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HEAVY LOADS SHOULD BE LIFTED NEAR THE BODY
TO AVOID BACK PROBLEMS

Spine. 35(9):i, April 20, 2010

CLAIMS: A MEDICAL PERSPECTIVE

R. DAVID BAUER, M.D.

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Garland, Texas

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JACK WEBB

1. ACTIVE PRACTICE – BOARD CERTIFIED ORTHOPEDIC SURGEON
2. PEER REVIEW/FORENSICS
3. BIAS

BIAS THAT SCIENCE AND MEDICAL LITERATURE MATTERS MORE THAN TRADITION AND CONJECTURE

JUST THE FACTS

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LAUGH AT THE JOKES

10-11

NO... I'M PRETTY SURE THE TRICK IS SUPPOSED TO BE PICTURING THE AUDIENCE IN THEIR UNDERWEAR...

UCOMICS.COM/NONSEQUITUR

WILEYINK@COMCAST.NET

THEY WILL GET WORSE!!!!

PLEASE ASK QUESTIONS!

Why are some Claims more trouble than others?

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Why are some CLAIMANTS more trouble than others?

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YOU KNOW WHOM I MEAN!

- Symptoms unexplainably severe, prolonged and inconsistent with injury
- Inexplicably poor results from even appropriate treatment

- WHY ARE THEY NOT BETTER?

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DEFINITION OF PAIN

- What is pain?

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DEFINITION OF PAIN

- What is pain?
  - An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

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DEFINITION OF PAIN

- An unpleasant **sensory** and **emotional experience** associated with actual or potential tissue damage, or described in terms of such damage.

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WHY DON'T THEY GET BETTER?

- The results of procedures in the WC population are not as robust as in the commercial population
  - Knees, shoulder, back, carpal tunnel
- Identification of anatomic abnormalities and assuming they are traumatic

GAINS

- **Maybe the clinical course can be explained by what the patient has to gain…..**

…..and not the underlying condition

GAINS

- Gains always present
- Gains are not necessarily pathological
- Gains are not evidence of mental condition
- Gains need not preclude good recovery

DEFINITION

- A lie is a conscious effort to claim something that is not true, which the individual wants others to believe.

- A delusion is a false claim that is believed to be true by the individual, with little concern if anyone else believes it

REPORTING OF PAIN

- In medicine, the reporting of symptoms by a patient may have significant psychological motivators
  - primary or secondary gain

REPORTING OF PAIN

- In medicine, the reporting of symptoms by a patient may have significant psychological motivators
  - primary or secondary gain

unpleasant **sensory** and **emotional experience**

REPORTING OF PAIN

- Psychological motivators; primary gain
  - Interpersonal, social, or financial advantages from the conversion of emotional stress directly into demonstrably organic illnesses
- Internal benefits from illness/injury
- From the patient to the patient
- Satisfy internal psychological demand

REPORTING OF PAIN

- Primary gain may be caused by alcohol or drugs
  - Large amount of narcotics prescribed for back pain patients
  - Little attempt to wean the patient
  - Little attempt to treat the addiction
  - Diversion?

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REPORTING OF PAIN

- Psychological motivators; secondary gain
  - Interpersonal or social advantages (e.g., Assistance, attention, sympathy) gained indirectly from organic illness
  - Benefits accruing to patient from outside

REPORTING OF PAIN

- Psychological motivators; examples of secondary gain
  - Patient's disease allows him/her to miss work, gains him/her sympathy, or avoids a jail sentence
  - Light duty
  - Secondary gain may simply be an unconscious psychological component of symptoms and other personalities

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REPORTING OF PAIN

- Psychological motivators; examples of secondary gain that are intangible
  - Avoidance of undesirable work or home duties
  - Sympathy from friends and relatives
  - Nurturing from caregivers
  - Retribution for a perceived injustice
    - Unsafe work environment
    - Excessive occupational demands

REPORTING OF PAIN

- **Malingering; a type of secondary gain**
  - **Deliberately exaggerating symptoms for personal gain**

PSYCHIATRIC DIAGNOSIS

REPORTING OF PAIN

- Tertiary gain
  - Benefits to someone other than patient
    - i.e.: home to assume caregiver role
    - Not away on the road for days at a time
    - No night shifts
    - Frees up a car

REPORTING OF PAIN

- Tertiary gain
  - Benefits to someone other than patient
    - i.e.: home to assume caregiver role
    - Not away on the road for days at a time
    - No night shifts
    - Frees up a car
  - Doctors…..

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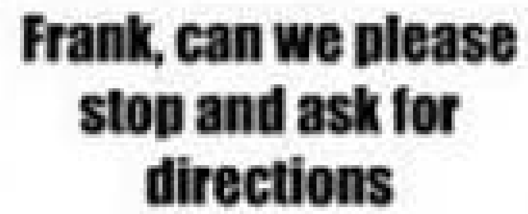
REPORTING OF PAIN

- Tertiary gain
  - Benefits to someone other than patient
    - i.e.: home to assume caregiver role
    - Not away on the road for days at a time
    - No night shifts
    - Frees up a car
  - Doctors…..
  - Lawyers……


Frank, can we please stop and ask for directions

REPORTING OF HISTORY

- What to believe?

