCIL**
eauppl@charterinternet.com

ACACOH
930 Crestview Lane
Owatonna, MN 55060
(507) 455-1025
Editor: eauppl@charterinternet.com

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President, ACA Council
on Occupational Health

CALLING ALL COUNCIL MEMBERS!

DAVID THORPE, DC, DACBOH

David Thorpe, DC, DACBOH, practices in Fayetteville, NY. Dr. Thorpe also owns and operates WorkRite Safety serving employers throughout New York. (<http://www.workritesafety.com>).

"The Council that's on the Move!"

Picture this - Uncle Sam, pointing his index finger at you under which the caption reads "Uncle Sam Needs You". I'd like to convey the same message to you: we need you!

Importantly, our membership has doubled. New members are chiropractic students and DC's who have a new interest in this specialty. Joining the successful and seasoned generation of Council members, recent new membership lends for developing a cadre of innovative leaders for tomorrow. While many Diplomates in the American Board on Chiropractic Occupational Health (DACBOH) enjoy membership, what we do not see is 100% Council membership of all DACBOHs. (See *new education requirements*, pg. 5.)

You and I are committed to a common passion and to this specialty. (Many of you are long-time friends from my Diplomate class in Connecticut). Unfortunately, the friendship and professional bonds that unite seem to take a back seat to our busy practices and active lives. Leaders come and go. With each administration comes new ideas and change. A solid foundation has been laid by recent administrations of this Council. We are on the right course, meanwhile gaining considerable momentum, support and respect from the American Chiropractic Association (ACA). If you are reading this newsletter, you really need to be a current member of the ACACOH because our combined efforts, and your access to the info shared in this and other publications are important to the 'life-blood' of this profession, the Council and your practice! There's just no two ways about it! If you aren't plugged in, then you will be disconnected.

We are continually working with the powers-that-be at the ACA to further the chiropractic profession; this Council has a recognized voice in many issues effecting our profession. Media relations have been excellent with interviews and articles for national publications (*Inside OSHA, Wall Street Journal*), television network news stories and so forth. I was fortunate to have a "Letter to the Editor" accepted for review by the *Journal of the American Medical Association* (see pg. 4 of this newsletter). Efforts continue with the ACA regarding an endorsement program and toward a strategic alliance with the Occupational Health and Safety Administration (OSHA), and building networks with governmental agencies – this all surely makes us a heavy hitter for the chiropractic profession. It's important that we increase recognition by governmental agencies.

There is enough opportunity for this council that it takes more than the efforts, time and expertise of the Executive Committee (Officers) to get the work done. Literally, every member could be doing something. Many of you want to lead – and to do that, it is as simple as speaking up and saying so. We stand on the cusp of significant national

(next page)

(from pg. 1 – President’s Message)

recognition and involvement for the credibility we bring to our profession in matters as national health care for all, debunking threat from organized medicine including DPTs. What we do now will reap dividends to further solidify our position in mainstream health care. But work we must, and hard. To assume a passive role of no involvement in moving this Council forward, we might as well ‘settle’ – *settle for being cast off and forever considered as Alternative Health Care!* Passivity, as history tells us, produces a quick plummet to the depths.

Step up today – please contact me today to ask how you can help. The Council needs you. If you are reading this, consider yourself a friend of the Council; but do something active by joining today. Visit the web site at <http://www.acacoh.com> to learn more and to download a membership application.

I believe it was Dr. Joseph Sweere, our Father of this specialty, who said, “*the way to greater inclusion in the health care marketplace is through the consumer of the health care product.*” Doesn’t it just make sense that our Council of all Councils stands to best position the profession at the doorstep of the place where consumers are: our nation’s workplaces? Will you be passive – a disconnected ‘non-joiner’, or will you help to define our future?

Respectfully,
David Thorpe, DC, DACBOH
President, ACACOH

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Purchasing the first 3 sessions of the Diplomat distance learning program can give you the jump-start you need to get a foot inside industry.

NOMINATIONS FOR OFFICERS ~ SOLICITATION ~

The Nominations Committee of the ACA Council on Occupational Health welcomes nominations for Officers for 2007 - 2008.

Nominations must be postmarked no later than July 20, 2007. You may nominate others or yourself for an office. The candidate must submit his/her curriculum vitae along with the nomination.

