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A Lexington Medical Center Physician Practice

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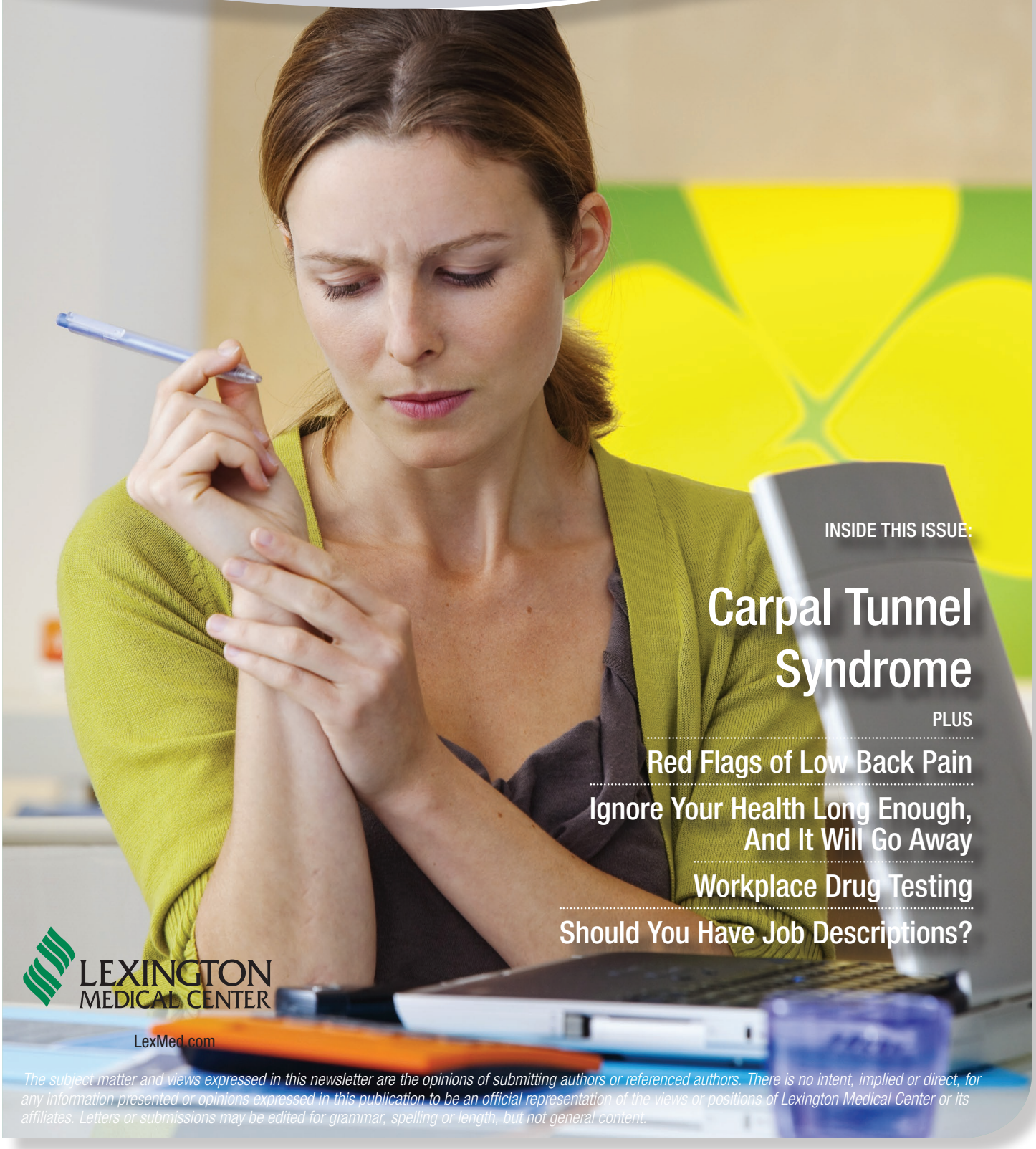
A HEALTH AND SAFETY INFORMATION PUBLICATION



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Carpal Tunnel Syndrome

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Carpal Tunnel Syndrome

By Lou Ann Hudspith, OTR/L, CHT

Carpal tunnel syndrome is a common source of hand pain and numbness. It is more common in women than men (3:1), with the highest incidence occurring between the ages of 40 to 60 years. Conditions associated with carpal tunnel syndrome include rheumatoid arthritis, thyroid imbalance, diabetes mellitus, hormonal changes associated with pregnancy and menopause, acute trauma to the wrist, tenosynovitis, and/or repetitive motion of the hand and wrist. Occupational risk factors include repetitive wrist flexion and extension, as well as prolonged exposure to vibratory equipment and cold or wet working conditions.

