

Workplace Injury – Most Common Body Parts:

According to the Minnesota Department of Labor and Industry, 2009 workers-compensation injury claims were most common for:

- Back 23%
- Wrists & Arms 12%
- Shoulders 10%
- Knees 10%

Carts, dollies and hand-trucks were reported as the most frequently used vehicle involved in work-related injuries (430 cases). Of these injuries:

- 46% of the involved workers had been working at their job for 5 years or more
- Half of the injuries involves sprains and strains
- The most commonly injured body part was the back (31%) followed by feet and toes

The lesson: Safety coaching and training need to be on-going tools to remind even the most experienced workers to apply what they “know.”

Excerpted from Safety Lines, January 2011

http://www.dli.mn.gov/OSHA/PDF/70_0111sl.pdf

Ergonomics Management Strategies:

Virtually all employers grapple with ergonomic risk factors within the workplace, whether it involves typing and mousing or lifting, pushing and pulling. Despite the frequency of complaints from individual employees, only a small percentage of those result in treatable injuries, yet the cost of those injuries, in lost productivity, treatment and rehabilitation, can be significant.

We at TCOHR have watched as employer efforts to prevent and reduce ergonomic injuries fall to the wayside for various reasons. Effective prevention methods such as stretching and bio-mechanics training tend to lose momentum as a program “champion” changes their work-shift or grows weary of the “added work” of prompting their team to remain active in such programs. Budget cuts, production schedule demands and many other reasons, all take their toll on these good intention efforts.

Most recently, we have been encouraging employers to form short-term strategic ergonomic working groups within one or more targeted areas of the workplace. These small working groups may be comprised of only the safety manager, a manager or supervisor of the area being targeted, and an employee representative of that area.

While recommendations and outcomes may be reported to an employer’s safety committee, the focus of the group is to quickly identify and modify the targeted area to have a rapid impact.

Useful tools may include:

- Pre-work screens* to ensure that new employees can perform necessary tasks and learn or review proper bio-mechanics for the job that they will be performing
- Evaluation and modification of the work environment*
- Evaluation and modification of how employees move within the work environment*
- Invite outside experts* to observe and make recommendations before complaints escalate into injuries
- Before returning an injured worker to that area, require a pre-work screen* to be certain the employee is both fit for duty and refreshed on bio-mechanics
- Invite outside experts* to watch a post-injured worker actually perform their job, providing bio-mechanics coaching tailored specifically to them in their workspace
- Schedule Lunch n’ Learn’s* to address more common issues.

**Provided by TCOHR at an hourly rate*

Flu Vaccine Still Available for Walk-in's:

The reported rates of influenza continue to climb. Rates in Minnesota are classified as "High" with rates expected to climb then remain high well into the month of March. Track Flu-Trends at: <http://www.google.org/flutrends/us/#US>

TCOHR still has flu vaccine available. The price of our remaining vaccine has been dropped to \$10 until supplies are gone. No appointments are needed. Just come in and ask.

WC Costs per Claim in MN:

In a 2005 study of claims with more than seven days of lost time at an average 36 months of experience, medical costs per claim in Minnesota were 9 percent lower than the median of other states (averaging \$11,165). Results for 12-month claims were similar, with Minnesota being 5 percent lower than typical.

The study reported that medical payments per claim to non-hospital providers in Minnesota were lower than typical, driven especially by payments to physical/occupational therapists, which were 20 percent below the 15-state median.

Excerpted from: Workers' Compensation Medical Costs Per Claim in Minnesota Fairly Typical Among 15 States, Says WCRI Study. December 16, 2010-WorkCompWire.com

South Metro Clinic
2520 Pilot Knob Road, Suite 250
Mendota Heights, MN 55120
(651) 224-8264 FAX (651) 224-8265

Dept of Labor & Industry Posters:

Looking for a resource for safety & health posters?
<http://www.dli.mn.gov/LS/Posters.asp>

Did You Know?

When a worker returns to work following an injury and re-injures that same body part that may not have been fully healed, it may not be recordable as a new OSHA recordable case, but it may generate a new workers' compensation claim

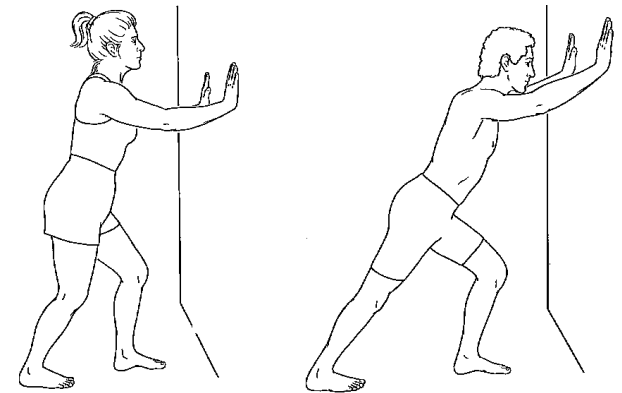
Stretch of the Quarter – Ankle & Leg Stretch: By Bob Seeds, P.T., PhD.

Most people know the "runners stretch." There is no question when performing ballistic (bouncing type of) activities like running, stretching out the muscle in the gastrocnemius is important. This is one of the muscles that make up the back part of the leg that forms the greater part of the calf. It is responsible for the plantar flexion of the foot.

If you have a job where you stand a lot and/or walk a lot, this stretch needs to be modified for the calf muscle, the soleus, which enables balance and postural stance. The modification is to bend the

stretching leg's knee 10-20 degrees to minimize the stretch to the gastrocnemius and to maximize the stretch to the soleus.

To *strengthen* this muscle group, heel raises are performed with the knee straight to strengthen the gastrocnemius (standing heel raises). Whereas, the knee needs to be bent to strengthen the soleus (sitting heel raises with weight on thigh).



Laminated posters with tear-off maps to our two clinics or tablets of Referral & Authorization Forms are available. Please contact jsebesta@tcohr.com or call Jim at (651) 357-1661.