

Implications of an Aging Workforce

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The Effects of Aging



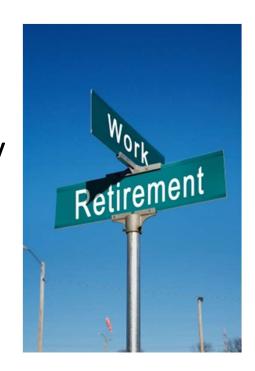






Objectives today

- Review aging worker trends
- Better understand the effects of aging on the body
- Discuss the implications of age on injury & recovery
- Identify solutions for mitigating the workers' compensation spend in the aging workforce population







Trends: Aging Workers Are Not Retiring



- Federal legislation rescinding mandatory retirement (1967);
- Anti-age discrimination laws
- Economic factors
 - Need for supplemental insurance
 - Need income/poor retirement planning
- Choose to work: stimulation
- Living longer...decline in mortality rate... better health





Statistics

- 76 million baby boomers (Born 1946 1964)
- Current ages: 58 76
- 15% of population are boomers
- They represent 24% of U.S. workforce²
- Not enough younger workers to replace them¹
- 13 million workers over age 65²

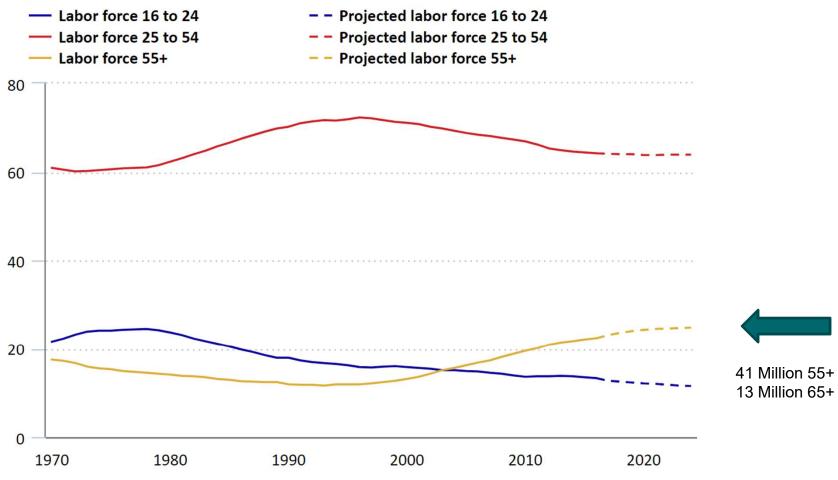
- 1. An Aging Workforce's Effect On U.S. Employers, Scott Reeves, Forbes.com, 09.29.05
- 2. Bureau of Labor Statistics (2019).







Chart 1. U.S. labor force shares by age, 1970 to 2014 and projected 2014–24 (percent)

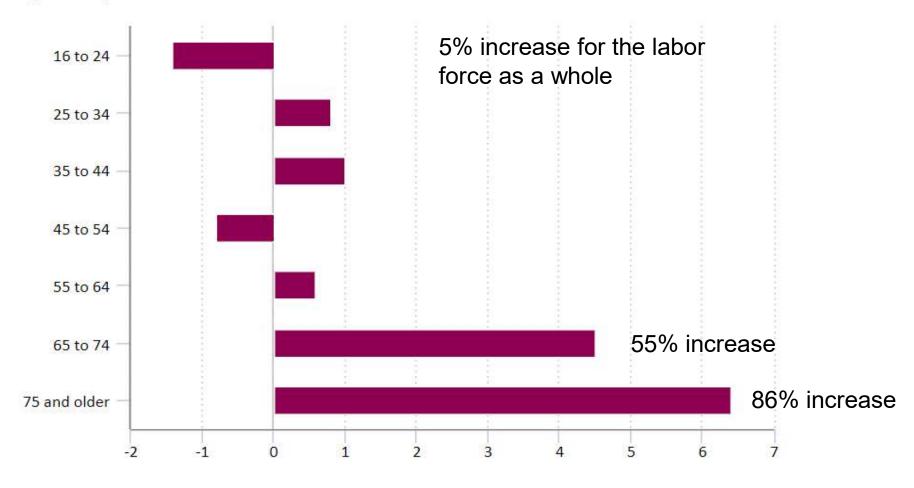


Click legend items to change data display. Hover over chart to view data. Source: U.S. Bureau of Labor Statistics.





Chart 2. Annual growth rate in labor force by age, projected 2014–24 (percent)



Hover over chart to view data. Source: U.S. Bureau of Labor Statistics.







Work related injuries

< 50-year-olds

- Higher frequency
- Lower severity
- Short duration
- More common to have "incidents"



Over 50

- Lower frequency WC/STD
- HIGHER severity
- Longer durations
 - Time missed per illness/injury is greater by 33%
- Higher % RTW with restrictions



WC Costs

- The 45-55 y.o. claimant's average claim cost is <u>52%</u> <u>higher</u> than the 25-35 y.o.
 - AGE is the most critical factor in determining length of disability
 - Most common injuries are rotator cuff, knee injuries and low back

Reference source: The Leader Journal, VI 2, Issue 1, Winter 2015



Is It Work Related?

