

# Work Comp

IOWA  
**ORTHOPAEDIC  
CENTER, P.C.**  
A Center of Excellence

Quarterly

Summer 2007

## Bringing "BACK" Absentee Employees

Work related back injuries account for almost 30% of injuries requiring time lost from work. Finding scientific medical solutions for the problem of work-related back injuries is challenging due to the multifactorial etiology of musculoskeletal disorders. There is compelling evidence that links spine injuries to *lifting, forceful movements*, physical work that exposes the whole body to *vibration, awkward postures* for a prolonged period of time, and *heavy physical work*. Additionally, occupations that require complex, simultaneous trunk motions put employees at a higher risk to sustain a work related spine injury. "One of the most consistent predictors of developing a back injury, are employees who have a history of back pain that pre-exists a work related back injury. This adds another complex element to the workers' compensation claim and makes the determination of work relatedness even more difficult, but also more important," according to Cassim Igram, M.D., Orthopaedic Spine Surgeon, at Iowa Orthopaedic Center, P.C.



**Back Injury Prevention 101**  
*Improper techniques for lifting, pushing, pulling, carrying, bending or twisting the low back put workers at a high risk for low-back injury.*

It's difficult for employers in many occupations to put enough safety programs in place to substantially reduce work related back injuries, due to the nature of many types of industrial jobs performed. "We've found that it is *essential* to the treatment and management of injured workers' to include all parties involved in our communication process and frequently updated on the patient's status. This is the best possible way to keep everybody focused on the same goal. It's healthy both physically and emotionally, if an injured worker can remain



**Cassim Igram, M.D., Orthopaedic Spine Surgeon at Iowa Orthopaedic Center, P.C., has received special training in minimally invasive spine surgery. He was the first surgeon to perform this type of procedure in Iowa in 2004.**

productive. If a patient is physically able to do modified activities, it's to their benefit to remain productive and as active as possible while they are recovering from their injury," says Dr. Igram.

While injury prevention for back claims remains challenging, the advancement in spinal surgeries, specifically spinal fusions, has been on the forefront of progress in the specialty of orthopaedics. With advanced state-of-the-art surgical techniques, some patients are candidates for minimal access spinal fusion. "The majority of work related spine injuries do not lead to surgical intervention, even fewer require a fusion. However, when spinal fusion becomes necessary, minimally invasive surgical procedures allow most patients to return to their productive lifestyles more quickly than traditional surgical techniques," states Dr. Igram.

Minimally invasive spine surgery is performed through thin metal tubes. The tubes are inserted through small incisions that are approximately one-half inch. "Small surgical instruments are inserted through the tubes placing screws and rods. These fixation devices hold the vertebra together until the bone graft is surgically placed promoting bone growth that will fuse the two vertebra permanently," says Dr. Igram. After completion, the small incisions are closed with sutures and

Continued on next page

## Continued from front page...

covered with surgical tape. In most cases the incision sites are barely noticeable after a few months.

Dr. Igram received specialized training on the state-of-the-art minimally invasive surgical techniques and was the first surgeon to perform minimally invasive spine fusion in Iowa in 2004. "Compared to spine surgery techniques that were available ten years ago, today's surgical advancements in spine surgery offer patients shorter recovery times, reduced hospital stays, decreased blood loss due to less tissue disruption, smaller incisions, reduced complications, and in most cases return to regular activities sooner," states Dr. Igram.

While it may be difficult to eliminate occupational risk factors for work related injuries, the good news is that most injuries can be treated conservatively without surgical intervention. But for those patients that require surgical intervention, with the continuing advancement of orthopaedic surgical techniques, patients are able to return to active, productive lifestyles quicker than before. "Surgery is just one denominator. It's important to keep both surgical and nonsurgical workers' compensation patients informed of expectations and goals, and educate them how to *prevent* future

injuries. Additionally, if we can all stay informed and focused on the same goal, workers' compensation claims have a better chance for a successful result for both the patient and employer," concludes Dr. Igram.

