November 2013 Issue



Our Services:

- Functional Capacity
 Evaluations
- Work Conditioning
- Job Analyses
- Fit for Duty Testing
- Employment Testing

SUCH A PAIN!

I recently attended the "Fundamentals of Chronic Pain Management: Treatments, Resources and New Technologies" at Wake AHEC on 11/9/13. Some startling statistics regarding opioids were shared:

- Between 1999 & 2011, there has been a 300% increase in unintentional poisoning with opioid meds (such as oxycodone, hydrocodone and methadone)
- Estimated 300M people go to bed with an opioid
- Chronic, impairing low back pain rose significantly from 3.9% to 10.2% in 2006*
- Percent of persons on Social Security Disability in 1992 was 12.8% and in 2006, it was 32.2%**
- Deaths due to opioids outnumber deaths due to heroin and cocaine combined**

Treating chronic pain with opioids is a tricky process at best. According to noted studies, there are many factors that need to be examined before prescribing meds for chronic pain. The following excerpts are provided from a few of those studies:

Family history is important, because genetics may account for 40% to 60% of the risk for developing addiction.*** The experience of cravings, cigarette usage, multiple opiate prescriptions, and certain psychological conditions, for instance, are each predictive of misuse to varying degrees.****

Measuring pain has always been a controversial topic. Pain is after all, a very subjective, personal, and psychological experience. There are a myriad of pain scales and questionnaires and methods of measurement of pain available, but few really conclusive statements can be made about any of these measures.

When assessing someone's ability to return to work, pain should not be THE reason someone does not return to work. Many people work with pain every day. It's how we react to pain and how we are able to function regardless of pain, as well as how we can modify either our posture, job tasks or how we move our bodies, that allows us to work in some capacity.

In an FCE, pain is measured primarily with self-rating scales by the patient and then consistency of pain ratings plus pain behaviors are assessed. Sincerity of effort testing provides additional information regarding the patient's consistency of effort with or without pain. With cross-referenced



testing, the therapist should see consistent pain behaviors with the same activities that are presented in different contexts or with distraction techniques. For example, if the patient reports pain or the inability to bend over and touch their toes, then they should not be able to bend over and pick up their shoes from the floor either.

While sincerity of effort can be measured objectively, the reason for inconsistent effort is often not known. Secondary gain or fear or learned behaviors all are possible reasons for lack of effort or inconsistencies in test performance. Use of programs such as work conditioning, allows the injured worker to reduce apprehension and gain confidence in their abilities to work with or without pain.

It is all our responsibilities to make sure each patient has the appropriate medical care and given an opportunity to work towards the ultimate goal of return to work. Likewise when that medical care has reached an end, we owe it to the patient to assist them to return to a normal productive life which includes returning to work.

*Freburger, et.al., 1999

**http://injuryfreenc.ncdhhs.gov/About/PoisoningOverdoseFactSheet2013

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We have Spanishspeaking staff for daily work conditioning visits. Save money on interpreters! ***Sartor C, Grant J, Bucholz K. Common Genetic Contributions to Alcohol and Cannabis Use and Dependence Symptomatology. Alcoholism: Clinical and Experimental Research. 2010; 34 (3): 545-554.

****Datz G. Psychological assessment for the prevention of misuse in opioid therapy. The Pain Practitioner. 2009; 19 (3): 25-34.

-Submitted by Michelle Morgan, Vice President of Job Ready Services

HAPPY THANKSGIVING!

The staff of Job Ready would like to wish everyone a very Happy Thanksgiving! We are all blessed in many ways!

From: Debra, Michelle, R.J., Jorn, Kathryn, Sheila, and Caitlyn

REMEMBER: JOB READY IS ON THE ALIGN, UNIVERSAL SMARTCOMP, CARE IQ, AND FIRST HEALTH NETWORKS. WE'RE PROUD TO ALSO BE A NETWORK SYNERGY PROVIDER AS OF THIS MONTH!