- Degenerative Changes
 - Primary reason X-Ray is ordered may be to help document agerelated DJD, DDD
 - Address Causation of Injury from start
 - Pre-Existing condition?







WC Costs and Chronic Disease

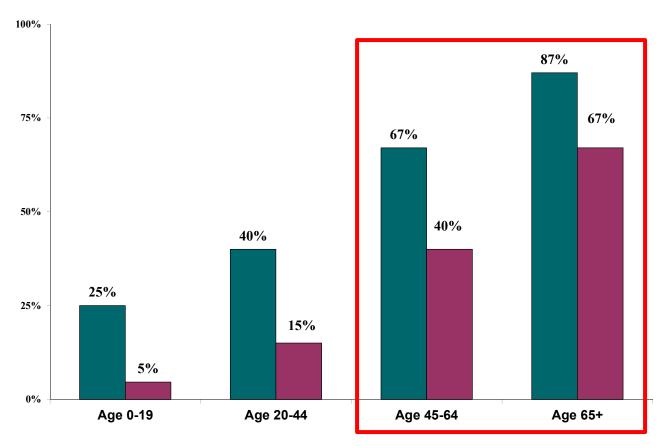


- Those with a chronic disease (HTN, DM) and/or are obese are:
 - 2 times more likely to have a WR injury
 - 5 times more likely to NOT to RTW





Percent of population with chronic conditions by age group



■ One chronic condition

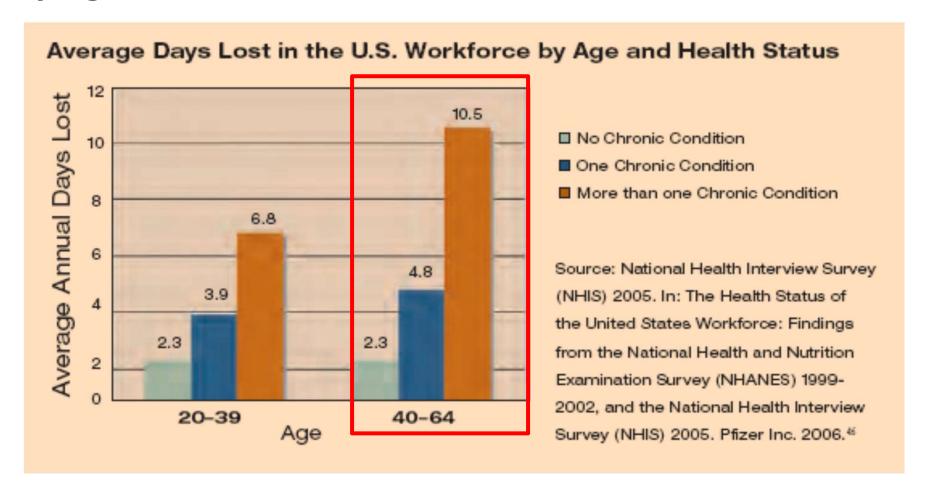
■ Two or more chronic conditions

Source: Medical Expenditure Panel Survey, 2001, Johns Hopkins University, Partnership for Solutions





Lost time & productivity: by age & # of chronic conditions





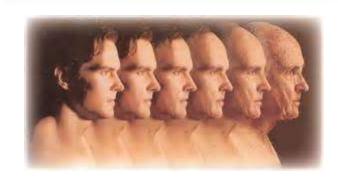


The Bad News





As we age.....(the bad news)



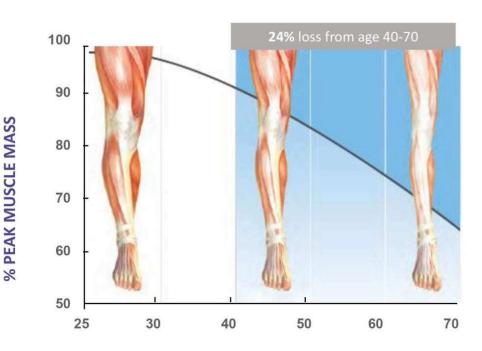
- Musculoskeletal
 - Arthritis of joints (stiffness/ROM)
 - Atrophy of muscle (strength)
 - Decreased flexibility
 - Agility/Balance
 - Deconditioning/fatigue
 - Decreased reflexes (neurological)
 - Grip strength

- Systems
 - Hearing
 - Visual
 - Cardiovascular
 - Endocrine (Diabetes)
 - Depression
 - Immunity
 - Mental Processing
 - Chronic Conditions



Muscle Changes with Age

- Decreased muscle mass
- Decreased force (strength) capabilities of our muscles
- Slower to respond to an action (neurological)
- Fatigue faster