Carpal tunnel syndrome is caused by compression, adhesion or traction of the median nerve at the wrist or palm level. The most common symptoms include numbness and tingling with pain in the hand or fingers, an electric-shock feeling in the thumb, index, and long fingers, and other strange or burning sensations that travel up the arm toward the elbow and shoulder.

As carpal tunnel syndrome advances, marked hand weakness and decreased fine motor/manipulative finger skills may occur. Symptoms may appear at any time, but because many people sleep with their wrists curled and bent, the symptoms often increase at night. During the day, symptoms usually occur when holding an object, writing or driving. Often, moving or shaking the hands may temporarily relieve the symptoms. Symptoms may come and go sporadically, but over time, they usually become constant. A feeling similar to clumsiness or awkwardness can make daily tasks, such as buttoning a shirt or tying shoes, difficult and time consuming. It may even lead to dropping items such as a fork, cup or other utensil. In chronic cases, the musculature at the base of the thumb may begin to waste away and appear flattened.

Early diagnosis and treatment are important to avoid permanent damage to the median nerve function. A physical exam of the hand, wrist, elbow, shoulder and neck can help determine specific etiology, and it can help rule out other conditions that may mimic carpal tunnel syndrome. There are specific tests used by health care professionals to try to produce or provoke the symptoms of carpal tunnel syndrome, but it is often necessary to confirm the diagnosis through electrodiagnositic tests or nerve conduction studies.

Treatment for carpal tunnel syndrome should begin as early as possible. Initial treatment usually begins with resting the affected hand and wrist, as well as trying to avoid the activities and positions that exacerbate the symptoms. It is also effective to splint the wrist in a neutral position at night during sleep to fully rest the mechanical or positional pressure on the median nerve. All measures are aimed to avoid further damage from excessive twisting or bending the wrist.

The physician may also prescribe medications to try to reduce inflammation or relieve pain, or recommend a steroid injection at the

Carpal tunnel syndrome is caused by compression, adhesion, or traction of the median nerve at the wrist or palm level.

wrist level. Exercises, stretching and strengthening can be helpful once the initial symptoms have calmed down. These movements strengthen the fingers and wrists, and reduce the pressure on the median nerve through tendon gliding and nerve gliding maneuvers. (See exercises outlined in this article.)

If conservative or non-surgical measures do not provide relief, carpal tunnel surgery may be considered. Carpal tunnel release is one of the most common surgical procedures in the United States today. It is generally recommended if symptoms persist six months or longer without significant improvement or continued increase in severity of symptoms. In the most severe or advanced cases, surgery may be considered sooner to prevent irreversible damage to the median nerve. This approach is used because conservative measures are unlikely to help. Most patients' symptoms improve after surgery, but the recovery may be gradual, taking two to three months to regain full grip and pinch strength. Complete recovery may take up to a year; however, most individuals do recover completely.

References:

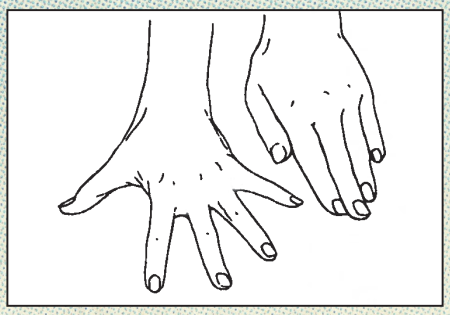
American Academy of Orthopaedic Surgeons

American Society of Hand Therapists

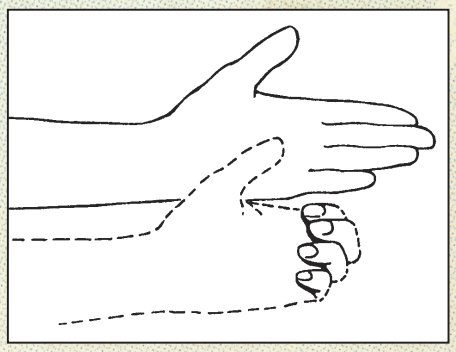
National Institute of Neurological Disorders and Stroke – National Institute of Health