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REPORTING OF HISTORY

Examinee-Reported History Is Not a Credible Basis for Clinical or Administrative Decision Making

by Robert J. Barth, PhD

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REPORTING OF HISTORY

- Clinicians and administrators rely on the history that is reported by examinees.
  - diagnosis ("injury")
  - causation analysis (e.g. work relatedness)

REPORTING OF HISTORY

- Patients don’t remember prior complaints
- Patient's fail to report the majority of their historical diagnoses
- Patient's claim to have been given many diagnoses that their doctors had not actually made

Barsky AJ. Forgetting, fabricating, and telescoping: the instability of the medical history. *Arch Intern Med*. 2002;162(9):981-984

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REPORTING OF FUNCTION

- History reporting unreliable….
- How about function?

Response bias in plaintiffs' histories

PAUL R. LEES-HALEY,
CHRISTOPHER W. WILLIAMS,
NATHAN D. ZASLER†,
SHELDON MARGUILIES‡,
LUE T. ENGLISH§ and KAY B. STEVENS¶

Lees-Haley Psychological Corporation, Woodland Hills, CA, USA
†National Neurorehabilitation Consortium, Inc., Richmond, VA, USA
‡Independent Practice, Silver Springs, Maryland, USA
§Health Education Services, Huntsville, Alabama, USA
¶Department of Special Education and Rehabilitation Counseling, College of Education, University of Kentucky, Lexington, Kentucky, USA

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REPORTING OF FUNCTION

- **Claimants offer reports which indicated that they were portraying their pre-claim functioning as having been significantly superior to that of people who had not filed medical-legal claims**

Lees-Haley PR, Williams CW, English LT. Response bias in self-reported history of plaintiffs compared with non-litigating patients. Psychol Rep.1996;79(3 pt 1):811-818.

REPORTING OF FUNCTION

- Claimants significantly superior to that of people who had not filed medical-legal claims
- Misrepresent their pre-claim functioning as having been super-human

Lees-Haley PR, Williams CW, English LT. Response bias in self-reported history of plaintiffs compared with non-litigating patients. Psychol Rep.1996;79(3 pt 1):811-818.

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REPORT

- Claima ior to that of ed medica
- Misrep functio uper- human

MARLON BRANDO

AN ELIA KAZAN PRODUCTION

On The Waterfront

KARL MALDEN • LEE J. COBB

EVA MARIE SAINT

nglish LT. history of litigating (3 pt 1):811-

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REPORT

- Claima
  that of
  medica
- Misrep
  functio
  human

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HALP

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REPORTING OF HISTORY

- **Compared what research participants said about their pre-accident history, to what was documented in their pre-accident records.**

The Spine Journal 9 (2009) 4–12

THE SPINE JOURNAL

2008 Outstanding Paper Award

Is the self-reported history accurate in patients with persistent axial pain after a motor vehicle accident?

Angus S. Don, FRACS, Eugene J. Carragee, MD*

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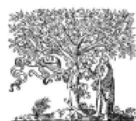
REPORTING OF HISTORY

- Self-reported rates alcohol abuse, illicit drug use, and psychological diagnosis, as well as prior axial pain significantly lower than that seen in the medical records



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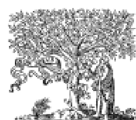
REPORTING OF HISTORY

- **Overwhelming tendency for claimants to falsely deny preexisting conditions which are of greatest relevance to complaints of persistent back and neck pain**



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REPORTING OF HISTORY

- “Control conditions”: less relevant to claims of neck and back pain and posed less threat to the viability of the medical-legal claims (hypertension and diabetes). ACCURATE

THE SPINE JOURNAL

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REPORTING OF HISTORY

- **Self-reported rates significantly lower than that seen in the medical records , especially in those who perceive that the MVA was another's fault**
  - **Over 100%**

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SYMPTOMS ARE NOT SYNONYMOUS WITH INJURY

- Symptoms subjective experience of changes in his or her body
- Diseases and injuries are objectively observable abnormalities in the body
- PAIN

SYMPTOMS ARE NOT SYNONYMOUS WITH INJURY

- Musculoskeletal pain
  - Frequently occurs w/o particular clinical findings
- Pain per se may be determined by factors other than those indicating a clinical disorder.

SYMPTOMS ARE NOT SYNONYMOUS WITH INJURY

- Symptoms alone not sufficient for diagnosis
- Must be corroborated by objective findings of physiologic or structural alterations
  - Imaging CONFIRM a diagnosis.

PAIN

"Pain is not a diagnosis, but a symptom."

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MEDICALLY UNEXPLAINED SYMPTOMS

- "… physical symptoms persisting for more than several weeks and for which adequate medical examination has not revealed a condition that adequately explains the symptoms."