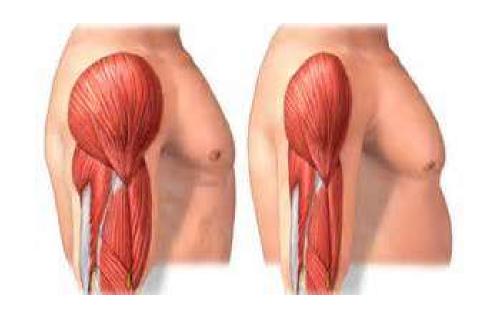






Loss of Motor Control- Strength

- 10-25% decline in strength by age 65
- POWER muscle groups (quads, deltoids, etc.) decline the fastest
- Affects Balance & Proprioception



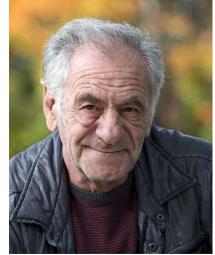




Loss of Fluids/Water Content with Age



- Water content of tendons (muscles bone) decreases
 - tissues therefore stiffer and less able to tolerate stress
- Water content of cartilage decreases cushion between bone
 - more susceptible to stress
 - degeneration of cartilage = arthritis
- Ligaments (bone bone)
 - become less elastic decreased flexibility
- Discs in spine







Loss of Flexibility



- Decreased joint and muscle flexibility and mobility
- Lose 25% of flexibility by age 65
- Loss of flexibility is associated with increased incidence of falls and sprain/strains



Decreased Postural Steadiness



- Decreased balance
 - Can be related to obesity and diabetes, which also are more prevalent with aging
- Decreased core stability and scapular stability





Nervous System

- (Brain): Changes accelerate after age 60
- Short term memory reduces
- Reflexes significantly slower with age
- Balance







Loss of Grip Strength with Age

Leads to:

- decreased lifting ability
- difficulty turning a valve, opening a jar
- decreased pulling ability

Reduce amount of gripping time

• Fatigue/Repetitive motion

Reduce gripping force

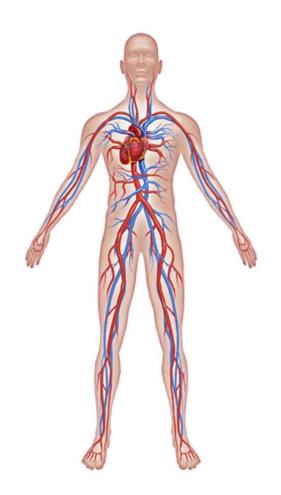
- mechanical assists
- appropriate size tools (female vs. male)





Age-Related Cardiovascular and Respiratory System Changes

- Blood vessels stiffen
- Heart valves stiffen
- Heart cells die
- Muscle thickness of heart wall decreases
- Cardiac output gradually decreases
- Functional lung volumes decrease



Cheitlin MD. Cardiovascular physiology changes with aging. *Am J geriatr cardiol* 12(1). 2003. *BMC Medical Imaging* 13:1-6. 2013.



Fatigue

- Aerobic capacity at age 65 is about 70% of a 25-year-old
- Aerobically demanding work is more hazardous for older workers
 - more difficulty regulating body temperature
 - more likely to have heat stroke due to slowed response of sweat glands, and a decrease in overall body fluid

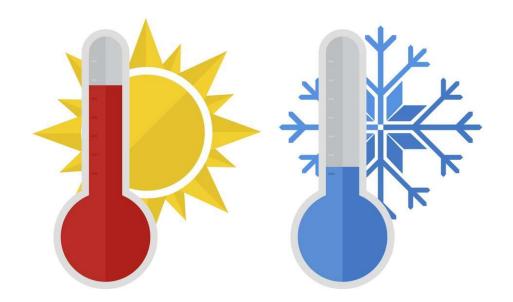






Medications Affect Heat and Cold Response

- Older workers are more likely to be taking medications
- Might decrease the body's ability to adjust to heat

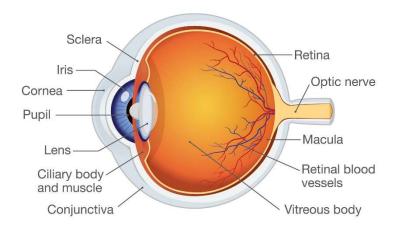






Visual Impairments

Human Eye Anatomy



- Atrophy of muscles which control pupil size
 - Slower to adjust to changes in light
 - Smaller pupil reduces amount of light entering the eye
- Yellowing of lens: color matching errors
- Glaucoma: Tunnel Vision
- Cataracts: Glare and decreased vision
- Driving accidents rise significantly over age 70





Vision Problems



normal vision



floaters



cataracts



glaucoma



macular degeneration



Hearing Impairments

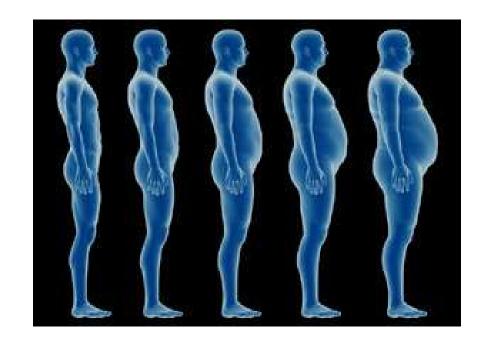
- Hearing loss
 - 25 db hearing loss is experienced from age 25 to 70 and this accelerates with age
 - 40-50 db hearing loss by 70 if exposed to environmental noise due to inadequate hearing protection at younger age
- A 70-year-old person experiences a
 - 10% intelligibility decline under ideal circumstances (quiet room, 120 word/minute speech)
 - 20% decrement with more rapid (300 word/minute) speech
 - 30% decrement with added background noise
- Affects communications
- Embarrassment





