

**TOC** The Orthopaedic Center  
**Highly Skilled Specialists ... World-Class Care**

For more than 30 years, TOC has been recognized as the Tennessee Valley's leader in orthopaedics, spine surgery and sports medicine. Thousands of area residents have received world-class care from the Valley's most trusted and experienced group of orthopaedic surgeons and medical specialists. Ten Centers of Excellence have been established to address the specific needs of our patients:

- GENERAL ORTHOPAEDICS ^ FOOT & ANKLE CENTER
- HAND, WRIST & ELBOW CENTER
- JOINT REPLACEMENT CENTER ^ PEDIATRIC CENTER
- PHYSICAL MEDICINE & REHABILITATION CENTER
- SHOULDER & KNEE CENTER ^ SPINE CENTER
- SPORTS CENTER ^ TRAUMA CENTER

Convenient Locations

Huntsville at Franklin Medical Tower and Crestwood Medical Center, Madison, Decatur, Guntersville, Scottsboro, Fayetteville, TN

Main Number (256) 539-2728  
 Toll Free 1-800-242-2381 [www.visitTOC.com](http://www.visitTOC.com)



There are many ways workers can injure their backs but just one group of neurosurgeons in north Alabama to get them back on the job quickly and safely.

At The Spine and Neurosurgery Center we understand the importance of keeping you informed of your patients' treatment and progress. Our worker's comp department is dedicated to caring for your patients' unique needs promptly.

When all conservative treatment options are exhausted, our neurosurgeons perform the latest minimally invasive spine procedures offering quick recovery and less down time.

Let the area's most experienced hands care for your patients.

**THE SPINE & NEUROSURGERY CENTER**  
 533.1600  
 Huntsville • Decatur • Cullman  
[www.spineandneurosurgery.com](http://www.spineandneurosurgery.com)

Spine is our Specialty.

# Teamwork

A Periodical for Providers and Clients of Comp1One®

## Hand Skin Protection

For over a century, skin hygiene, particularly of the hands, has been accepted as a primary mechanism to control the spread of infections. Healthcare workers wash their hands more often and more vigorously than the average person. After a while this can take a toll on our skin. Long-term changes in skin pH associated with handwashing have posed concerns. Each time the skin is washed, it undergoes profound changes, most of them transient. Among persons in occupations such as health care in which frequent handwashing is required, long-term changes in the skin can result. However, if we take care of our hands most problems can be either avoided or treated before more serious problems arise.

Over time, contact with solvents, some soaps, and even water removes natural oils from your skin. This can cause your skin to crack and become dry or chapped. Weather conditions such as low humidity or cold temperatures can aggravate the condition. Using soap with a

moisturizer will help prevent drying of the skin. An alternative to soap is the use of alcohol hand rinses, which have recently become widely available over the counter. Alcohol based products are recommended for use among persons who need immediate protection after touching contaminated surfaces or before and after contact with individuals at risk for infection. Since alcohols require no washing or drying, damage to the skin caused by soaps and mechanical friction from toweling is avoided. However, because personnel feel a "build-up" of emollients on their hands after repeated use of alcohol hand gels, certain manufacturers have recommended washing hands with soap and water after 5-10 application of a gel. Routinely washing hands with soap and water immediately after using an alcohol hand rub may lead to dermatitis. Health care workers are reminded



Liz Mardis, RN

Cont. on page 2

## Lifting Guidelines

According to the Bureau of Labor Statistics, employees in nursing professions account for over 200,000 work related injuries and cost nearly \$1 billion per year.

Some lifting guidelines given by the U.S. Department of Labor (Occupational Safety & Health Administration) for health care workers (nurse assistants, licensed practical nurses, registered nurses) are:

- Never transfer patients/residents when off balance
- Lift loads close to the body
- Never lift alone, particularly fallen patients/ residents, use team lifts or lift equipment
- Limit the number of allowed lifts per worker per day
- Avoid heavy lifting especially with spine rotated
- Train when and how to use lift equipment

[www.osha.gov](http://www.osha.gov)

## Comp1One®

Comp1One is a comprehensive case management company located in Huntsville, Alabama with clients across the Southeast. Comp1One and sister company, North Alabama Managed Care, Inc. (NAMCI), are divisions of Premier Health Networks of Alabama, LLC featuring PPO network access for direct medical cost savings in group health and workers' compensation.

Comp1One features 24 hour case management services with Certified Nurse Case Managers and the backing of Board Certified Occupational Health Physicians. Our nurses and physicians are available for pre-certification, utilization management, file reviews, case referrals, peer reviews, and catastrophic injury management.