MEDICALLY UNEXPLAINED SYMPTOMS

- ”A disturbance of normal neurological and/or psychological processes underlying symptoms production, perception and experience, which cannot be explained better by another clearly defined physical or psychiatric illness

MEDICALLY UNEXPLAINED SYMPTOMS

- Most doctors are somatically focused due to our training, in the familiar territory of physical symptoms/organic pathology.
- Leads to ineffective treatment

MEDICALLY UNEXPLAINED SYMPTOMS

- **Somatization is the unconscious expression of mental phenomena, especially distress, as physical (somatic) symptoms**
- **“A medicalizing doctor & a somatizing patient are a bad combination”**

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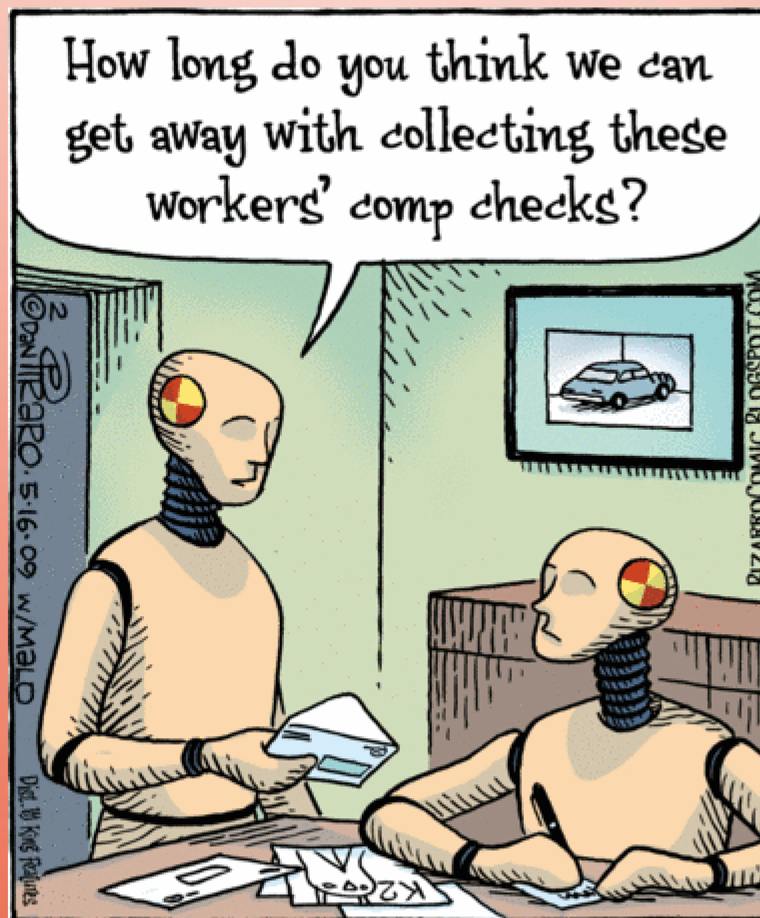
LEE

I PRETENDED TO RUN A BATTERY OF TESTS AND THEY CAME BACK POSITIVE FOR HYPOCHONDRIA.

WHAT IS THE RESULT OF TRAUMA?



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BACK PAIN

- Despite historical and modern observations, a strongly held opinion has gained currency in the last century that “low back injury” commonly occurs in the absence of clear bone or ligamentous injury

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BACK PAIN

- This opinion holds that minor trauma, while unlikely to injure a normal spinal segment, does cause serious structural injury to already degenerative components

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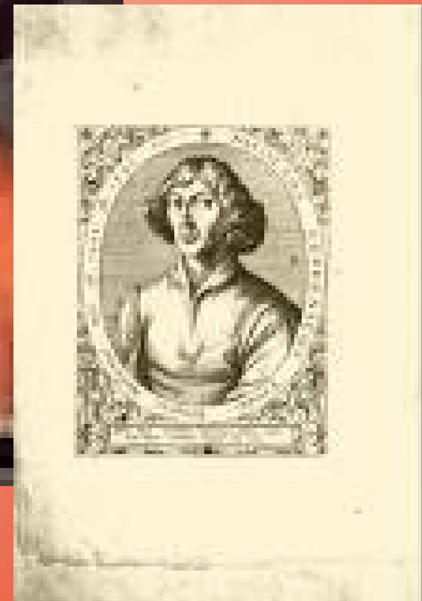
NICOLAUS COPERNICUS

- Renaissance mathematician astronomer; heliocentric model placed the Sun, rather than the Earth, at the center of the universe



De revolutionibus orbium coelestium 1543

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GALILEO GALILEI 1632

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BACK PAIN

SPINE Volume 31, Number 25, pp 2942–2949
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Does Minor Trauma Cause Serious Low Back Illness?

Eugene Carragee, MD, Todd Alamin, MD, Ivan Cheng, MD, Thomas Franklin, MD, and Eric Hurwitz, PhD

ELSEVIER

The Spine Journal 6 (2006) 624–635

THE SPINE JOURNAL

2006 Outstanding Paper Award: Medical & Interventional Science

Are first-time episodes of serious LBP associated with new MRI findings?