Other Changes

- Metabolism reduces = weight gain
- Greater susceptibility to temperature extremes
- Kidneys: Reduce in size and function, risk of dehydration increases.
- Bone: Reduced density
- Learning capabilities reduces







Musculoskeletal Conditions

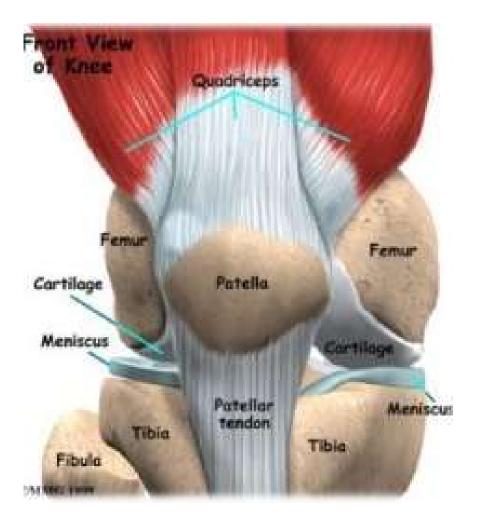
- Degenerative meniscal tears
- Knee arthritis
- Spinal stenosis
- Rotator cuff tears







Knees



Multiple Compartment Arthritis









Knee Meniscal Tears - Normal Degeneration or Work-Related Injury?

- Middle-aged men and women with degenerative meniscal tears constitute a large group of patients presenting with knee pain, swelling and loss of function.
- Many meniscal tears occur without a trauma in physically active individuals as well as in older people and could be a part of early osteoarthritis.







Knee Meniscal Tears - Normal Degeneration or Work-Related Injury?

- Battacharyya et al. showed with magnetic resonance imaging (MRI) that medial or lateral meniscal tear was a common finding in older patients with or without symptomatic osteoarthritis and that
 - 91% of the individuals with knee related problems had an abnormal meniscus defined as meniscus tear.
 - also found in 76% of the individuals in the asymptomatic control group.







Surgery vs. PT for a Meniscal Tear and OA by Katz, et al. 2013.

351 patients randomly assigned to surgery and PT or just PT groups

Did not find any significant differences between the groups in functional improvements at 6 and 12 months

30% of PT group underwent surgery within 6 months

Average cost for knee surgery?





Osteoarthritis by the Numbers

- 600,000 Americans had knee replacements in 2011. By
 2030 that number will be 3.5 million
- Cost of a knee replacement: \$24,000+ (not counting diagnostics or rehabilitation)
- Lost work time following knee replacement:
 - Sedentary work: 6 12 weeks
 - Medium work: 6 12 months
 - Heavy work: not recommended
- Replaced knees last an average of 15 years in normal weight individuals





Spinal Stenosis (narrowing of nerves/cord)



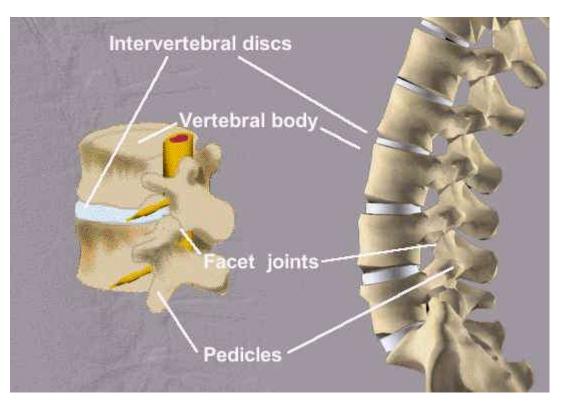
- With aging, stenosis and other deformities are more common
- An incident at work could lead to aggravation of that existing condition
- Medical treatment for spinal stenosis often includes surgery for decompression or fusion and resultant narcotic medications