Comp1One is certified by the state of Alabama Department of Industrial Relations, is licensed and insured, and has been recognized for Best Practices in Injury Management in the state of Alabama.

Comp1One  
 Your First Choice For  
 Case Management

[www.compone.org](http://www.compone.org)

# Comp1One®

P.O. Box 305 **Huntsville, AL 35804**  
 256-532-2777 **888-772-6671**  
 Volume 8, Issue 2 **2nd Quarter 2007**

Teamwork is published quarterly by Comp1One, a division of Premier Health Networks of Alabama, LLC. All submissions, sponsorship inquiries and information regarding publication should be addressed to [susan056@compone.org](mailto:susan056@compone.org). The opinions of the authors are not necessarily the opinion of Comp1One. No copying or reproduction by any means is authorized without the express written permission of owner.

PRSR STD  
 US POSTAGE  
 PAID  
 HUNTSVILLE, AL  
 PERMIT NO. 807

## Legal Brief

In this case handed down by the Alabama Court of Civil Appeals, the plaintiff, employed as a secretary in a medical facility, claimed a latex allergy and was originally awarded permanent and total benefits by the Circuit Court of the county. The plaintiff claimed she came in contact with large amounts of airborne latex particles. The Court of Civil Appeals reversed the decision stating that the plaintiff did not present substantial evidence that her exposure to latex particles was in excess compared to those exposed in other jobs. The plaintiff also did not prove that her latex allergy was a problem uncharacteristic to those employed in secretarial positions.

Donald R. Rhea  
Rhea, Boyd, & Rhea  
(256) 547-6801

## Primary Contacts:

**Sherree Clark**,  
Exec. Director  
532-2765  
**Beth Couch**,  
Director, Bus. Dev.  
532-2766  
**Kathy Deganis**,  
Case Mgr Asst 532-2775  
**Jennifer Fortenberry**, Case Mgr 532-2725  
**Marlana Johnson**, Case Mgr Asst 532-2798  
**Diane McCrary**, Case Mgr 532-2774  
**Susan Metzger**, Marketing Specialist  
532-2770  
**Mary Ann McMeans**, Case Mgr 532-2771  
**Janet Ryan**, Case Mgr 532-2768



## Company News

**Comp1One at the AWCO Corral!**

The Alabama Workers' Compensation Organization held its 26<sup>th</sup> Annual Spring Educational Seminar in Birmingham on May 3<sup>rd</sup> and 4<sup>th</sup>, where Comp1One (pictured right) was an exhibitor.

## Hand Skin Protection (cont.)

that it is neither necessary nor recommended to routinely wash hands after each application of an alcohol hand rub.

Treatment of dry skin includes applying creams and moisturizers frequently throughout the day. Hand lotions and creams often contain various fats and oils that can increase skin hydration and replace depleted skin lipids that contribute to the protection of normal skin. The use of moisturizers with lanolin is discouraged as these can degrade the integrity of latex and rubber gloves. Drinking water throughout the day can help.

**“For healthcare workers, good hand skin condition plays a double role.”**

Dermatitis is a generic medical term for inflammation of the skin. There are many different types of dermatitis: atopic, irritant and contact are examples. None are contagious and all involve itching of some kind. Irritant contact dermatitis, which is associated with frequent handwashing, is an occupational risk for health care workers. The treatment typically involves corticosteroids; mostly creams but sometimes-oral medication.

Photosensitivity: Some medications may make your skin very sensitive to the sun and promote burning. If you work outdoors, put sunscreen on your skin several times a day. In addition, wear sunglasses, a wide-brimmed hat, and a shirt or jacket with long sleeves.

Latex sensitization: Since adoption of universal precautions in the late 80's, use of latex gloves in the healthcare industry became widespread and the demand for the gloves outstripped the supply. The rush to provide healthcare workers with gloves yielded a high concentration of latex in the gloves. As a result, the number of healthcare workers with allergies or reactions to latex increased until the mid 90's when latex gloves were manufactured with less latex protein and no powder. Types of reactions include: irritant dermatitis (itching and redness

while wearing the gloves), contact dermatitis (delayed allergic reaction appearing 48 hours post use) and anaphylaxis (respiratory collapse; fortunately this is rare). Persons experiencing symptoms associated with the use of latex products should be evaluated by a physician.

Damaged skin more often harbors increased numbers of bacteria. Skin condition clearly plays a major role in risk for transmission of pathogens. For health care workers, good hand skin condition plays a double role. It is important in the prevention of dermatitis and infection to us as individuals and for the prevention of transmission of pathogens to those in our care.

