Success Story | Ohio Fire Chiefs' Association

Articles featuring VocWorks services from the January/February 2009 issue of "In Command" magazine.

HEALTHY CHIEF

Physical Therapy

Transitional work on-site physical therapy can work for your department

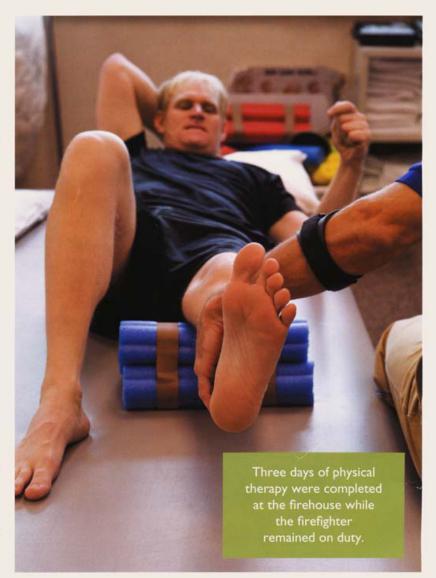
By Heather L. Wendell, PT Regional Therapy Supervisor, VocWorks Physical Therapist, Accredited Transitional Work Developer

What follows is a case study of how Transitional Work On-Site Physical Therapy helped an injured firefighter move from physically disabled to work-enabled.

This physical therapist received an e-mail from a fire chief toward the end of one week asking if I could come to the firehouse on Monday to reenact an injury that occurred a week earlier.

The injured firefighter could not recall any particular part of the run or any specific incident that hurt or caused pain. He did not experience any pain until the next day when he bent forward to try on a pair of boots. He experienced significant low back pain and his back "locked up". He went to the Emergency Room twice over the weekend, was given medication and taken off of work. He followed up with an Occupational Medicine facility and received a prescription for Physical Therapy and was able to return to work with restrictions. He came back to light duty work and was scheduled to work 40 hours.

Six days after the incident, this physical therapist met with the chief, the injured firefighter, and several other firefighters, including some that were on that particular EMS run. We spent the next hour recreating the scene in order to determine any particular mechanism of injury. An obese man was on the floor of a small, confined bathroom. Three firefighters were in the bathroom and attempted to assist the man to standing. The man was unable to stand, but they were able to get him on the side of the tub. They were then able to get him into a straight back chair. From there, the firefighters were able to slide him onto a tarp (used to move heavy patients) which



was in the hallway. Six firefighters took the man down the stairs on the tarp and successfully loaded him into the medic. The firefighters got assistance from a couple of other firefighters at the hospital when transferring him from the cot to the hospital bed.

In the state of Ohio, the Worker's Compensation system allows physical medicine services to be initiated under presumptive authorization. The physical therapist contacted the township's Man-

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aged Care Organization and was able to initiate Physical Therapy the same day he returned to light duty work.

The injured firefighter was only able to stand and walk in a forward bent posture. He had limited trunk range of motion and strength, decreased lower extremity flexibility and functional limitations. A full comprehensive evaluation was not able to be performed due to his acute pain. Treatment was initiated and included moist heat and interferential electrical stimulation to decrease inflammation and pain as well as gentle trunk and lower extremity stretches. Educational information was provided that focused on positional changes, exercises to be performed at work/home and frequency of activities.

As the next two weeks progressed, the firefighter felt he was ready to return to full duty work. This physical therapist and the firefighter worked on body mechanics and lifting techniques. He was able to do the following: lift a 45-lb. box off the rescue to the ground; carry 45 lbs. around the bay; load another firefighter (160 lbs.) in/out of the medic ten times independently;

lift that same firefighter on the cot from the ground to waist level with another firefighter; and squat to the ground while wearing the air pack. Stiffness and discomfort was reported while performing these tasks. The firefighter was able to get in and out of awkward positions without difficulty. No turnout gear or air-pack were worn.

The firefighter followed up with his physician, who agreed with this physical therapist, to keep him from returning to work full duty for another week. There was a fear that the firefighter would get himself into a situation on an EMS or fire run that he would put him at risk for further injury. This therapist wanted to get one more week of advanced trunk strengthening completed prior to his return to full duty.

At Week 3, the firefighter demonstrated the ability to lift equipment off of the engine and rescue, carry equipment up and down stairs, load a firefighter in/out of the medic, and maneuver a 185 lb. dummy from an elevated platform down steps while dragging the dummy in a

forward bent posture as well as in hands/ knee position. During these tasks, he was wearing full turnout gear and an air pack. No pain or stiffness were reported. At that time, this therapist recommended to the physician, who agreed, that the firefighter should be released to return to work full dury.

The remaining three sessions of Physical Therapy were completed at the fire house while the firefighter was working full duty.

The firefighter only missed one day from work. The Township was able to accommodate his restrictions and allowed Physical Therapy to take place at the job site. Physical Therapy was initiated 6 days after his injury, and on the same day he saw his physician and was given a prescription for therapy. This therapist worked with the firefighter, his lieutenant, and his chief to identify work tasks that fit within his restrictions and abilities.

Transitional Work On-Site Physical Therapy can help injured firefighters quickly and safely return to work maintaining the employability of their staff.

Prevention and recovery

In-house physical therapy reduces injuries, time off

By Chief John Eisel Violet Twp. Fire Dept.

Linjuries from strains and sprains of the lower back and knees. We involved our Health and Safety Committee to determine what we could do to prevent these types of injuries in our future. After a significant knee injury to one of our personnel, we enlisted help from Ohio Bureau of Worker's Compensation (BWC) for an ergonomist, and Careworks for a physical therapist to reenact the incident and determine what actions could be taken to prevent these recurring injuries to our personnel.

Heather Wendell was the physical therapist that Careworks assigned to us for our request. She analyzed the body mechanics, technique and equipment, and provided valuable input on the proper way to accomplish our job. Ms. Wendell has been a tremendous addition and investment to our organization. She

has taken the time to learn the varying aspects of our job, as well as the fire department culture. She is currently implementing a stretching regimen for the firefighters that they are conducting on a daily basis at the beginning of each shift.

By making the physical therapist and equipment available to our personnel on-site, their return to work time has decreased. We further have allowed them to receive physical therapy on duty, which helps them become educated to help prevent re-injury in the future.

Ms. Wendell has been integrated into our Health and Safety Committee, where she provides insight on injury prevention, correct lifting techniques and proper body mechanics. She also interacts with the BWC regarding the claim, and the primary care physician for treatment planning and options.

The goal of reducing injuries and the severity of injuries is paying off. We hope this work will continue to contribute to our people enjoying a healthy, successful future.

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