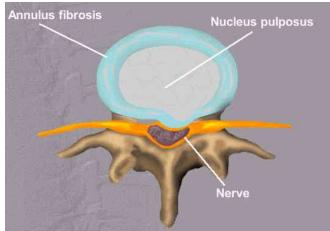






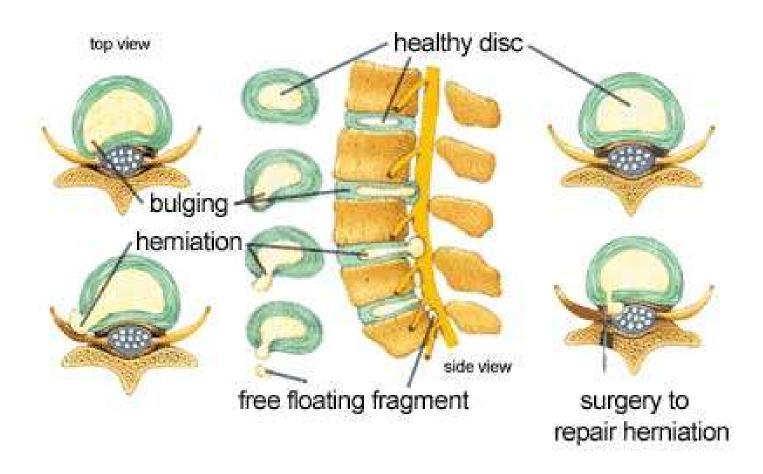
Spine: Disc Degeneration







Discs: Healthy to Surgery





Systematic Literature Review of Imaging Features of Spinal Degeneration in Asymptomatic Population,

Brijikji et al 2015

Disc Bulging

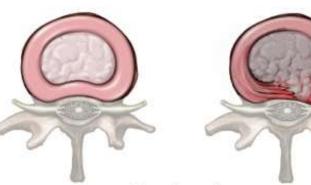
- 30% of 20-year-olds
- 60% of 50-year-olds
- 84% of 80-year-olds

Disc Degeneration

Degenerative disc

- 37% of 20-year-olds
- 80% of 50-year-olds
- 96% of 80-year-olds

Normal disc



Top views of lumbar vertebrae



Lumbar Facet Joints

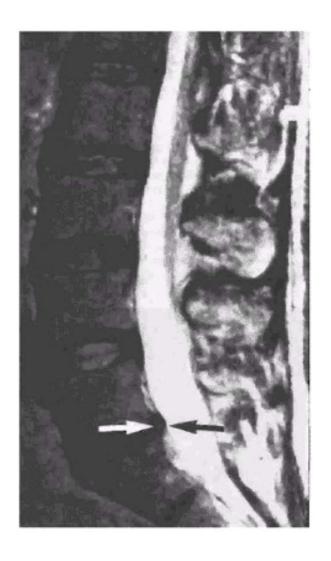
Arthritis Hypertrophic Arthritis **Facet Joints in Motion** of the Facet Joints Narrowing of the Intervertebral Foramen Vertebral Body Nerve Root Reduced Height Intervertebral Discs Hypertrophic Bone (Bone Spur) Lumbosacral Joint Flexion (Bending Forward) Extension (Bending Backward) Sacrum



MRI Study on Asymptomatic People 98 subjects form 20-80 years old

New England Journal of Medicine 1994

- 36% had normal discs
- 52% had a bulge at one level
- 27% had a protrusion
- 1% had an extrusion
- 38% had abnormality at more than one level
- The prevalence of bulges and not protrusions increased with age



A Disk Bulge in a 21-Year-Old Man without Back Pain.





Results/Outcomes

- Degenerative changes may be <u>incidental</u> and not causally related to presenting symptoms
- Normal age-related changes rather than pathologic process
- No consistent association between low back pain and MRI findings
- Relationship between imaging findings and surgical outcomes has not been well established





Spinal Stenosis

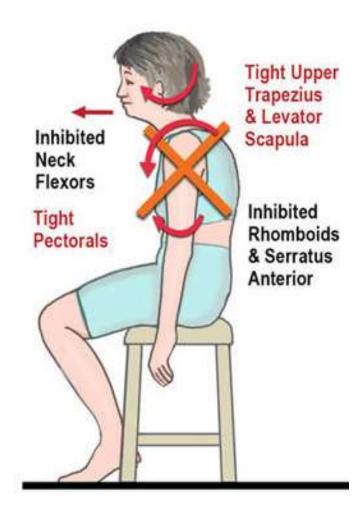
"Proper nutrition, adequate physical exercise and avoidance of smoking and of inappropriate physical loads are at present time the only means of prevention at our disposal."

Source: Benoist M. (2005)





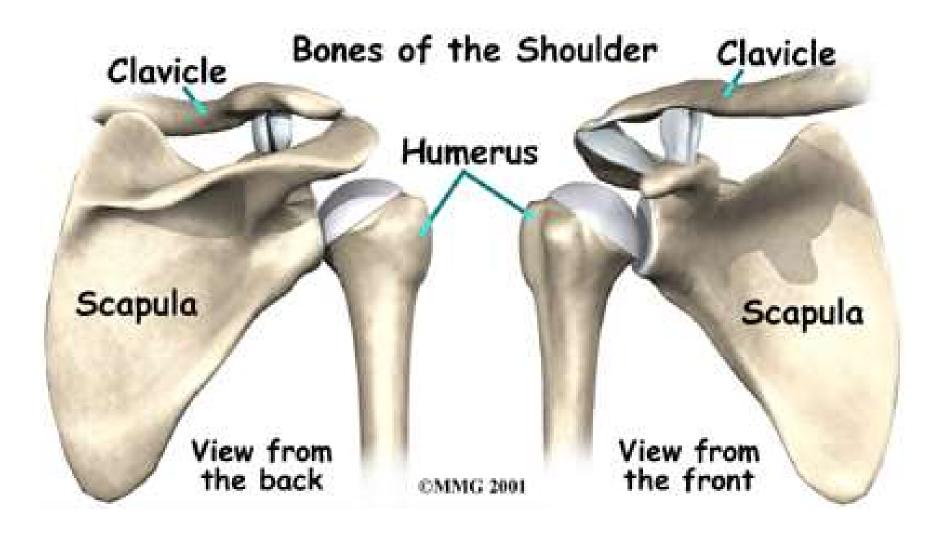
What causes shoulder injuries?