Exercises

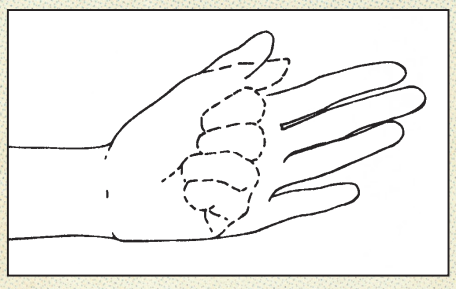
These exercises are intended to help prevent carpal tunnel syndrome and promote hand health. Remember, a quick 5-minute warm-up before starting work activities can help prevent injury. Check with your physician before starting any type of exercise program. These exercises are not recommended for individuals with severe carpal tunnel syndrome. Repeat each exercise 10 times, 1–2 times a day.



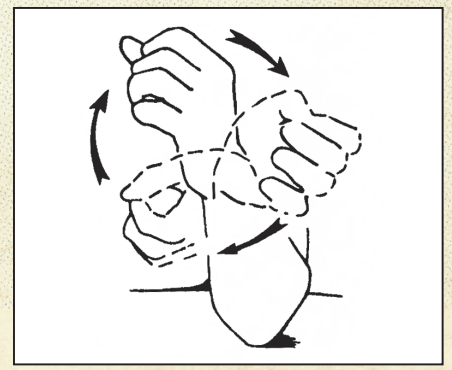
With your hand held flat on a table, spread all fingers apart, then bring them back together as close as possible.



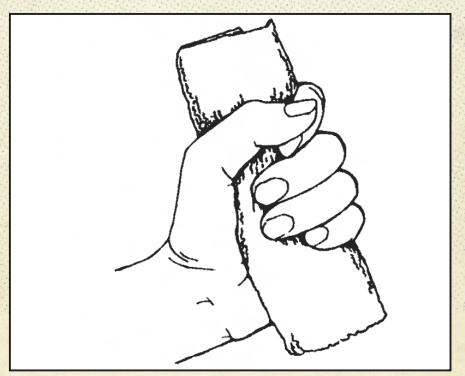
With fingers and knuckles straight, bend middle and tip joints. Do not bend large knuckles.



Straighten all fingers completely, then make a fist, bending all joints.



With fingers curled, move your wrist slowly in clockwise circles. Repeat with counter clockwise circles. DO NOT move your elbow or shoulder.



Squeeze a washcloth roll. Hold for 5 seconds and relax for 5 seconds.

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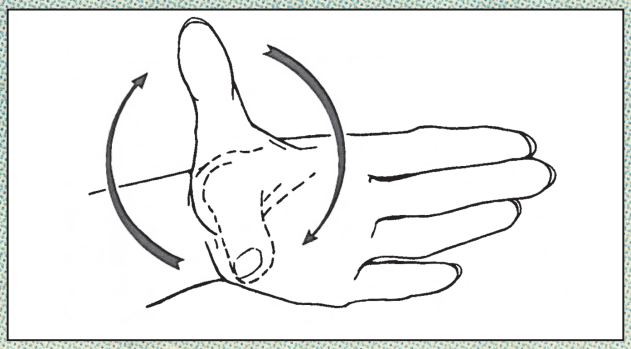
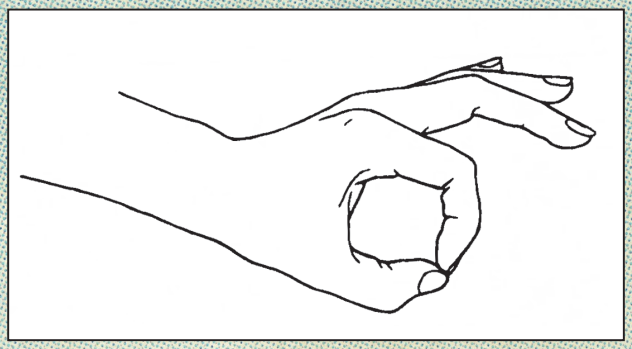
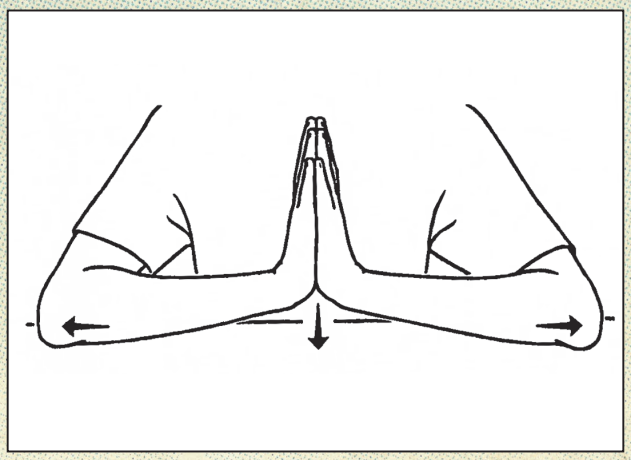