*If you would like more information regarding work related spine injuries, or minimally invasive procedures, contact Dr. Igram's Nurse, Darla, at 515-699-8349.*



**IOWA**  
**ORTHOPAEDIC**  
**CENTER, P.C.**  
A Center of Excellence



**IOWA**  
**ORTHOPAEDIC**  
**CENTER, P.C.**  
A Center of Excellence



**CASE  
CLOSED**



**Joshua Kimelman, D.O., Orthopaedic Surgeon at Iowa Orthopaedic Center, P.C., prepares recently before a presentation.**

**Many of the Iowa Orthopaedic Center, P.C., physicians provide presentations in the Des Moines and Fort Dodge area and surrounding communities. This year presentations have been given on orthopaedic procedures, treatment and management of work related injuries, and most recently Dr. Kimelman (pictured) presented *Considerations For Work Related Total Joint Replacement* at the Hopkins and Huebner annual conference on April 7, 2007. The experts at IOC are here to...*close the case...*if you need a presenter to provide orthopaedic, pain management, or PM&R related topics. Contact Deb Beenken at 515-699-8377 for more information.**



Presorted Standard  
US Postage  
PAID  
Des Moines, IA  
Permit No. 2995

#### Orthopaedic Surgeons

Joshua D. Kirmelman, D.O.  
Timothy G. Kenney, M.D.  
Jeffrey M. Farber, M.D.  
Kyle S. Galles, M.D.  
Scott A. Meyer, M.D.  
Cassim M. Igram, M.D.  
Rodney E. Johnson, M.D.  
Mark R. Matthes, M.D.  
Stephen A. Ash, M.D.  
Joseph F. Galles, Jr., M.D.  
Craig R. Mahoney, M.D.  
Daniel W. Vande Lune, M.D.

#### Pain Management

Thaddeus Ray, D.O.

#### Hand and Upper Extremity

##### Division

Scott M. Shumway, M.D.  
Michael A. Gainer, M.D.  
Ze-Hui Han, M.D.

##### Physiatrists

Kurt A. Smith, D.O.  
Camille Rivera, M.D.

##### IME & Special Evaluations

Martin S. Rosenfeld, D.O.

##### Podiatric

Dennis A. Kessler, D.P.M.  
Bryan M. Trout, D.P.M.

#### Mercy Medical Center

West Plaza  
411 Laurel St., Suite 3300  
Des Moines, IA 50314  
515-247-8400

#### Methodist Plaza Office

1221 Pleasant St.,  
Suite 590  
Des Moines, IA 50309  
515-247-8400

#### Pella Office

404 Jefferson St.,  
Suite L122B  
Pella, IA 50219  
641-621-1390

#### Ankeny Office

309 N. Ankeny Blvd.  
Ankeny, IA 50021  
515-247-8400

#### Mercy West Office

1601 N.W. 114th St.,  
Suite 136  
Clive, IA 50325  
515-247-8400

#### Open MRI Center

1040 5th Ave.  
Des Moines, IA 50314  
515-282-5288

#### Trinity Regional

Medical Center  
804 Kenyon Rd.,  
Physicians Office Building West  
Suite 320  
Ft. Dodge, IA 50501  
515-574-8333

## Hand and Upper Extremity Continued...

allow for recovery between repetitions, heavy **gripping, vibrating equipment** or tools, **unfamiliar** methods to do tasks, being **distracted**, being **rushed**, and environments that are too **cold**.

"If these risk factors can be identified at the job site, and a process reviewed and modified, there's a better opportunity for employers to reduce their upper extremity injuries in the work place," says Dr. Michael Gainer, of IOC's Hand and Upper Extremity Division. He adds, "Employers need to take these risks seriously and integrate processes that will allow employees to do their job, be productive, but avoid injury."

All three surgeons agree that while prevention is the best possible plan, knowing the symptoms associated with hand and upper extremity cumulative trauma and having injured workers' seek early treatment can also reduce more damaging injuries, the need for surgical intervention, and time lost from work.

If an employee starts to exhibit signs that a possible hand or upper extremity injury may be developing, employers should consider some temporary solutions that may eliminate the development of a long term condition. "Allowing employees to take frequent breaks when performing repetitive work, stretching forearm muscles, doing warm-up exercises prior to working a shift that requires strenuous hand or arm activity, having the employee avoid or modify activities that cause pain, and the use of cold packs following activities that cause pain, are all things that can be done to help decrease the opportunity for the development of WRUEDs," states Dr. Han.

"Repetitive strain injury and cumulative trauma disorder are terms that have obscured the issue for chronic work-related injuries. These terms actually relate to causation *not diagnosis*. A detailed assessment that provides an accurate diagnosis should always be established. This should then be followed by a concise and clear *relationship* to work stress to establish causation and possibly formulate a prevention strategy to avoid future injuries," concludes Dr. Shumway.