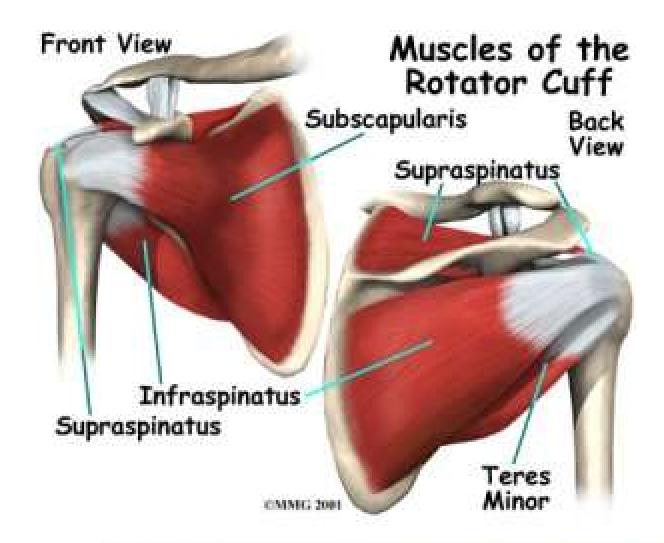


Shoulder Anatomy





Shoulder Rotator Cuff

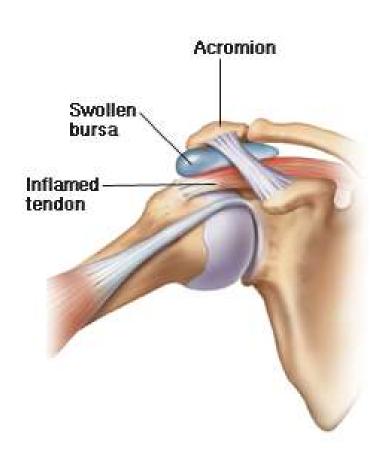






Impingement









Etiology and Prevalence of Rotator Cuff Tears

- The etiology of rotator cuff disease is likely multifactorial, including age-related degeneration and microtrauma.
- Several risk factors predispose individuals to the development of rotator cuff tears:
 - Increasing patient age is probably the most important.
 - Smoking, hypercholesterolemia, and genetics have all been shown to influence the development of rotator cuff tearing.





Effectiveness of PT in treating atraumatic full thickness tears- 75% success followed for 2 years

452 patients

Patient reported outcomes improved significantly at 6 and 12 weeks

Less than 25% elected for surgery

RCT. Kuhn et al. 2014





The Good News





Accommodating for the Effects of Aging

- ADA: American with Disabilities Act suggests protection of older workers
- Reduced capacity secondary to aging process = minor disability?
- Reasonable accommodation applies





What Can You Do to Accommodate?

- Job descriptions with accurate physical demands
- Post offer and fit for duty testing
- Ergonomic assessments
- Education/Mentoring programs
- Stretch-Conditioning programs
- Functional PT and work conditioning
- Functional capacity evaluations
- Wellness Programs