Like a Council member, the nominee must be both an American Chiropractic Association (ACA) and ACA Council on Occupational Health (ACACOH) member in good standing.

**Please send nominations and materials to:
Bruce Hansbrough, DC, DACBOH
NOMINATIONS – ACACOH
870 S.W. Martin Downs Blvd., Ste. 1
Palm City, FL 34990**

COUNCIL WORKING WITH THE AMERICAN CHIROPRACTIC ASSOCIATION TOWARD OSHA ALLIANCE

While it is much too early to have anything finalized, the Council Executive Committee has been working with the ACA toward establishing a strategic alliance with the Occupational Health and Safety Administration (OSHA). The Committee thought members might like to understand why this is important for the Council, for members, and for the profession at large. Below you can read about the currently identified objectives of the Council and be able to detect why an alliance with OSHA would be in good interest for the Council and its members as well as the chiropractic profession at large. (Watch for details in future OHB newsletters and announcements as this unfolds.)

COUNCIL MISSION OBJECTIVES

The council works to provide support, and to position doctors of chiropractic who provide occupational services to America’s business and industry in an effort to promote and create a safe, healthy and productive working environment for our nation’s business owners and workforces.

Services our members may provide to industry and business include but are by no means limited to:

- The diagnosis, treatment and medical management of work related injuries;
- Prevention of work related injuries, in particular musculoskeletal disorders (MSDs), through the use and implementation of safe working practices and sound ergonomic interventions;

- Promotion of overall wellness for America's working people through defined interventions. Such interventions include but are not limited to:
 - Promoting a drug and alcohol free working environment.
 - Wellness benefits and programs specific to the needs of the workplace population/demographics;
- And education services for employers and employees of the significant benefits of a safety-focused and health-promotion working environment.

By working with the American Board of Chiropractic Occupational Health (ACBOH), the Council can provide postgraduate education for doctors of chiropractic through accredited institutions leading to Diplomate status the American Board of Chiropractic Occupational Health (DACBOH). For this, a total of 360 hours of education and a rigorous examination process must be accomplished by the individual doctor, with re-certification continuing education requirements (see pg. 5).

The Council works with and/or supports government agencies for the development of standards and policies for safety and health. Particularly, the Council has been directly involved with assisting the Federal Motor Carrier Safety Administration [FMCSA] in its efforts to develop an educational component for clinicians performing Dept. of Transportation (DOT) physical examinations, and in the development of its proposed National Registry of Certified Medical Examiners guidelines.

This Council will review products developed by the private sector, equipment and services relative to workplace safety and health.

In reading above, you can easily see that the ability for this Council and the American Chiropractic Association (ACA) to work with governmental agencies, serves to allow chiropractic influence decision making and policy setting by federal agencies for safety while at work. It also moves chiropractic one step closer to being considered mainstream health care.

Council members should contact [David Thorpe, DC, DACBOH](#) with comments about networking with governmental agencies on behalf of the chiropractic profession.

WELLNESS @ WORK AND SCHOOL - HEALTHY CONCESSIONS AT SCHOOL & WORK: Part 2

By Fred Rashcke, DC

This article focuses on school concessions; however, much can be applied to snack machines in break rooms, business events and refreshments during workshops.

Concessions at school events may leave you wishing you had eaten more before leaving home. Many school districts however are making significant improvements in the traditional fare that has been offered. Common items of old may have included – soda pop, popcorn, candy bars, potato chips, candy, pizza, and hot dogs. These foods contain much sugar, much fat and are nutritionally barren. Listed as follows are just a few of the healthier alternatives available. Some healthy choices will sell better than others. The goal is to make as much money as the

traditional concessions previously brought in while promoting healthy choices. You may ask local businesses and athletic boosters to sponsor a healthy concession stand to bring in additional revenue lost to higher costs of nutritionally-dense foods.