Hand and upper extremity workers' compensation costs can be reduced through an aggressive, multidisciplinary approach. IOC offers the highest standard of orthopaedic care to your injured workers...all the time...*For an appointment, or more information, please contact IOC at 515-247-8400.*



Presorted Standard  
US Postage  
**PAID**  
Des Moines, IA  
Permit No. 2995

#### Orthopaedic Surgeons

Joshua D. Kimelman, D.O.  
Timothy G. Kenney, M.D.  
Jeffrey M. Farber, M.D.  
Kyle S. Galles, M.D.  
Scott A. Meyer, M.D.  
Cassim M. Igram, M.D.  
Rodney E. Johnson, M.D.  
Mark R. Matthes, M.D.  
Stephen A. Ash, M.D.  
Joseph F. Galles, Jr., M.D.  
Craig R. Mahoney, M.D.  
Daniel W. Vande Lune, M.D.

#### Pain Management

Thaddeus Ray, D.O.

#### Hand and Upper Extremity

##### Division

Scott M. Shumway, M.D.  
Michael A. Gainer, M.D.  
Ze-Hui Han, M.D.

##### Physiatrists

Kurt A. Smith, D.O.  
Camille Rivera, M.D.

##### IME & Special Evaluations

Martin S. Rosenfeld, D.O.

##### Podiatric

Dennis A. Kessler, D.P.M.  
Bryan M. Trout, D.P.M.

#### Mercy Medical Center

West Plaza  
411 Laurel St., Suite 3300  
Des Moines, IA 50314  
515-247-8400

#### Methodist Plaza Office

1221 Pleasant St.,  
Suite 590  
Des Moines, IA 50309  
515-247-8400

#### Pella Office

404 Jefferson St.,  
Suite L122B  
Pella, IA 50219  
641-621-1390

#### Ankeny Office

309 N. Ankeny Blvd.  
Ankeny, IA 50021  
515-247-8400

#### Mercy West Office

1601 N.W. 114th St.,  
Suite 136  
Clive, IA 50325  
515-247-8400

#### Open MRI Center

1040 5th Ave.  
Des Moines, IA 50314  
515-282-5288

#### Trinity Regional Medical Center

804 Kenyon Rd.,  
Physicians Office Building West  
Suite 320  
Fl. Dodge, IA 50501  
515-574-8333

## Hand and Upper Extremity Continued...

allow for recovery between repetitions, heavy **gripping, vibrating equipment** or tools, **unfamiliar** methods to do tasks, being **distracted**, being **rushed**, and environments that are too **cold**.

"If these risk factors can be identified at the job site, and a process reviewed and modified, there's a better opportunity for employers to reduce their upper extremity injuries in the work place," says Dr. Michael Gainer, of IOC's Hand and Upper Extremity Division. He adds, "Employers need to take these risks seriously and integrate processes that will allow employees to do their job, be productive, but avoid injury."

All three surgeons agree that while prevention is the best possible plan, knowing the symptoms associated with hand and upper extremity cumulative trauma and having injured workers' seek early treatment can also reduce more damaging injuries, the need for surgical intervention, and time lost from work.

If an employee starts to exhibit signs that a possible hand or upper extremity injury may be developing, employers should consider some temporary solutions that may eliminate the development of a long term condition. "Allowing employees to take frequent breaks when performing repetitive work, stretching forearm muscles, doing warm-up exercises prior to working a shift that requires strenuous hand or arm activity, having the employee avoid or modify activities that cause pain, and the use of cold packs following activities that cause pain, are all things that can be done to help decrease the opportunity for the development of WRUEDs," states Dr. Han.

"Repetitive strain injury and cumulative trauma disorder are terms that have obscured the issue for chronic work-related injuries. These terms actually relate to causation *not diagnosis*. A detailed assessment that provides an accurate diagnosis should always be established. This should then be followed by a concise and clear *relationship* to work stress to establish causation and possibly formulate a prevention strategy to avoid future injuries," concludes Dr. Shumway.

Hand and upper extremity workers' compensation costs can be reduced through an aggressive, multidisciplinary approach. IOC offers the highest standard of orthopaedic care to your injured workers...all the time...*For an appointment, or more information, please contact IOC at 515-247-8400.*