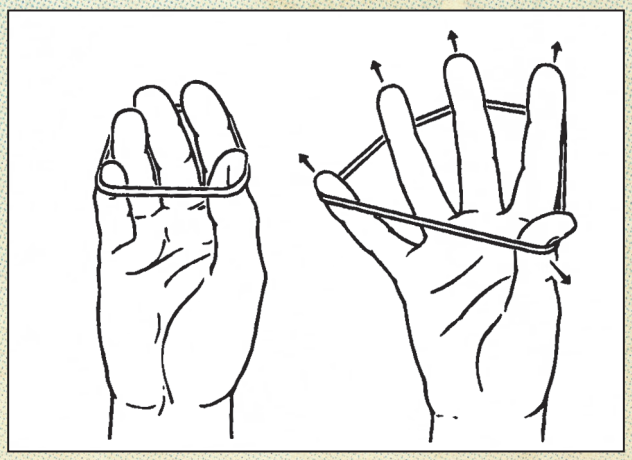
Make circles with thumb. Repeat both directions.



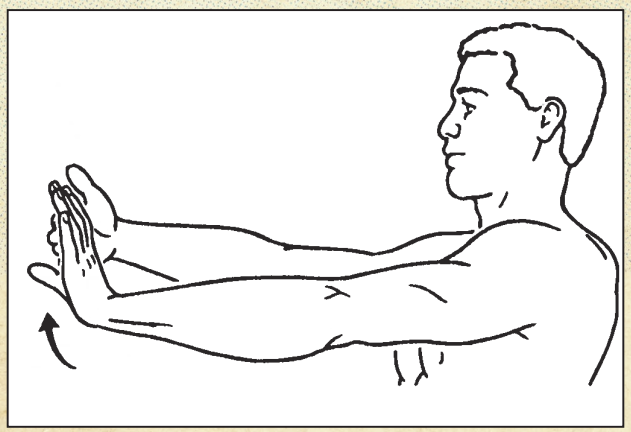
Touch thumb tip to each fingertip (one at a time), making an "O" shape.



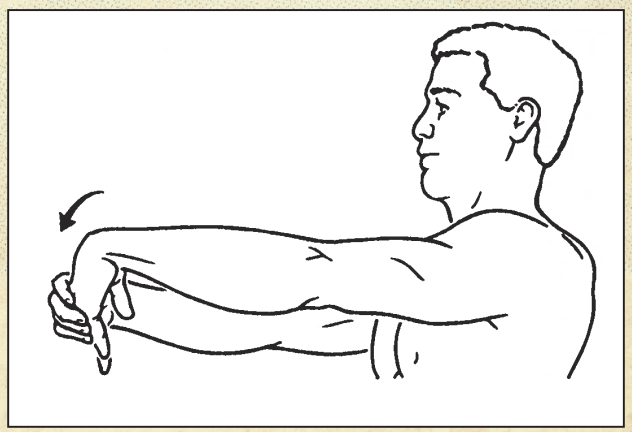
Sitting with elbows pointing outward and palms together, slowly lower your wrists downward until you feel a stretch. Keep your palms together throughout the stretch. Hold for 5 seconds. Relax.



With a rubber band placed around your thumb and fingertips, and your hand slightly cupped, gently spread your thumb and fingers apart.



Keeping your elbow straight, grasp your hand and slowly bend the wrist back until you feel a stretch. Hold the stretch for 5 seconds. Relax.



Keeping your elbow straight, grasp your hand and slowly bend wrist forward until you feel a stretch. Hold the stretch for 5 seconds. Relax.

Red Flags of Low Back Pain

By Dana Rawl, MD, MPH

Low back pain is a very common malady. It's been reported that 70–80 percent of all people will have an episode of acute low back pain for any reason during their life time, but only 15–20 percent of those will seek medical attention. Low back pain is the most common cause of work-related disability in workers younger than 45 years old. Low back pain contributes to 10 percent of all workers' compensation claims, generating 30 percent of all workers' compensation costs.