Elizabeth Mardis RN, BSN, COHN/CM  
Dr. Susan Zlotnick-Hale, Medical Director  
Huntsville Hospital  
265-8046



Pictured (left to right): Carol Godsey, Jennifer Fortenberry, Diane McCrary, MaryAnn McMeans, Melissa Timberlake, Marlana Johnson, Sherree Clark, Beth Couch, & Michelle DeFatta.

# Clinical Comments



## Low Back Pain and Workers' Comp



John D. Johnson Jr. MD

Low back pain is the most common cause of work-related disability in people under the age of 45, and the most expensive cause of work-related disability. Back pain is the second most common reason for a visit to a physician's office, and it affects men and women equally, most often between the ages of 30-50.

Approximately 175 million work days are lost annually due to chronic back pain. Despite the high incidence of back pain in America, it remains poorly understood with a large variety of treatment options presented to the patient. Up to 80-90 percent of patients with back pain cannot be given a precise pathoanatomical diagnosis, prompting the use of nonspecific terms, such as strain, sprain, degenerative process, etc. As a precise diagnosis is often elusive, diagnostic evaluation is frustrating for both the physician and patient. Recovery from nonspecific back pain is usually rapid with about 90 percent of patients returning to baseline within one month.

With worker's compensation and all patients, the primary goal of the initial assessment of acute low back pain, with symptoms of less than four weeks, is to rule out potentially dangerous underlying conditions. A focused history and physical can often rule out serious underlying conditions. "Red flags" include significant trauma, history of cancer, unexplained fever, weight loss, immunosuppression, saddle anesthesia, recent onset of bowel or bladder dysfunction, or progressive weakness in the lower extremity. The physical exam red flags include unexplained decrease of rectal tone, perianal/perineal sensory loss; or major motor weakness such as in the

quadriceps (knee extension), ankle dorsiflexion (resulting in a foot drop) or ankle extension (inability to stand on toes). The overwhelming majority of patients do not have significant findings in their first month of pain and there is no need for special studies or imaging tests.

Initial therapy is directed at pain control and keeping the patient active. Nonsteroidal anti-inflammatory drugs (NSAIDs) such as Celebrex, Naprosyn, Motrin, etc., are effective for symptomatic relief and are one of the mainstays of treatment. Muscle relaxants are helpful in several cases but may cause some sedation that might limit the ability to work. Spinal manipulation and physical therapy are

**“Surgical success rates and return to work status are above 90% in carefully selected patients.”**

options, and I usually enroll patients in 3-4 weeks of therapy with exercises, heat, massage, ultrasound and instruction in proper body mechanics and lifting techniques. For most patients, the best recommendation is a rapid return to normal activities with neither bed rest nor overly aggressive exercises in the acute phase.

Several treatments have been found NOT effective in randomized trials. Bed rest for more than a day or two does not increase in the speed of recovery, and may, in fact delay recovery. Transcutaneous electrical nerve stimulation (TENS units), conventional lumbar traction and facet joint injections have not shown benefit in scientific reviews of literature. Back exercises may not provide significant improvement in the acute phase of low back pain, but probably are helpful in preventing recurrence and in the treatment of chronic back pain.

The three most common degenerative conditions that are referred for surgical intervention are sciatica with a disc herniation, spinal stenosis and spondylolisthesis. Sciatica is pain that runs down the patient's leg that may be caused by nerve root compression.

Degenerative findings are quite prevalent on MRI's of completely asymptomatic individuals, with greater than 50 % of patients having degenerative disc disease, 40-80 % of patients having bulging discs and even up to 10-20 % having herniated discs. Thus the pathology must fit the patient, as surgery for a right sided disc herniation would obviously not benefit the patient with primary left leg pain. Lumbar disc surgery is most helpful for radiating leg pain, as we are taking the pressure off the nerve going to the leg; thus it may not significantly improve isolated back pain. Surgical success rates and return to work status are above 90 % in carefully selected patients. The surgery is often performed on

either an outpatient status or the patient may be kept overnight depending on how far the patient may have to travel. Typically, I keep patients off work for 3-6 weeks for lumbar microdiscectomy for a herniated disc. With the advent of new technology, I am now able to perform many of the previously highly invasive operations via a minimally invasive approach.

Back pain is a frustrating entity in which a precise pathoanatomical diagnosis and cause can be impossible to determine. Surgery is appropriate for only a small subsection of patients, primarily those who have experienced work related trauma or with persistent radiating leg pain. Conservative treatment with NSAIDs, muscle relaxants, exercise and physical therapy are the mainstays of therapy.

John D. Johnson, Jr., MD  
The Spine & Neurosurgery Center  
256-533-1600  
www.spineandneurosurgery.com