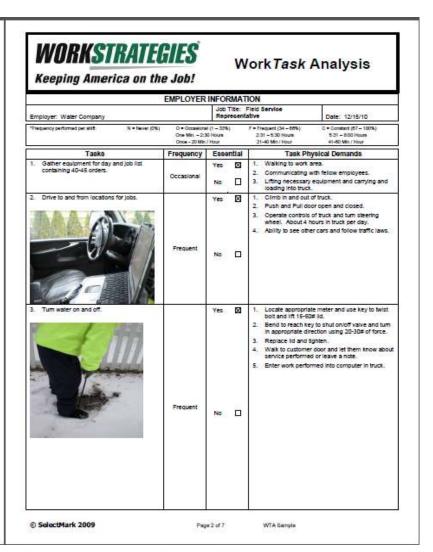


Job Analysis Reports

Classification: (Up to 10 8s.) (11 to 20 8s.) (21 to 50 8s.) (81 to 100 8s.) (>100 8s.) Job Performed: □ Part of Team □ Rotation Basis □ Assembly Line ☒ Alone	coping A	morrou	on the Job!	Brown and the second		
Employer: Water Company Type of Business: Water Distribution Location: USA Department. Address: 100 Water lane City: Waterville State: USA Zip Code: H2000 Contact Name: Mr. Aqua Contact Title: Operations Supervisor Fhone: 123-456-7890 Fax: 123-456-7890 Email: aqua@hotmail.com Brief Description of Employer's Business: Water Utility, distribution, repair and maintenance. ### WORKSTRATEGIES® REPRESENTATIVE INFORMATION Name: Kate McBee Date: 1275-70 Company: NovaCare:NORT/Select Title: Work/Strategies regional Director Address: 1227 Goos Ave City: Louisville State: KY Zip Code: 40217 Phone: 502-552-4914 Email: Medium Heavy Very Classification: Sedentary Light Medium Heavy Very Classification: Sedentary Rotation Basis Assembly Line Alone Max Weight Handled: S0 lbs. Employment Hours: 8 His workwold day 40 His. worked with Yes Lund Max Weight Handled: S0 lbs. Employment Hours: 8 His workwold day 40 His. workwold with Yes Louis Firef Description of Jobs: Employment Hours: 8 His workwold day 40 His. workwold in Light Less Turns and the Company Assembly Line Water Less Turns Assembly Line Water Light Handled: S0 lbs.	Position F	leid Service Re	F-96/18/F-04/8	TER INFORMATIO	'N	
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State: USA						
Contact Name: Mr. Agua Contact Title: Operations Supervisor Phone: 123-456-7890 Fax: 123-456-7890 Email: aqua@hotmail.com Biter Description of Employer's Business: Water Utility, distribution, repair and maintenance. WORKSTRATEGIES® REPRESENTATIVE INFORMATION Name: Kate McBee Date: 12/15/10 Company: NovaCareKORT/Select Title: WorkStrategies regional Director Address: 1227 Goss Ave City: Louisville State: KY Zip Code: 40217 Phone: 502-552-4914 Email: kmcbee@kort.com JOB DESCRIPTION Job Title: Field Service Representative Medium Medium Heavy Very	ress: 10	00 Water lane		City:	Waterville	
Phone: 123-456-7890 Fax: 123-456-7890 Email: aguaginotmali.com Biref Description of Employer's Business: Water Utility, distribution, repair and maintenance. WORKSTRATEGIES® REPRESENTATIVE INFORMATION Name: Kate McBee Date: 12915/10 Company: NovaCareKORT/ISelect Title: Workstrategies regional Director Address: 1227 Goss Aive City: Louisville State: KYY 2bc Code: 40217 Phone: 502-552-4914 Email: kmcbee@kort.com JOB DESCRIPTION Job Title: Field Service Representative Classification: Gedentary Light Medium Heavy Very Job Performed: Part of Team Rotation Basis Assembly Line Alone Max Weight Handled: 50 lbs. Employment Hours: 8 His worked day 40 His worked with Yes Lund Max Weight Handled: 50 lbs. Employment Hours: 8 His worked day 40 His worked with Yes Lund Bireff Description of Job: Employee in this position is assigned a list of Job basis for each shift that could include turning water	e: U	SA		Zip Code:	H2000	
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addition to 40 hours a week. Educational Requirements (Specific Training, Experience, Cardification and/or Licensing): N/A	changing meters, a Ition to 40 hours a	and trouble sho week.	oting. The employee in	this position has to tai	te 24 hr call on rotation w	
Dress Code/ Protective Gear: Vest or Jacket with reflective coloring, steel tood boots, hard hat, ear plugs, water boots and	ss Code/ Protective	e Gear. Vest o	Jacket with reflective o	oloring, steel toed boo	s, hard hat, ear plugs, wa	ter boots and snow cleat
Tools / Equipment: Lid Key, Hook Tool for larger lids, shovel, wrenches, electric pump, rod to probe ground for pipe, computuck, tool to listen to pipe, small and large meters, miscelaneous tools to work on water pipes and meters and hand pump out of vaults.	k, tool to listen to p					

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WTA Sample





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Post Offer Employment Testing

- Medical screening of new hires
- Essential Function/Physical demands
- Positional tolerance/agility screening
- Validation process
- Functional baseline data collection
- Medical risk identification
 - Cost savings through:
 - Injury prevention (hiring physically qualified individuals)
 - Musculoskeletal Baseline that can be utilized post injury
 - Apportionment savings (having baseline data in case of injury)







Fit for Duty Testing-Existing Employees

- EEOC Enforcement Guidance: Disability Related Inquiries and Medical Examinations of Employees under the ADA
 - If you have 15 or more employees, you are subject to the Americans with Disabilities Act
- Allows employer to test:
 - when an employer "has a reasonable belief, based on objective evidence, that an employee's ability to perform essential job functions will be impaired by a medical condition"
 - when an employer can reasonably attribute performance problems to a known medical condition
- The medical examination must be
 - job-related and
 - a business necessity
 - Cannot be punitive





Conditioning Programs

What if worker fails a fit for duty test, what do you do?

- Reasonably accommodate
- have them complete a specific training program to get back in shape and
- then test again later.





Stretch Programs

- Series of stretches considering age-related safety
- Incorporate warm-ups
- Flexibility measurements
- Implementation process defined







Ergonomic Assessments

- 80% of injuries are due to worker behavior not job design.
- Evaluate worker behaviors and make recommendations to decrease stress on joints.
- For 20% that are related to job design, reset workstation to fit worker, pace, or rotate jobs before buying all new equipment.