Eugene Carragee, MD[a,*], Todd Alamin, MD[a], Ivan Cheng, MD[a], Thomas Franklin, MD[a], Erica van den Haak, BS[a], Eric Hurwitz, DC, PhD[b]

BACK PAIN

- 200 patients, no history LBP problems
  - An increased risk of spinal degenerative disease and comorbid factors (neuro -physiological and psychosocial) predisposing to the development of chronic disabling LBP problems

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BACK PAIN

- 200 patients, no history LBP problems
  - Consecutive patients w/cervical disc disease
  - Stanford University Hospital
  - Assessed for concurrent LBP symptoms as part of a study of cervical disc herniations
  - Only working subjects were recruited

BACK PAIN

- 5 years, every 6 months
  - Matched chronic pain [nonlumbar] with each “pain free”
- New MRIs of the lumbar spine were examined in subjects developing persistent clinical LBP and compared to baseline studies.

BACK PAIN - RESULTS

- Risk of serious LBP was significantly greater when the subject perceived others at fault for the incident

BACK PAIN - RESULTS

- Perceived others at fault for the incident
- Compensation issues were associated with risk of reporting a serious injury with smaller falling distance.

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BACK PAIN - RESULTS

- Perceived others at fault for the incident
- Compensation issues
- Lifting events were the most common associated event
  - Relatively heavy weights were involved
  - Lifting in an awkward position

BACK PAIN - RESULTS

- Perceived others at fault for the incident
- Compensation issues
- Lifting events were the most common associated event
- Risk of disability when an LBP event arose with or without a preceding minor trauma event was not different

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BACK PAIN - RESULTS

- **Risk of disability when an LBP event arose with or without a preceding minor trauma event was not different**

- ***Trauma not likely the source of chronic pain***

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BACK PAIN - RESULTS

- Risk of disability when an LBP event arose with or without a preceding minor trauma event was not different

- ***Minor trauma associated with serious low back pain illness in a compensation system***

CONCLUSION

- "Subjects with advanced structural findings were not more likely to become symptomatic with minor trauma events than with spontaneously evolving LBP episodes."

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CONCLUSION

- "It is interesting that traumatic episodes associated with the least relative forces described were highly correlated with compensation claims or the perception of others being at fault for an accident."

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BACK PAIN – CHANGES?

- MRI looking for new pathology was rarely clinically helpful
  - MR imaging w/in 12 weeks of serious LBP highly unlikely to represent any new structural change

The Spine Journal 6 (2006) 624–635

THE SPINE JOURNAL

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Are first-time episodes of serious LBP associated with new MRI findings?

Eugene Carragee, MD[a,*], Todd Alamin, MD[a], Ivan Cheng, MD[a], Thomas Franklin, MD[a], Erica van den Haak, BS[a], Eric Hurwitz, DC, PhD[b]

[a]*Department of Orthopaedic Surgery, Stanford University School of Medicine, 300 Pasteur Drive, Rm. R-171, Stanford, CA 94305, USA*
[b]*Department of Epidemiology and Biostatistics, John A. Burns School of Medicine, University of Hawaii at Manoa, 651 Ilalo Street, Honolulu, Hawaii 96813, USA*

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BACK PAIN – CHANGES?

- new MRI rarely helpful
  - MRI highly unlikely new structural change
  - most new changes represent progressive age changes not associated with acute events

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The Spine Journal 6 (2006) 624–635

THE SPINE JOURNAL

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[b]Department of Epidemiology and Biostatistics, John A. Burns School of Medicine, University of Hawaii at Manoa, 651 Ilalo Street, Honolulu, Hawaii 96813, USA

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BACK PAIN – CHANGES?

- New MRI rarely helpful
  - MRI highly unlikely new structural change
  - New changes progressive age changes
    - Loss of disc signal
    - Facet arthrosis
    - End plate signal changes
    - Degenerative annular fissures
    - Spinal stenosis (not associated with back pain)

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BACK PAIN – CHANGES?

- New MRI rarely helpful
  - MRI highly unlikely new structural change
  - new changes progressive age changes
  - some changes helpful:
    - moderate or severe central stenosis
    - root compression
    - extrusions

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BACK PAIN – CHANGES?

- New MRI rarely helpful
  - MR highly unlikely new structural change
  - New changes progressive age changes
  - Some changes helpful ONLY FOR RADICULAR COMPLAINTS

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BACK PAIN

- There is no credible basis for an “injury model” for low back pain
- If there is persistent pain, LOOK FOR OTHER CAUSES

ELSEVIER

The Spine Journal 6 (2006) 624–635

THE SPINE JOURNAL

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[b]*Department of Epidemiology and Biostatistics, John A. Burns School of Medicine, University of Hawaii at Manoa, 651 Ilalo Street, Honolulu, Hawaii 96813, USA*

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MRI CHANGES

- Frequent occurrence of lumbar disc degenerative disease in advance age
  - Disc degeneration
  - Disc herniation
  - Annular fissure
  - Facet arthritis
- DON’T PREDICT BACK PAIN!