Here is a list of just some healthy foods that can be included in machines: *apples, oranges, carrots, celery, nuts, trail mixes, popcorn (low fat), fruit leather, water, 100% fruit juices, baked multi-grained chips, pretzels and string cheeses.*

While the following items/ideas will require a bit extra preparation time by parents and students, it would only be minimal time and will help our children understand the importance of a good, healthy diet. Consider these foods: *dips for fruits and vegetables, natural peanut butter, hummus, plain yogurt/honey/cinnamon, low-fat ranch dressing, smoothies made of plain yogurt, bananas, berries, ice, nut milk, and honey, burritos/tacos made with refried beans, a variety of vegetables and salsa, healthy home-made soups, vegetarian pizzas and salads.*

Additional notes – Try serving samples to promote new items. Have art students make and laminate posters to promote healthy choices. Make a list of supplies needed. Delegate jobs and list what is necessary for proper preparation. Consider featuring one healthier item like smoothies or burritos so that initial changes do not become overwhelmingly difficult. Brainstorm after events to make continual improvements to your concessions. Good luck and good eating.

If you have questions on how to become involved or would like to share your experiences, please contact me by email at drfred@execpc.com.

Watch for another article by Fred Raschke, DC, in the next OHB.

About the author: *this is the second in a series of articles addressing wellness in schools. Dr. Fred Raschke practices in Weyauwaga, WI. He is the Vice President of the ACACOH. He has completed 360 hours postgraduate education through Northwestern Health Sciences University (Bloomington, MN).*

OCCUPATIONAL HEALTH & SAFETY RESOURCES AVAILABLE TO ACACOH MEMBERS @ DISCOUNT PRICING *

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* Council members may take the same published discounts that IACOH members enjoy. Visit link to download a catalog.

(The following was submitted by Dr. David Thorpe, as a copy of the letter he submitted to the Journal of the American Medical Association.)



April 27, 2007

JAMA
515 N State St.
Chicago, IL 60610

To the Editor:

I read with great interest the commentary from Hadler et. al. entitled, "Back Pain in the Workplace." Although well written, the author's overly simplistic assertions do not accurately reflect what exists in today's workplace.

I'm quite concerned that the authors use a few broad strokes to paint the employee as always at fault when it comes to injuries in the workplace – but employee abuse within the workers' compensation system is only the tip of the iceberg. It's extremely important as health professionals that we point out the flaws in our health delivery systems and have at the ready possible solutions to begin building a win-win-win-win (employee-employer-carrier-provider) setting. We can't criticize single-handedly.

Having worked in occupational health for more than 21 years, it has been my experience that problems exist within all aspects of the workers' compensation system including the carrier, the company, the provider, as well as the injured worker. All parties must work together to resolve the situation. The authors incorrectly infer that only changes need be made that would impact the worker, and they neglect to look closely at the many other contributing problems within the system that may very well affect the claim.

In their commentary, the authors hint at the need for changes in the system, but unfortunately many of their recommendations are already in place. Each state already has its own laws relating to workers' compensation, and all states have enacted what are commonly known as second injury laws, which can help to limit companies and carriers exposure to pre-existing employee problems. Furthermore, most – if not all – states and carriers have respective laws and policies in effect that seek to limit insurance fraud. States and carriers are very aggressive – as they should be – in pursuing fraudulent claims.

There are many dynamics associated with injuries within the workplace, and while I agree that we must validate claims and work to eliminate those that are fraudulent, we must recognize that most claims are legitimate. Statistically speaking, a small percentage of the workforce will account for the vast majority of overall costs. These claims represent chronic conditions and severe injuries, along with the few embellishers and malingerers.

To combat the costs associated with chronic back pain, we must look at the types of health care we currently provide to injured workers. For both chronic and acute back pain chiropractic care is an effective and extremely cost-efficient treatment option. MGT of America, a national research firm, conducted a study that reviewed the current scientific literature on the cost-effectiveness of chiropractic care in workers' compensation in the state of Florida. The data revealed that substantial cost savings – as high as 60 percent, can be measured for health care and disability when chiropractic care is applied to low-back and other musculoskeletal injuries. Another study in Texas found that chiropractic's treatment costs were the lowest in the state's workers' compensation system. Additionally, studies show that chiropractic care results in reduced lost-work-time and fewer long-term disabilities.

Doctors of chiropractic have broad diagnostic skills and are also trained to recommend therapeutic and rehabilitative exercises, as well as to provide nutritional, dietary and lifestyle counseling. Research points to exercise as one of the best methods to manage a back injury, and studies have shown exercise to be effective in reducing the prevalence of back injuries within the workplace.