Ergonomic Solutions for Musculoskeletal Problems for Aging Workers

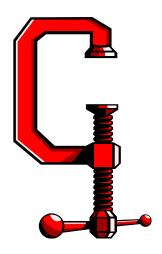
- Reduce extreme joint movements
 - Reduce above shoulder reaches
 - Elevate items from the floor
 - Tool/handle re-design to reduce awkward joint positions
- Install handrails to improve balance on steps
- Address uneven surfaces





Ergonomic Solutions for Musculoskeletal Problems for Aging Workers

- Reduce forces needed
 - Design controls /switches to reduce pinch and grasp forces needed to operate
 - Replace knobs with levers or push buttons
 - Reduce <u>static muscle</u> use (fatigue)
 - Keep cutting edges sharp
 - Use jigs and clamps instead of hands
 - Use mechanical assists
 - Pad/cushion to reduce harmful pressures









Ergonomic Solutions for Musculoskeletal Problems for Aging Workers

- Reduce repetition
 - Mechanize tools with power drivers
 - Automate processes
 - Vary tasks more frequently
- Examine organizational policies
 - Mandatory breaks (stretch programs)
 - Setting weight limits on older workers (should be 20% less weight when over age 45)





Solutions for Visual Impairments

- Print in easily readable font- Increase size
- Improve lighting
- Reduce glare
- Promote regular vision exams
- Bright color stripe on steps

- Avoid rapidly changing or moving stimuli
- Use high contrast colors
 - 3-4 fold more contrast needed at 60 than at 20 years of age
 - Signs, computer screens





Differences in Contrast

How well do you see this?



Differences in Contrast

How well do you see this?



Computer Work



- Mouse use:
 - age related tremor can make a sensitive mouse or trackball difficult to use
- Touch screens can be a good option
- Simplify program navigation
- Avoid sudden changes of lighting
- Dark letters on white background (increases contrast, less visual fatigue)
- Reduce glare



Solutions for Hearing Impairments

- Eliminate piped in music
- Add insulation
- Isolate mechanical systems (heat, A/C)
- Add carpeting to reduce noise
- Acoustic ceilings
- Ability to see facial expression and mouth movements needed for better intelligibility
- Speak slowly





Education Programs

- Safety education
- Behavior modification
- Stretching programs
- Education regarding CTD/injury prevention

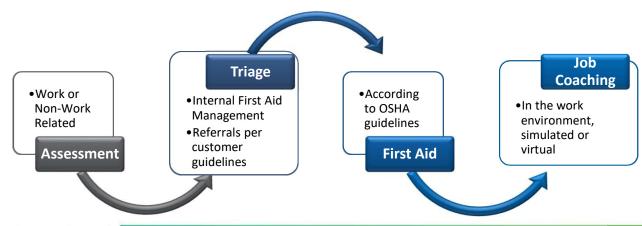






Early Symptom Intervention (ESI)

- Employers refer their employees to onsite personnel or nearby Saco Bay center for intervention
- Assessment and first aid care for workers in the early stages of soreness,
 - which if not appropriately managed, could result in more serious injury
 - OSHA recordable event or Costly Work Comp claim







ESI: First Aid

Regulated by OSHA: 1904.7(b)(5)(ii)





Functional PT and Work Conditioning

- Skilled active care that is job specific.
- For medium and heavy jobs, consider progressing patients into work conditioning programs.

FCE (Functional Capacity Evaluations)







Wellness programs

- Because health trends are not sustainable
 - Insurance premium increases
 - Inactivity/Sedentary lifestyles
 - Rising obesity rates
 - Poor nutrition
 - Rising diabetes rates
 - Stress/Poor sleep habits







Wellness Planning



- Align
 - Leadership & Vision
 - Policies/Health Plan
- Assess & Measure
 - data
- Engage (motivate)
 - Screens, programs
 - Wellness Committee
 - Health Coaching
 - Incentives
- Culture
 - Environment
- Sustain & Enhance
 - Community Resources



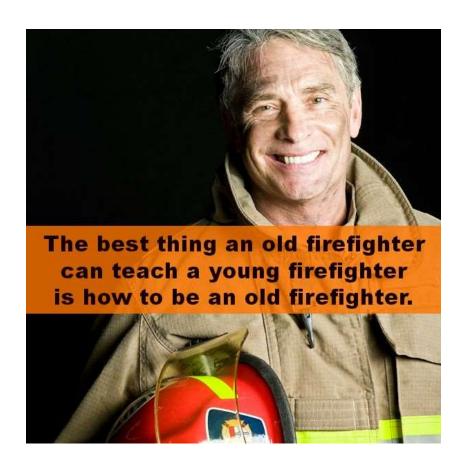


The Full Cost of Employee Poor Health





Businesses Can Make A Difference





By helping employees to adopt healthy lifestyles as we age





Questions?



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Wrinkles should merely indicate where smiles have been.

~Mark Twain, Following the Equator

Age does not diminish the extreme disappointment of having a scoop of ice cream fall from the cone. ~Jim Fiebig







Thank You!

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