

## **NEWS YOU CAN USE**

**7th Issue, September 2008**  
**[www.tcohr.com](http://www.tcohr.com)**

### **Positive Results for Patient's and Employers!**

#### ***Featured Client Segment: Lloyds Barbecue***

In this new article we would like to feature comments from employers we work with. For this issue we interviewed Mary Cook, Safety Coordinator with Lloyds Barbecue, a division of Hormel. Visit them online at: <http://www.lloydsbbq.com/>

Mary says, "It's been so good working with your clinic compared to where we sent employees in the past. Reports are GREAT and we can print as many copies as we need. Having the doctors [and P.A.'s or physical therapist] call us after seeing new injuries is so much more personalized."

Lloyds is a processed meat facility making pre-cooked pork, chicken and beef products, with 2 production shifts and a maintenance shift, employing up to 150 employees including as many as two dozen temps. Thanks Mary C (and congrats Mary T!)

#### ***Poster with Map Tear-Off Sheets***

Would you like a laminated poster with tear-off maps and phone numbers for both of our clinics? Please contact Jim at (651)224-8264 [jsebesta@tcohr.com](mailto:jsebesta@tcohr.com)

#### ***Walk-in vs Appointment?***

Our staff take pride in providing professional services to your employees in as efficient a manner as possible. Some types of visits require more time than others, just as some can be planned and scheduled, while others are...emergencies.

Drug and alcohol screens are normally quick so walk-in's are welcome. Injuries take top priority, so they are triaged and seen as soon as possible.

Physicals (including DOT, Respirator or HAZWOPER) or Physical Therapy treatments, can require significantly more time and may require additional information from medical charts. We do

ask that these types of appointments be scheduled, enabling us to see those patients without undue delay. Similarly, please let us know when we may need to arrange for language translation. Advance warning is always appreciated.

By communicating as early as possible with us, we can continue to provide prompt and professional services to your employees, returning them to the job as quickly as possible. Thank-you!

#### ***Language Translation***

Whenever possible, we always appreciate a supervisor or other co-worker who can accompany a patient who requires language translation. Since this is not always possible, we have recently contracted with Garden & Associates to provide telephone translation. When necessary, the additional fee of \$2/minute will be direct billed to the employer for this service.

#### ***Flu Vaccine Program***

Yes, it's true! The flu season is around the corner.

No appointment is needed for in-clinic vaccinations. \$25. Receipts can be provided to submit for insurance reimbursement.

Offering a flu vaccine clinic on-site at your location? \$20 per dose (20 vaccine minimum). Our staff can deliver 30 - 40 vaccinations per hour, so we schedule for 15-20 people every 30 minutes. To schedule or if you have questions, please contact Jim at (651)224-8264 or [jsebesta@tcohr.com](mailto:jsebesta@tcohr.com)

#### ***Drug Detectability***

We are often asked how long various substances can be detected through urine testing. While the following times can vary widely because of metabolism and other factors, below is a list to give you some idea.

TCOHR adds an average of 51 new employers each month. Half use our acute injury care or physical therapy services while the other half utilize us for physicals and drug testing, including DOT regulated services.

Rarely do employers test for all of these substances. Most opt for the first (SAMHSA) five:

- **Amphetamines** (meth, speed, crank) 2 - 4 days
- **THC** (cannabinoids, marijuana, hashish) 3 - 4 days
- **Cocaine** (crack) 2 - 10 days
- **Opiates** (heroin, opium, codeine, morphine) 1 - 3 days
- **Phencyclidine** (PCP, angel dust) 5 - 7 days

Others include:

- **Alcohol** 1 oz. for 1.5 hours
- **Barbiturates** 2 - 10 days
- **Benzodiazepines** 3 - 7 days
- **Ecstasy** (MDMA) 1 - 3 days
- **Heroin Metabolite** less than 1 day
- **Morphine** 2 - 3 days
- **LSD** 8 hours
- **Oxycodone** 2 - 4 days

### **Pre-Employment Work Simulation**

Before the Americans with Disabilities Act (ADA), employers who conducted pre-employment assessments were often criticized for stigmatizing employees with medical conditions not necessarily relevant to their job. Post-ADA, assessments in theory, became functional, based upon essential job functions. Unfortunately, unlike drug testing or audiometric or pulmonary function testing for hearing or respirator use, or even vision testing, there is no gold standard for performing functional pre-employment testing.

Even today, many pre-employment exams are conducted by a physician in an exam room, which can be telling if you are looking for the overall health of an individual, or to capture baseline information on heart, lungs, previous environmental exposures, etc. Similarly, CRT machines are useful to test specific muscles and joints, but cannot take factors such as gravity and balance into consideration in making what can only be a pre-offer test.

Pre-employment **work simulation** offers a high predictability of an individual's capability of performing a job. A skilled Physical Therapist (PT) can gauge a person's ability to perform prolonged and/or frequent movements. Accompanied with a musculoskeletal exam, simulation identifies ligament & joint laxity or tightness, muscle imbalance, functional limits and activity limits. For example, can the employee pick up an object to a set height using sound body mechanics and appropriate

muscle/skeletal groups, or do they lose balance, turn purple and wheeze?

Another wonderful advantage of work simulation is that on-going dialogue occurs between the PT and the employee, based in part on the patient's self-reported history and the ease or difficulty in performing the simulations, often uncovering limitations the employee has learned to compensate for, if not outright hide.

Lastly, simulations become a teaching opportunity, reducing future risk of injury as employees become aware of safe or unsafe movements, or learn strengthening exercises to perform on their own.

We invite you to assess your pre-employment screening process. Are your employees both medically *and* functionally fit to perform the job you expect them to do each day?

### ***It's Official. eScreen is a hit!***

This summer we began offering an alternative instant drug test through use of an eScreen testing device. Within minutes of collecting a sample, results are posted on a secure web site and employers are notified so you can see results before the employee or candidate even steps back in through your door. The only delay is when a specimen is identified as irregular or non-negative, at which point it is sent to the lab for confirmation. As soon as final results are available (usually within 24 hours) employers also receive notice of results being available for review.

Comments from employers include:

"The new system (eScreen) is awesome...exactly what we wanted. We are set up and ready to roll!"

Marie K. Bronson  
FMS Corporation, Bloomington

"I just logged in and created my user name and password. It was easy as that!"

Becky Pallas  
All Inc., St. Paul

Since TCOHR clients began using eScreen in mid-June, there are now 128 employers using this instant testing for non-DOT drug screens!