An employer’s ability to control the outcome often evaporates when the employee leaves the workplace to seek medical care.

Sprain and strain injuries have plagued employers for years. OSHA refers to these “soft-tissue” conditions as Musculoskeletal Disorders (MSDs). Prevalent in the workplace, these musculoskeletal conditions are at the top spend category for an employer’s group health costs (more than $190 billion annually).

MSDs affect more people than cardiovascular disease and cancer combined! More than half of the population are dealing with an MSD problem on any given day. How does your organization react to the following statements from workers?

■ My wrists hurt with this job, but I’ll just deal with it for now.
■ My back pain is getting worse. I’m just deal with it for now.
■ My shoulders hurt if I lift something heavy or move it the wrong way.
■ What do I do if my fingers are numb and tingle?
■ It hurts whether I’m working or at home. I’m not sure what is causing it.
■ It’s not bad enough for me to see the doctor... yet.

MSDs include injury to bones, cartilage, ligaments, tendons, muscles, nerves and spinal discs. Familiar conditions include carpal tunnel, tennis elbow, trigger finger, tendinitis, bursitis, back pain, rotator cuff tear – the list goes on and on.

Traditional medical management of these injuries can quickly become complex. The average direct cost for a non-surgical case is $15,000. The indirect costs are four times the direct costs. The combined cost of a “sprain/strain” injury can easily exceed $60,000. MSDs represent more than 30 percent of OSHA recordable cases every year. “Aches and pains” are both frustrating and costly for employers – to the tune of more than $100 billion annually in the United States. These injuries negatively impact a company’s reputation, create a disengaged workforce, reduce employee retention and erode confidence among stakeholders.

MSDs are multifactorial in nature. Workers find it difficult to identify a specific task or activity that may have “caused” their pain – leaving the “root cause” in a state of mystery. As Albert Einstein said, “We can’t solve problems by using the same kind of thinking we used when we created them.”

\[ \text{Keep an Ache From Becoming a Pain} \]

The goal is to keep workers on the job, healthy, happy and pain-free. An employer’s ability to control the outcome often evaporates when the employee leaves the workplace to seek medical care.

To achieve success, employers must move their game plan upstream.

\[ \text{Addressing Early Warning Signs} \]

Early Intervention (EI) is a proactive strategy that is gaining momentum with employers to keep an ache from becoming a pain. Similar to the sports medicine model, EI addresses the early warning signs of discomfort by identifying potential root causes and preventing progression to an injury. EI specialists have advanced training and expertise in musculoskeletal conditions, industrial care, movement and ergonomics.

Workers are seen onsite, where the work is occurring. Treatment is provided under the umbrella of “evaluation and first aid” as defined by OSHA. Typical interventions include heat or ice, over-the-counter medications, movement awareness training, stretching and other recovery/wellness strategies.

EI specialists work one-on-one with an employee to address their symptoms. They collaborate with the other team members (Supervisor, EHS, HR) on ergonomic improvements and risk mitigation strategies. Beyond this, they might:

■ Instruct group stretching/warm-up exercises/wellness activities.
■ Job coach and group train on postural awareness/work techniques.

EI Specialist Russ Morgan, Ege WorkSmart Solutions, provides job coaching to Sharon Malone, employee with Crandall Stats and Sensors Inc., on proper work technique and ergonomic guidance for her job tasks.

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