ELSEVIER

The Spine Journal 10 (2010) 200–208

THE SPINE JOURNAL

Clinical Study

Computed tomography–evaluated features of spinal degeneration: prevalence, intercorrelation, and association with self-reported low back pain

Leonid Kalichman, PT, PhD[a,*], David H. Kim, MD[b,c], Ling Li, MPH[b], Ali Guermazi, MD[d], David J. Hunter, MBBS, PhD[a,b]

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I SENSE DANGER.

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BACK PAIN - PSYCHIATRIC ABNORMALITIES

- Many patients with refractory LBP have at least one major psychiatric disorder
- Prevalence rates were significantly greater than the base rate for the general population

Psychiatric Illness and Chronic Low-Back Pain

The Mind and the Spine—Which Goes First?

Peter B. Polatin, MD,* Regina K. Kinney, PhD,* Robert J. Gatchel, PhD,* Erin Lillo, MA,‡ and Tom G. Mayer, MD †

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PREDICTORS OF BACK PAIN

- Individuals with depression increased risk of developing LBP
  - Risk being higher in patients with more severe levels of depression
  - Depression is associated with receipt of higher doses of prescription opioids

Scherrer JF, Salas J, Lustman PJ, Burge S, Schneider FD; Residency Research Network of Texas (RRNeT) **Investigators Change in opioid dose and change in depression in a longitudinal primary care patient cohort**. Pain. 2015 Feb;156(2):348-55.

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DISC DEGENERATION??

- NO association between new LBP and type 1 endplate changes, disc degeneration, annular tears, or facet degeneration
- Depression had the largest hazard ratio

SPINE Volume 30, Number 13, pp 1541–1548
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Three-Year Incidence of Low Back Pain in an Initially Asymptomatic Cohort

Clinical and Imaging Risk Factors

Jeffrey G. Jarvik, MD, MPH,*†‖**†† William Hollingworth, PhD,* **
Patrick J. Heagerty, PhD,§†† David R. Haynor, MD, PhD,*‖
Edward J. Boyko, MD, MPH,‡¶†† and Richard A. Deyo, MD, MPH†‡**

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EFFECT OF COMPENSATION

- W/C patients reported more pain, depression, and disability than pts w/out compensation involvement

Spine:
1 September 1997 - Volume 22 - Issue 17 - pp 2016-2024
Functional Restoration

The Effect of Compensation Involvement on the Reporting of Pain and Disability by Patients Referred for Rehabilitation of Chronic Low Back Pain

Rainville, James MD*†; Sobel, Jerry B. MD*; Hartigan, Carol MD*†; Wright, Alexander MD*‡

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PREDICTORS OF BACK PAIN

A Prospective Study of Work Perceptions and Psychosocial Factors Affecting the Report of Back Injury

STANLEY J. BIGOS, MD,* MICHELE C. BATTIÉ, PT, PhD,* DAN M. SPENGLER, MD,† LLOYD D. FISHER, PhD,‡ WILBERT E. FORDYCE, PhD,§ TOMMY H. HANSSON, MD, PhD,¶ ALF L. NACHEMSON, MD, PhD,¶ and MARK D. WORTLEY, PT*

PREDICTORS OF BACK PAIN

- Subjects who stated that they "hardly ever" enjoyed their job tasks were 2.5 times more likely to report a back injury than subjects who "almost always" enjoyed their job tasks.

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PREDICTORS OF BACK PAIN

- "Hardly ever" enjoyed job 2.5x more likely report a back injury
- No differences
  - Gender
  - Work conditions
  - Other demographic variables.

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PREDICTORS OF BACK PAIN

I FEEL SICK EVERY MORNING.

ALL DAY LONG, I FEEL LIKE EITHER CRYING OR PUNCH-ING PEOPLE.

YOU'VE GOT A BAD CASE OF MAHJOBIS CRAPPUS.

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www.dilbert.com scottadams@aol.com

PREDICTORS OF BACK PAIN

- "Hardly ever" enjoyed job 2.5x more likely report a back injury
- No differences gender, conditions, demographic variables
- Work loss in the prior 6 months STRONG RELATIONSHIP

PREDICTORS OF BACK PAIN

- "Hardly ever" enjoyed job 2.5x more likely report a back injury
- No differences gender, conditions, demographic variables
- Work loss in the prior 6 months
- Poor review from supervisor: STRONGEST RELATIONSHIP

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AH HA!!!!!

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A SWEDISH STUDY IN 2009 SHOWED THAT PEOPLE WITH BAD BOSSES HAD 40% MORE HEART ATTACKS.

AAAK!!!

I SHOULD WARN YOU THAT I'LL PROBABLY TELL THIS STORY A FEW TIMES.