The etiology for 97 percent of all low back pain can be attributed to "mechanical" low back pain with 70 percent of cases being nonspecific. The rest is related to degenerative disc disease, herniated discs, spinal stenosis, spondylolisthesis (vertebra slippage) or traumatic fracture. "Visceral" disease accounts for 2 percent of low back pain and includes causes from intestinal, renal or vascular disease. One percent of low back pain is related to "non-mechanical" disease such as cancers, infections or inflammatory arthritis.

Statistically speaking, low back pain is essentially a normal life occurrence. Most people will suffer from low back pain at some point in their life. The good news is that the vast majority of low back pain will be self-limited and will resolve completely. Approximately 60 percent of low back pain will resolve within four weeks of onset while 90 percent will resolve in three to six months with conservative management. The catch is to identify those patients with serious causes for their low back pain.

Current evidence-based guidelines regarding treatment for low back pain recommend conservative management to include nonsteroidal anti-inflammatory medication, muscle relaxers, stretching and exercises, and gradual increase in normal physical activities. Imaging studies such as X-rays, CT scans and MRIs are not routinely recommended unless the patient presents or develops significant signs or symptoms, or has a history of a high-risk injury or illness.

The role of the provider is to educate and reassure the patient that his or her low back pain can be managed conservatively with no need for aggressive imaging or invasive treatment and to identify those who may have a significant urgent or emergent condition causing their low back pain. Recognizing the "red flags" of low back pain is key to prompt evaluation, appropriate referral and treatment of a serious condition that manifests as low back pain.

History of the injury or conditions associated with the low back pain complaint can be indicators of a red flag. For example, a young person who sustains a significant trauma, such as a high fall or high-speed motor vehicle accident, or an older individual with osteoporosis who sustains a minor fall may raise suspicion for a vertebral fracture. A low back pain patient with a history of a cancer, significant weight loss, or worse pain at night or at rest may have a metastatic bone process causing point tenderness over the spine. Spinal infection is an emergent condition that can present as low back pain in a patient with fevers and chills or a history of tuberculosis or IV drug abuse. As such, X-ray, CT scan or MRI imaging, or blood work may be reasonable for initial evaluation and subsequent referral as necessary.

A patient who develops major progressive motor or sensory deficits, including loss of sensation in the perineum, would be a red flag that should prompt the provider to perform a careful examination and request further evaluation through advanced imaging studies. Certainly a patient with low back pain who has loss of bladder/bowel control or urinary retention would alert the provider to a potentially emergent medical condition called cauda equina, and he or she would be evaluated with an MRI and by a specialist for treatment.

In summary, the overwhelming majority of low back pain seen in an occupational medicine practice will be mechanical low back pain, and will improve with time and conservative management. Most of these patients will not require any imaging studies for evaluation unless there are signs or symptoms indicating a more serious condition. The provider should suspect serious conditions manifesting as low back pain through a good history and physical exam, and guide the patient's evaluation and treatment accordingly.

Nurse Practitioner Pearls

A Motivating Thought: Ignore Your Health Long Enough, And It Will Go Away

By Carol Upton, NP

A long life's journey, most of us have picked up at least one or more bad habits. Do any of these bad habits sound familiar: skipping meals; eating large portions; drinking too many liquid calories; eating too much "white stuff, such as potatoes, rice, noodles, bread, pasta and sugar; not exercising enough, eating late at night; and not eating enough fruit and vegetables? Many people have no nutrition plan and eat on the run. Fast food restaurants and processed foods are too easily available, tempting us and making it easier to make unhealthy choices. No one is perfect all the time; however, even making a few healthy changes is worth the effort.

