



## Meet your Pennock Occupational Medicine Team!

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Pennock's Occupational Medicine Department works with over 200 area employers, as well as several out-of-state businesses with local employees. We are your health care partner providing physical exams (including Department of Transportation physicals), management of work site injuries, ergonomic assessments, specialized exams for respiratory and orthopedic considerations, carpal tunnel screening, alcohol breathalyzer testing and drug testing. We encourage you to join us online at [www.pennockhealth.com/occupational.html](http://www.pennockhealth.com/occupational.html) or by contacting us directly at 269-948-3102, Monday thru Friday, 7:30 a.m. to 6:00 p.m.

## Pennock Occupational Medicine Clinic

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## DOT Corner

After many delays and repeated advance warnings, the Final Rule for certified DOT medical examiners seems to be imminent. The ruling was scheduled to be published by the end of January, so it is expected to be available soon.

This signals the start of a process likely to take two to three years of transition. All medical examiners who now perform the DOT exams will need to attend one of the classes and then take an on-line exam to assure knowledge of what the DOT wants them to know. Even though examiners may already have attended a class (like me), everyone will still need to attend an additional class once they are developed.

There are approximately 4-5 million exams done each year for DOT purposes, so imagine how many will need to be retrained to assure an adequate supply of examiners.

After this transition, DOT employers will be required to ensure the DOT examinations are being done by a Certified Medical Examiner and that this examiner provides, on the DOT form, his or her certification information.

A DOT Certified Medical Examiner will need to stay current on all the updates and current guidelines to ensure that once a driver has been cleared to drive, he or she is indeed capable of safely operating a commercial vehicle. If a problem presents, the DOT will be able to trace the examiner and hold them accountable for their examination process.

Family Doctors who fill out the DOT forms out of loyalty to their patients may continue to

**DOT, CONTINUED ON PAGE 4**

# Athletes, Fitness, and the Workplace

It has often been said that a worker is essentially an industrial athlete. This claim is supported by our experience here at Pennock Occupational Medicine. An athlete and a worker have multiple similarities:

**Muscle, tendons, ligaments and support structures** need to be trained and strengthened prior to performing. The athlete undergoes training camp to get stronger and more flexible. The worker often gets his strength training on the job in incidental fashion as their bodies “work harden” to a new job. We all have experienced the aches and pains of overdoing it as weekend athletes, or of being sore after a new work activity. To avoid injury, one should consider easing the employee into a new activity rather than having them attack it full force without a break-in period.

**Body structures** can be overused and abused. As the sports season wears on many athletes begin to have problems as their bodies break down. This occurs with many employees as well. No baseball manager requires a starting pitcher to pitch two days in a row—they need time to heal. A worker may not suffer the stresses of a baseball pitcher or a football quarterback, but their bodies do require healing time. This is where job rotation and frequent activity changes are so vital to the health of the worker. Too much of the same work or too many hours can wear the body down. There may not be an incident of injury, but sore backs, shoulders, elbows, and wrists are injuries just the same. This process is worsened with age because healing is slower. Muscles lose strength and stiffness sets in as the



structures lose their natural elasticity. There are very few athletes who did not suffer from pain or injuries at some point during their careers. As we grow older, we begin to understand how they must have felt after a rough game.

**Awkward positions injure athletes and workers alike.** For instance, many shoulders and elbows are injured in baseball by the player hurrying the throw, or throwing off the wrong foot. Proper body mechanics (proper ergonomics) are vital to staying injury free (think Justin Verlander).

**Muscles and connective tissue**, need to be warmed up prior to use. Even pro athletes and experienced workers are more likely to incur an injury if they do not stretch their muscles before use. I doubt if any of us would play basketball, softball, or golf without any warm-up process, yet the average worker often rushes from their vehicle, punches in, and

begins work. No warm-up and no stretches.

Our experience here at Pennock Occupational Medicine underscores the fact that athletes who understand their bodies and their injuries are far more likely to get better quickly – they apply their sports experience to rehabilitation, strengthening and working through the post injury aches, fatigue, soreness, tightness, and similar sensations of a normal healing process. We often speak in these sports terms to aid in our explanations. Workers who don't understand this often will hesitate to attempt full restriction-free work unless all symptoms of any sort are gone. Such hesitation tends to slow the healing process and their return to full work activity.

In summary, it make sense to think of the worker as an athlete, and to encourage them to think of themselves in the same way. This applies to not just heavy industrial or construction jobs, but other types of jobs such as patient care (much heavy lifting of patients) and even clerical jobs where employees are moving, lifting and carrying supplies. Applying the same principles used in athletic training will prevent injuries and hasten recovery after injury.

**How strong do we need to be?** A study by the Ergonomic Department at the University of Michigan revealed that muscles ligaments and connective tissues that were exposed to stresses beyond approximately 80% of maximum tended to show the effects of strain such as swelling, microtears and other strain type symptoms when compared to those same tissues that were exposed to less than 80% of maximum.

This tells us for instance, that if a worker needs to lift 80 lbs on a regular basis, they need to have a maximum

## Worker's Compensation

lifting strength of at least 100 lbs.

A worker who needs to grip at a 40 lbs grip strength level on a regular basis, would then need to have maximum grip strength of at least 50 lbs to avoid overuse injury.

We can correlate 80% rule to most activities in the workplace and then take this back to our clinic to assess adequate strength requirements.

If a worker is not strong enough, they would need to increase that basic strength level to a minimum of 20% over their maximum strength requirements at work. The easiest way to accomplish this is to commit to a training regimen at a fitness center.