As a provider who specializes in the treatment of musculoskeletal injuries, I'm also concerned that the authors mistakenly equate degenerative back pain to back injuries, and then imply that back pain is similar in effect to the occurrence of the common cold – that while both can occur in the workplace, neither should be considered work

related and both are nothing more than “an intermittent and remittent predicament in lifeⁱ.”

One might infer that back pain is simply a “predicament in life” because the vast majority of Americans will at some time be affected; however, by comparison, back pain is a less pervasive problem in other industrialized nations. For example, one study found the workers’ compensation claim rate to be 60 times higher in Washington state than in Japanⁱⁱ. Furthermore, if back pain were simply one of life’s predicaments, we’d expect to see a similar prevalence in both industrialized nations and developing nations – but in developing nations, back pain is essentially non-existentⁱⁱⁱ.

In addition to its prevalence, back pain is also a recurrent problem – often affecting the same individual many times throughout their lifetime. The fact that back pain is recurrent further suggests that it is the result of cumulative trauma and not simply a predicament in life. The literature exemplifies that there are numerous correlating factors related to the prevalence of back pain within any particular demographic including fitness level, diet, static vs. dynamic postural relationships, and repetitiveness, just to name a few.

There are also a number of factors that contribute to the incidence of back injuries within any one particular company or workforce. They include working conditions (safety/ergonomics) and the nature of the work being performed, predisposing factors within the worker himself, employee-manager relationships and many more^{iv}.

In their commentary, the authors have failed either to be objective with their analysis or they possibly lack experience working with patients who suffer from both acute and chronic back pain and injuries. The authors also neglected to look at the diversity associated with the problem, and ignored the views of well-respected organizations and governmental agencies that have drawn contrary conclusions to those voiced in this article.

Respectfully submitted,
David A. Thorpe, DC DACBOH
President, Council on Occupational Health
American Chiropractic Association

ⁱ Frost et al; “Randomized controlled trial for evaluation of fitness programme for patients with chronic low back pain.” BMJ 1995; 310: 151-154; January.

ⁱⁱ Volinn et al; “Back Pain Claim Rates in Japan and the United States: Framing the puzzle.” Spine, Vol. 30, 697-704; 2005.

ⁱⁱⁱ Volinn, Ernst PhD; “The epidemiology of Low Back Pain in the Rest of the World: A Review of Surveys in Low-and Middle Income Countries.” Spine 22(15) 1747-1754, August 1, 1997.

^{iv} www.enhs.unm.edu/2004injuryprevent/back/backinjury.

NOTICE: TO ALL DIPLOMATES OF OCCUPATIONAL HEALTH

The American Chiropractic Board of Occupational Health approved by unanimous vote that in order for a Diplomat in the American Chiropractic Board of Occupational Health (DACBOH) to maintain Diplomat status, a minimum of 12 hours of approved continuing education in occupational health must be completed by the doctor every two (2) years.

Additionally, DACBOHs must attend one (1) approved and sponsored* occupational health conference every four (4) years.

Hence, in order to keep your Diplomat status current you be required to complete and submit evidence in print of [12 hours of occupational health continuing education](#) by 12/31/08 and attend one (approved and sponsored) conference by 12/31/10.

Specific details for submitting continuing education documentation and re-credentialing fees will be mailed under separate cover to all DACBOH's within the next several weeks. Please watch for this to arrive.



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Session 2: Learn How to Promote Services with an Emphasis on Industrial Relations Discover what it takes to create profitable relationships with business and corporate employers. Real-world examples and proven techniques will be explored. **Scott Bautch, DC, DACBOH**

Session 3: DOT Drug Testing and Alcohol Screening Certification and DOT Physical Exams. You will become certified for official recognition to perform U.S. Department of Transportation screenings for your industrial clients and the general public. Discover how quickly and easily you and your staff can add this service to your practice and how by providing one of these services opens the doors for providing a host of services to industrial clients. **Elizabeth L. Auppl, CDSP/T, CASP/T; and Joseph J. Sweere, DC, DABCO, DACBOH, FICC**

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*** To order the complete Phase 1 package – contact Diana Berg or Jennifer Bell at 952-888-4777 ext 249. Diana or Jennifer can give you the details as well as the pricing for the package.**

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