Dilbert.com DilbertCartoonist@gmail.com
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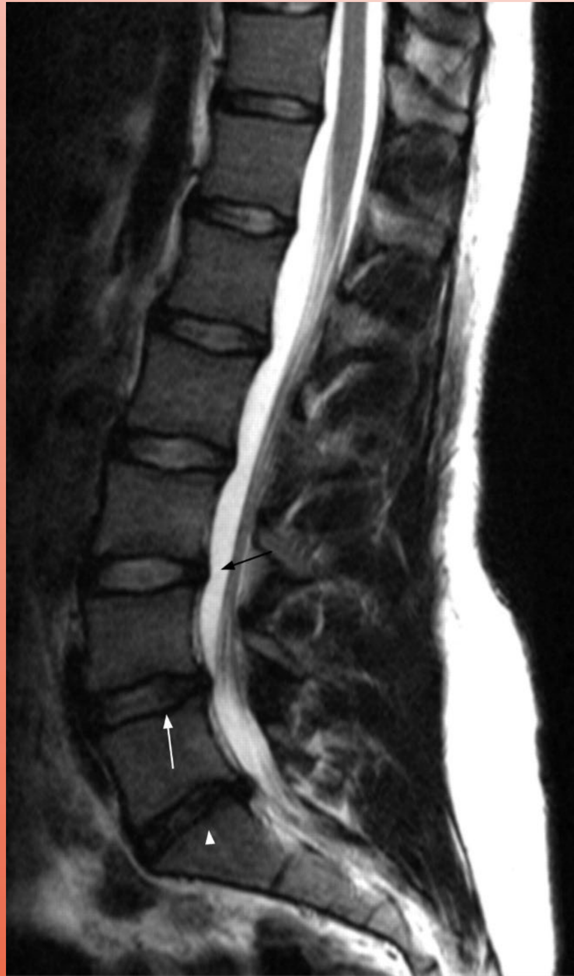
WHAT FACTORS PREDICT PERSISTENCE?



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WHAT FACTORS PREDICT PERSISTENCE?

- Majority of cases: no early MRI indications
- Iatrogenic effects of early MRI are
  - Worse disability
  - Increased medical costs
  - Surgery, unrelated to severity

Webster BS, Cifuentes M. **Relationship of early magnetic resonance imaging for work-related acute low back pain with disability and medical utilization outcomes.** J Occup Environ Med. 2010 Sep;52(9):900-7

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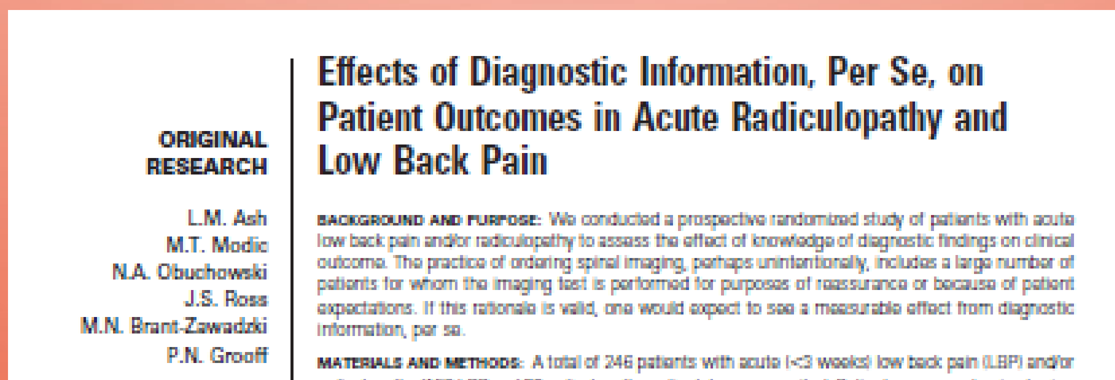
WHAT FACTORS PREDICT PERSISTENCE?

- **Patient knowledge of imaging findings do not alter outcome and are associated with a lesser sense of well-being**



ORIGINAL RESEARCH

Effects of Diagnostic Information, Per Se, on Patient Outcomes in Acute Radiculopathy and Low Back Pain

L.M. Ash
M.T. Modic
N.A. Obuchowski
J.S. Ross
M.N. Brant-Zawadzki
P.N. Grooff

BACKGROUND AND PURPOSE: We conducted a prospective randomized study of patients with acute low back pain and/or radiculopathy to assess the effect of knowledge of diagnostic findings on clinical outcome. The practice of ordering spinal imaging, perhaps unintentionally, includes a large number of patients for whom the imaging test is performed for purposes of reassurance or because of patient expectations. If this rationale is valid, one would expect to see a measurable effect from diagnostic information, per se.

MATERIALS AND METHODS: A total of 246 patients with acute (<3 weeks) low back pain (LBP) and/or

Ash LM, Modic MT, Obuchowski NA, Ross JS, Brant-Zawadzki MN, Grooff PN. **Effects of diagnostic information, per se, on patient outcomes in acute radiculopathy and low back pain.** AJNR Am J Neuroradiol. 2008 Jun;29(6):1098-103.