*The Pennock Health and Wellness Center is an excellent resource to allow the worker or colleague opportunities to strengthen and exercise their bodies. Opportunities like Zumba, Body Pump, Pilates, Spinning, among other specialty exercises class, focus on core strengthening and muscle development. Additional mediums like cardio equipment, aqua exercise, free weight use, and stretching techniques can provide options for the colleague to improve their health and allow for a firm foundation of fitness activities. Certified instructors, personal trainers and exercise professionals are always available for consultations or questions that may arise during a fitness or exercise routine. Safety and gradual progression will strengthen and support muscular integrity and provide optimal wellness benefits.*

At the end of 2011, an update of the Worker's Compensation Regulation was passed by the State of Michigan legislature and signed by our governor.

The following is a review of the major changes as we at this clinic see from our review. Please contact us if you have more information to give us.

1. If an employee wishes to transfer care to a medical provider of their choosing, they may give notice of treatment change after 28 days rather than the previous 10 days. The notice must still be in writing and the choice must be of a suitable nature (appropriate medical practitioner –not a foot doctor for a hand problem or a chiropractor for an eye problem). The employer may veto the transfer of care if an inappropriate choice is made.

This could be important since, in the past, some employees would simply delay cooperation of treatment until 10 days after the injury, allowing such treatment to begin only after they were able to choose their own provider (often a provider more willing to remove the employee from work or approve more costly treatments).

2. The update requires an injury to be "medically distinguishable" from an employees prior or ongoing medical condition.

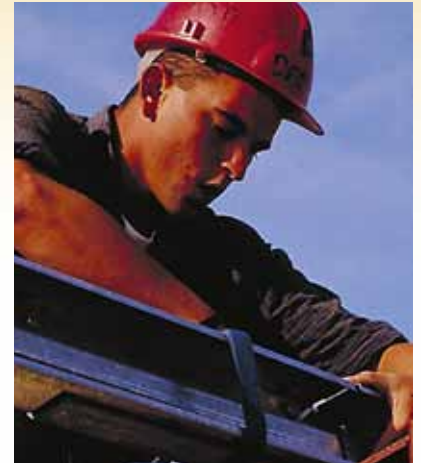
A preexisting condition such as degenerative disc disease of the neck must have some objective finding showing a change (a worsening that must be noted on scans, imaging studies, or other objective diagnostic study), before it will be accepted as a new worker's compensation injury.

In the past, some employees would claim that degenerative arthritis was worker's compensation at the end of their work career as a way to ease into retirement. This update would place degenerative arthritis into the same category as cardiac disease, a condition of aging not work injury, unless objectively and significantly shown otherwise.

3. The update would require an employee's perception of actual events to be grounded in reality, for a mental disability to be compensable.

Mental conditions must be able to be shown to objectively and truly have happened, not simply to have been an employees perception of having been treated improperly or poorly.

Other changes included in this update have more to do with calculating compensation than in treatment aspects themselves. Feel free to read through this yourself on the internet by searching for Michigan House Bill 5002.





## Medical Marijuana Update

As of the first of 2012, we are approaching 140,000 registered Medical Marijuana users in Michigan and the numbers continue to grow. It also makes sense that the number of registered caregivers is growing as well as their marijuana plants.

Registered caregivers are allowed to provide marijuana for up to 5 medical marijuana persons and are allowed to possess up to 2.5 ounces of marijuana and/or 12 plants for each medical marijuana user.

Dispensaries are basically store front operations that sell marijuana to customers just as if they were selling beer or liquor except they need to check to see if the customers have a Michigan Medical Marijuana card.

Dispensaries scattered throughout Michigan have been challenged recently and been found illegal.

The Michigan Medical Marijuana Law was intended to bring marijuana to those patients with serious chronic medical problems such as terminal cancer and HIV/AIDS. Selling the marijuana in a store front was never the intent. The statewide legal ruling seemed clear in that regard, however many storefronts are still open. They seem to be operating on a "collective" type format – asking for "donations" instead of charging for the product.

There have been reports of clubs being formed where people with similar situations get together to help each other obtain the necessary materials to use medical marijuana. Some monetary compensation is reportedly taking place in these locations as one would expect.

These private clubs would seem much more desirable than store front operations. The clubs seem much more in line with the intent of the regulation as written and much less of a commercial concern.

Storefront dispensaries are another subject quickly heading towards the Michigan Supreme Court. Eventually these matters will need to be sorted out and it would seem that the court system is going to be the front lines of this battle.

## Spread the word, not the flu

The influenza vaccination program has dropped off in numbers this year with a lot of people skipping their flu shots.

However, there is still time to get your flu shot, as we have a good supply. Protect yourself while you still can.

A similar drop off has been seen in the past after a couple of years of mild flu seasons. The instances of influenza wax and wane from year to year. The real eye opener comes when influenza spreads through our community in a bad year.

Do you want healthy employees? Encourage them to keep their vaccinations up-to-date.



### DOT, CONTINUED FROM PAGE 1

do so only after undergoing the rigorous course created by the FMCSA and sitting for an examination by the same organization. Some DOT examinations will be randomly audited as will examinations done in which a

problem later surfaced. Some family doctors may choose to go through this process, but others may opt out due to time restraints and the need to concentrate on other areas of their practice.

Next in line for the FMCSA is that of

a central storage location for driver information, the reasoning being that examination information for drivers from any state will be available to DOT persons anywhere in the country, and eventually anyone in North America. It will be interesting to see how long that takes.