Weight Loss Tips

1. **A pound of fat equals about 3,500 calories.** Generally, to lose weight, it is recommended that you decrease your intake by 500 calories a day through a combination of eating fewer calories and increasing activity. To lose one pound of fat a week, you have to burn an extra 3,500 calories (500 fewer calories a day). Another way to calculate the number of daily calories for weight loss is to cut back your daily intake to 7 calories per pound of your current body weight. For example, a 200-lb person would consume about 1,400 calories a day until he or she loses the desired amount weight; however, no one should eat less than 1,200 calories per day.
2. **Clear your house of tempting, unhealthy foods!** Be sure to eat breakfast and don't skip meals. Research shows that breakfast skippers tend to eat more calories during the day compared to those who eat breakfast. Stay well hydrated by drinking a lot of water and other sugar-free drinks. Avoid drinking sugary fruit beverages, sodas, whole milk, sports or energy drinks and milkshakes.
3. **Plan what to eat a week at a time.** To simplify things, try eating the same thing every day for breakfast and lunch. Then, change your menu next week. Take a cooler with healthy meals and snacks to work along with plenty of water. Keep healthy snacks, such as fruit, nuts, veggies, low-fat and low-sugar dairy (e.g., yogurt or string cheese), available at home. Avoid vending machines and limit fast food. Avoid eating at least two to three hours before bed. Those calories go to your belly!
4. **Decrease starches and sodium (salt) in your diet.** More than 70 percent of sodium in the typical American diet comes from processed or fast foods, such as bread and biscuits, cookies, crackers, chips, pizzas, frozen dinners, hamburgers and French fries. By cutting down on starches and sodium, you can reduce fluid retention, which can result in 5 lb of weight loss.
5. **When eating out, make healthier choices.** Instead of bacon, cheese, mayonnaise-laden potato salad and

pasta salad, use a lot of colorful veggies, fruit, nuts and seeds. Add a lean, grilled or baked protein, or use beans on a salad. Use an oil and vinegar dressing on the side. Dip your salad into the dressing rather than pouring it over your food. If you order less healthy options or large portions, eat half and save the rest for another meal. Another option is to order an appetizer as your entrée. Choose to eat healthier by filling half your plate with fruit and veggies, and the other half with lean protein and whole grains (e.g., brown rice).

6. As far as exercise, it is common to hear people say that they exercise enough at their jobs; however, "job" exercise is usually a stop-and-go activity that does not burn fat or result in a stronger heart. **Losing weight requires close to an hour a day of moderate exercise.** Aerobic cardio (e.g., walking, swimming, biking) burns the most calories, and it is ideal for faster weight loss. In addition, a few hours a week of strength training with weights can help build muscle. And muscle burns more calories than fat! Start slowly. Warm up at the beginning and cool down at the end.
7. **If you are unable to regularly exercise, don't discount the little things because they can add up.** For example, take the stairs instead of an elevator. Park at the far end of the parking lot. Walk down the hall instead of sending an email. Walk laps around a school track, parking lot or mall. Just six, five-minute walks a day can add up to about 100 calories, which can lead to 10 lb of weight loss in a year. Use a pedometer or phone app to keep track of your daily number of steps. Gradually work up to at least 10,000 steps a day. Purchase a "bad-weather" alternative for your home, such as a treadmill or bike. Ditch the golf cart and walk. Start a group with friends for walking, basketball, biking or your favorite activity.

Remember… eating and exercising are not separate issues. They are integrally connected. Weight loss is about creating a calorie deficit by burning more calories than you take in.

Workplace Drug Testing and the Medical Review Officer

By Stacey Gallaway, MD. MPH

Workplace drug testing is an important tool that employers can utilize in keeping their workplaces safe and productive. The 1980s war on drugs was the starting point for the introduction of drug testing in the workplace. In 1986, Congress passed the Federal Drug Free Workplace Act requiring that all federal employees refrain from illegal drug use both on and off duty. Two years later, the Department of Transportation finalized its rule, 49 CFR Part 40, which was modeled after the Mandatory Guidelines for Federal Workplace Drug Testing Programs and expanded upon to meet the needs of the transportation industry.

Workplace drug testing has since made its way to the private sector where employers have followed the lead of the federal government and DOT, and have established their own drug-free workplace policies. Currently, 85 percent of workplace drug tests performed by employers are non-DOT (forensic) drug tests; nevertheless, employers who conduct non-DOT drug tests often choose to follow many of the DOT procedures because they are considered to be the gold standard and legally defensible.

The Mandatory Guidelines for Federal Workplace Drug Testing Programs and DOT regulations require the use of a medical review officer to interpret the drug screen result. A medical review officer (MRO) is a licensed physician who is responsible for receiving and reviewing laboratory results generated by an employer's drug screening program. An MRO acts as an impartial advocate for the accuracy and integrity of the drug screening process, provides quality assurance and seeks legitimate medical explanations for laboratory-confirmed positive, adulterated, substituted and invalid drug tests. Federal regulations require MRO training and certification by a nationally recognized MRO certification board along with continuing education courses and re-certification every five years.