DON'T ORDER MRI

PICK YOUR BATTLES

Some things are better left alone

WHAT FACTORS PREDICT PERSISTENCE?

Upton Sinclair famously said:

"It is difficult to get a man to understand something, when his salary depends upon his not understanding it"

RESULTS OF TREATMENT: IATROGENIC

- **Prescription of opioids for more than 7 days for workers with acute back injuries is a risk factor for long-term disability**

SPINE Volume 33, Number 2, pp 199–204
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Early Opioid Prescription and Subsequent Disability Among Workers With Back Injuries

The Disability Risk Identification Study Cohort

Gary M. Franklin, MD, MPH,*† Bert D. Stover, PhD,* Judith A. Turner, PhD,‡§
Deborah Fulton-Kehoe, MPH, PhD,* and Thomas M. Wickizer, PhD¶

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WHAT FACTORS PREDICT PERSISTENCE?

- 21% claimants received at least 1 early opioid prescription
- High dose were disabled 69 days more than no early opioid prescription

SPINE Volume 32, Number 19, pp 2127–2132
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Relationship Between Early Opioid Prescribing for Acute Occupational Low Back Pain and Disability Duration, Medical Costs, Subsequent Surgery and Late Opioid Use

Barbara S. Webster, BSPT, PA-C,* Santosh K. Verma, MBBS, MPH,†
and Robert J. Gatchel, PhD, ABPP‡

PAIN IS UBIQUITOUS

- To have no pain is unusual
- AMA Guides 6th: Persistent pain is present between 18-50% of the population reporting continuous pain for at least 3 of the last 6 months.
- Population based study: ONLY 13.2% reported being pain fee at the beginning of the study

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CHRONIC PAIN: INDEPENDENT PREDICTOR

- High initial pain

The Journal of Pain, Vol 11, No 5 (May), 2010: pp 420-430
Available online at www.sciencedirect.com

Original Reports

Bio-Psychosocial Determinants of Persistent Pain 6 Months After Non-Life-Threatening Acute Orthopaedic Trauma

Fiona J. Clay,* Stuart V. Newstead,* Wendy L. Watson,† Joan Ozanne-Smith,‡ Jonathon Guy,* and Roderick J. McClure*

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† NSW Injury Risk Management Research Centre, University of NSW, Sydney, NSW, 2052, Australia.
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CHRONIC PAIN: INDEPENDENT PREDICTOR

- High initial pain
- Poor recovery expectations
- Psychological distress

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CHRONIC PAIN: INDEPENDENT PREDICTOR

- **High initial pain**
- **Poor recovery expectations**
- **Psychological distress**

EXTERNAL ATTRIBUTION OF RESPONSIBILITY FOR THE INJURY

ELSEVIER

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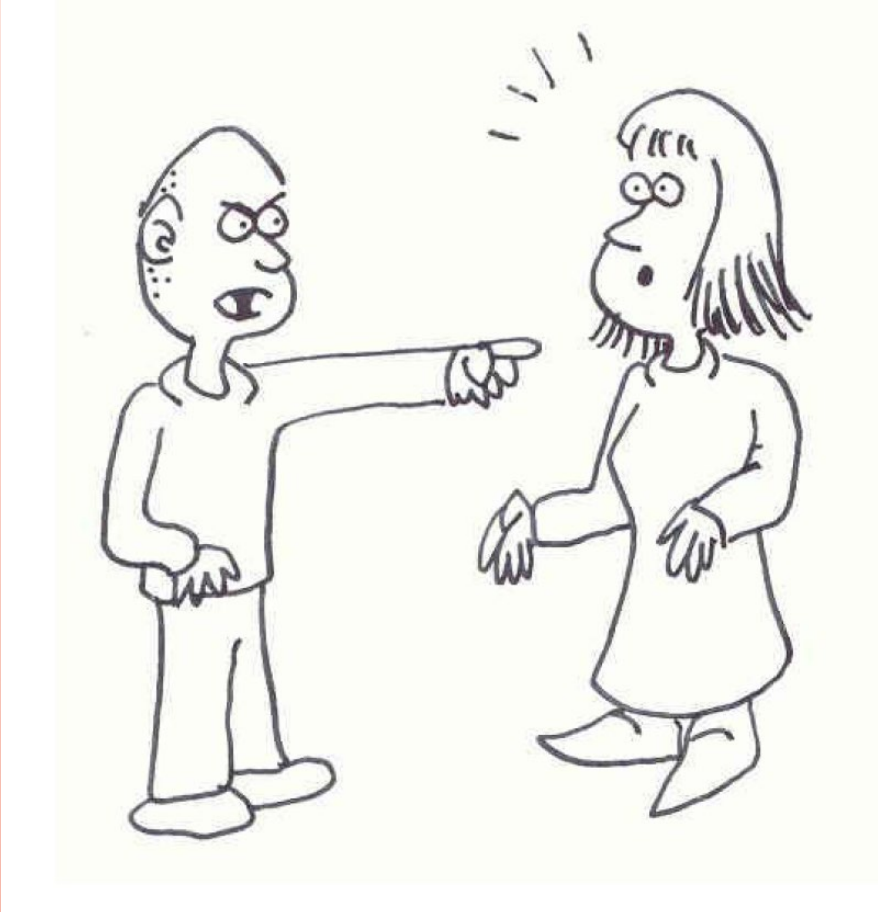
MOST IMPORTANT:



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CHRONIC PAIN: INDEPENDENT PREDICTOR

- External attributions of responsibility for the injury
    - Strongest relationship
    - Poorer psychological adjustment

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NOTICE

THANK YOU
FOR NOTICING THIS
NEW NOTICE

YOUR NOTICING IT
HAS BEEN NOTED

AND WILL BE REPORTED TO THE AUTHORITIES

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ARE WC PATIENTS DIFFERENT?

- When asked to comply with explicit preoperative instructions created specifically to prevent wrong-site surgery noncompliance:
  - 70% WC patients
  - 33% commercial insurance.

PATIENT COMPLIANCE IN AVOIDING WRONG-SITE SURGERY

BY CHRISTOPHER W. DIGIOVANNI, MD, LANA KANG, MD, AND JENNIFER MANUEL, MD

J Bone Joint Surg Am. 2003 May;85-A(5):815-9.

SO….WHO IS THE DIFFICULT CLAIMANT?

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SO….WHO IS THE DIFFICULT CLAIMANT?

- Unhappy at work

SO….WHO IS THE DIFFICULT CLAIMANT?

- Unhappy at work/life

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SO….WHO IS THE DIFFICULT CLAIMANT?

- Unhappy at life
- Depression, anxiety, multiple claims, prior absence from work

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SO….WHO IS THE DIFFICULT CLAIMANT?

- Unhappy at life
- History of drug and alcohol abuse

SO….WHO IS THE DIFFICULT CLAIMANT?

- Unhappy at life
- History of drug and alcohol abuse
- External attribution of fault

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SO….WHO IS THE DIFFICULT CLAIMANT?

- Unhappy at life
- History of drug and alcohol abuse
- Its “their” fault…..
- Ever increasing doses of pain medication

SO….WHO IS THE DIFFICULT CLAIMANT?

- Remember…

PAIN IS AN EMOTION:

An unpleasant sensory and emotional experience

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Some days all you can do is smile and wait for some kind soul to come pull your ass out of the bind you've gotten yourself into.

SO….WHAT DO WE DO ABOUT IT?

1. Demand science – its not just enough that I SAID SO!

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SO….WHAT DO WE DO ABOUT IT?

1. Demand science
2. Recognize the pattern

SO….WHAT DO WE DO ABOUT IT?

1. Demand science
2. Recognize the pattern
3. Intervene early
   - case management
   - return to work – light duty

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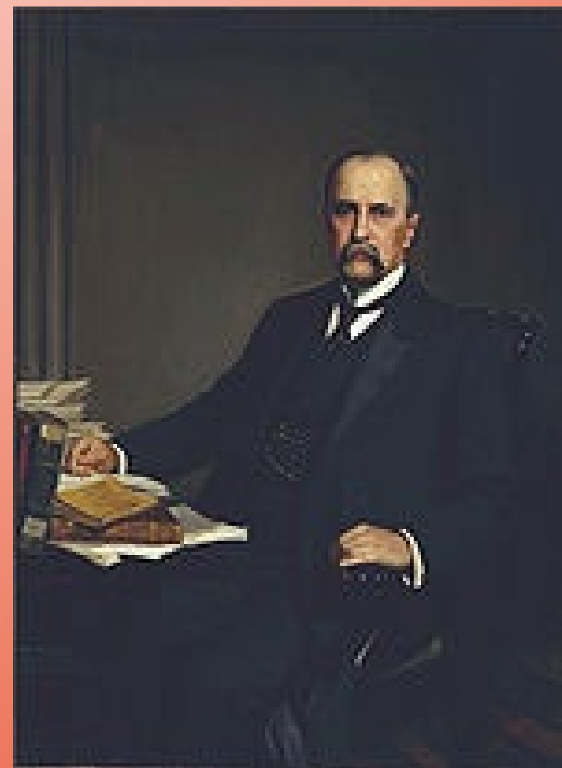
WILLIAM OSLER

- Its not the disease…….



WILLIAM OSLER

- Its not the disease…….

- It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has

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We Have Met the Enemy and He Is PowerPoint

ANSF TACTICAL

ANSF INSTITUTIONAL

OUTSIDE SUPPORT TO INSURGENT FACTIONS

INSURGENTS

NARCOTICS

COALITION CAPACITY & PRIORITIES

CENTRAL GOV'T

OVERALL GOVERNMENT CAPACITY

POPULATION CONDITIONS & BELIEFS

POPULAR SUPPORT

COALITION DOMESTIC SUPPORT

TRIBAL GOVERNANCE

INFRASTRUCTURE, SERVICES & ECONOMY

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THE NEW YORKER

"Definitely work-related."

BE CAREFUL!

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