MRO review of chain of custody forms and laboratory results is an essential component of any drug testing program. Chain of custody form review is a quality assurance measure that helps to verify that both the donor and employer are getting a fair and properly documented drug test collection. The chain of custody paperwork and procedures start with the donor and collector at the collection site, and continues as the specimen is transported to the laboratory. The lab scientist reviews the chain of custody and condition of the specimen again before processing the specimen. Some chain of custody and collection flaws identified by the MRO or lab scientist can be corrected while others require that the test be cancelled.

The laboratory sends results to the MRO for review after processing the specimen. MRO review of the lab result is vital in determining whether there is a legitimate alternative explanation for the result. The MRO review protects the donor from being falsely accused of drug use and protects the privacy of the donor's medical information. A positive laboratory test result does not automatically identify an employee or job applicant as an illicit drug user, nor does a laboratory result of dilute or invalid automatically identify specimen tampering. The MRO's detailed knowledge of possible alternative medical explanations and ability to interview the donor in a confidential manner protects the employer from misinterpreting the lab result and possibly violating the American with Disabilities Act by inadvertently eliciting confidential medical information by viewing the employee's lab report. After MRO review, the employer can confidently take employment action on the final result.

The final results reported to the company's designated employer representative (DER), the individual responsible for receiving the results from the MRO, may include:

- **Negative:** test did not detect drugs or metabolites above the screening cutoff value or the donor had a verified prescription medication for the drugs or metabolites present.
- **Negative/dilute:** test did not detect drugs or metabolites above the screening cutoff value and the urine sample was dilute, which can occur when a donor drinks a lot of water prior to taking the test or takes a diuretic medication. A dilute specimen is not proof that the donor has tried to subvert the test; however, consuming large amounts of fluid prior to the test could dilute the urine enough to cause a drug or metabolite present in the urine to lack sufficient concentration to reach the cutoff value for a positive test. Employers should decide what

action to take on dilute tests and include it in their policy. The federal regulations do not authorize any disciplinary action for a dilute result other than retesting the donor. Under the DOT regulation, an employer may conduct a one-time, non-observed retest when the urine creatinine is greater than 5 mg/dL. When the creatinine is between 2–5 mg/dL, federal regulation requires the MRO to direct the employer to conduct an immediate retest under direct observation.

- **Positive/dilute:** result is simply treated as a positive test. A retest is not necessary.
- **Refusal to Test:** refusal to test occurs when the donor refuses to cooperate with the collection process or leaves the collection site after the process has begun. In addition, substituted or adulterated results from the lab indicate that specimen tampering has occurred. The donor is interviewed and allowed to discuss possible alternate medical explanations with the MRO; however, no medical condition has been identified that would cause a specimen to meet the substituted or adulterated criteria. The MRO reports the laboratory-confirmed substituted or adulterated result to the employer as a refusal to test. Most employers' policies treat a refusal to test the same as a positive test.
- **Cancelled Test:** cancelled tests are neither negative nor positive. There are multiple reasons that an MRO may have to cancel a test. When the MRO reports a cancelled test, there may also be a comment in the remarks section if additional action by the employer is recommended, such as "retest under direct observation." Situations that cause a test to be cancelled include:
  - ~ shy bladder when the donor has a legitimate medical explanation.
  - ~ the MRO or lab scientist has identified a fatal chain of custody flaw.
  - ~ the lab reports an invalid result and the donor has no legitimate medical explanation.
  - ~ a split specimen sample fails to reconfirm.
- **Comment in the Remarks Section Regarding Possible Safety Risk:** MRO interview with the donor reveals a medical diagnosis that could pose a safety risk for work in safety-sensitive positions and/or the use of prescription medication with potential for impairing side effects. The MRO will note safety concerns in the remarks section of the chain of custody form that he or she returns to the employer. Remarks about a possible safety risk do not imply that the donor is currently impaired or unfit for duty; however, it gives the employer the option to have the employee's fitness-for-duty evaluated should that employee work in a safety-sensitive position. Specific medical diagnoses will not be listed on the MRO's final result to the employer in order to protect the donor's confidential medical information.

The MROs at Lexington Medical Center Occupational Health understand the complexities of workplace drug testing and the importance of clearly communicating the results to the employer.

The MROs at Lexington Medical Center Occupational Health understand the complexities of workplace drug testing and the importance of clearly communicating the results to the employer. We are available to speak with you in person to answer your drug screening questions or you may submit suggestions for topics related to workplace drug testing to sagallaway@lexhealth.org for future MRO articles in *Working Well*. Your name and place of business will, of course, remain confidential. As always, Lexington Medical Center Occupational Health is here to assist you and your company in working well.

Should You Have Job Descriptions? (Hint: Yes)

Article republished with permission from Fisher & Phillips, LLP, Attorneys at Law; Labor Letter (No. 6, June 2015)

By D. Albert Brannen

No state or federal law "requires" job descriptions. But job descriptions can be helpful tools for both practical and legal reasons. Here are some of the most important.

As a Useful Communication Tool

Aside from any legal reasons to have job descriptions, practical reasons weigh strongly in favor of having them. For example, job descriptions can be useful communication tools to tell employees exactly what tasks you expect them to perform. Job descriptions may also address quality or quantity of performance standards, or even work rules that apply to a particular job. Without such clear communications, employees may not perform to your expectations.

To Help Identify the Right Employees for a Job

Job descriptions can help identify particular skills or abilities that are necessary for a position or the environmental pressures that apply to the position. A good job description tells the applicant what the position may involve or require. After reading the job description, some applicants may decide that they are not a good fit for the position or are not interested in it. If an applicant withdraws his or her application, then a prospective employer cannot be held liable for any "adverse action" under any applicable laws.

Job Descriptions Can Help in the Interactive Process

Some state or federal laws require reasonable accommodations for qualified individuals with disabilities. Job descriptions can help with the interactive process that such laws require. A job description serves as a starting point for what the employer believes to be the essential job duties. The applicant or employee then must identify which of the listed duties he or she cannot perform.

Once those duties are identified, the employer and individual with a disability can begin an interactive dialogue about what accommodations may help the individual to perform those duties without being an undue hardship on the employer or without creating a direct threat to the individual or others. A job description can also be helpful in soliciting the advice of professionals such as physicians, chiropractors, counselors or rehabilitation therapists about whether the individual can actually perform a particular job.

To Describe Legitimate Minimum Qualifications

If a job requires a particular certification, such as a Commercial Drivers License, a particular degree or professional designation, list it in a job description. Similarly, if a negative drug test is required before starting or continuing work, it should be stated in the job description.

Other objective, minimum qualifications can be listed as well, including such basics as the need for good attendance and the ability to work well with others. Then, if a person seeks a position and does not possess the required certification or qualifications, you have a legitimate, nondiscriminatory reason for not placing the person in the job.

To Help Justify an Employee's Exempt Status

Job descriptions will not, by themselves, determine whether a person should be exempt or nonexempt under applicable wage and hours laws. A job description must first accurately reflect the duties of a particular position. In addition, other

elements of the applicable exemptions must also be present with respect to each individual worker to qualify as exempt.

But if you claim a person is exempt from minimum wage, timekeeping and overtime requirements under the "executive" exemption to the Fair Labor Standards Act, the job description should state that the employee manages a "recognized department or subdivision" of the company and regularly supervises at least two or more full-time equivalent employees every week. Other managerial duties should also be referenced in the job description.

Similarly, for those employees who you are attempting to qualify as exempt under the "administrative" exemption, the job description should state that the employee "regularly exercises independent judgment and discretion about matters of significance" or words to that effect. Again, describing duties that involve independent judgment and discretion, such as "negotiates" or "decides," would also be helpful.

Conclusion

This brief article outlines only a few of the legal and practical reasons that employers should have job descriptions. If you do not have accurate and up-to-date job descriptions in place for all of your employees, you should get them as soon as practical.

For more information, contact the author at DABrannen@laborlawyers.com or (404) 231-1400.

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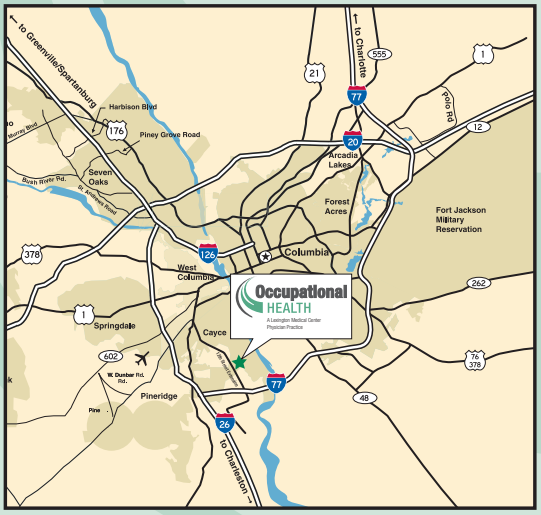

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