



The Disability Analyst

Volume 16 Issue 1

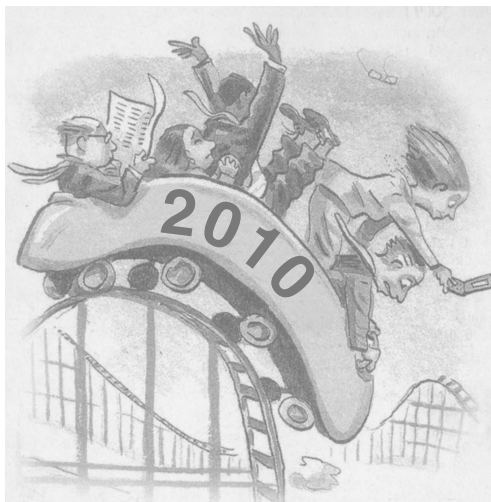
Official Newsletter of the American Board and College of Disability Analysts and Affiliated Organizations

Spring 2010

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ANNUAL CONFERENCE 2010 WASHINGTON, DC

Our first annual conference held in Washington, DC years ago was one of our very most successful. Members and families always welcome an opportunity to visit our extraordinary national capitol. 2010 will be no exception as much has changed there in recent years. Among popular attractions are the White House Visitor Center, Vietnam Veteran's Memorial, Washington Monument, Lincoln Memorial, Smithsonian Institution, National Gallery, Arlington National Cemetery, Capitol Hill, United States Holocaust Memorial Museum, Library of Congress, Old Time Trolley Tours, National Postal Museum, Library of Congress, United States Botanic Garden, National Archives, Hirschorn Museum of Sculpture and Garden, National Museum of African Art, Mt. Vernon Tour, Supreme Court Building, National Air and Space Museum, National Museum of Natural History, FDR Memorial, International Spy Museum, Korean War Veterans Memorial, Phillips Collection, National Portrait Gallery, Jefferson Memorial, Einstein Memorial, National Cathedral, National Museum of American History, Corcoran Gallery of Art, historic Union Station, Georgetown, Dupont Circle, Potomac Mills (Virginia's biggest tourist attraction), international shopping venues, vibrant night life, delightful, kitschy cafes and boutiques, John F. Kennedy Center for Performing Arts, Howard University, Constitution Hall and Ford's Theater.

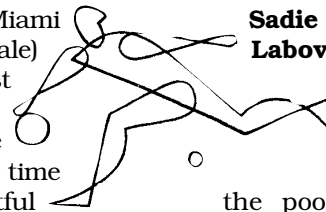


Washington, DC is defined by the people it represents, the freedom it stands for, the power it holds, the history it presents and the future it promises. Our meeting is attractively scheduled over the weekend preceding Columbus Day, enabling members an additional day, as it is a federal holiday. October is a wonderful time to visit with pleasant temperatures. Sales tax is 5.75%. The city is walkable with key attractions in proximity to our hotel. Passes for both the House and Senate galleries and tours of the White House, Supreme Court, National Archives, and Kennedy Centers may be obtained from your Senator or Representative with a few months advance notice. To contact your legislator, phone the congressional main switchboard at 202 224-3121, give your legislator's name and ask to be connected to his/her office. **Bring a camera.**

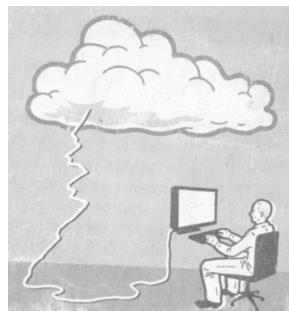
Our hotel is centrally located with a special conference rate of \$169 (request "American Board" room block). We strongly urge early registration as rooms will sell out quickly. See back page for both hotel and conference registration details. Persons interested in being a presenter should fax a brief proposal to the ABDA Program Committee at 615-327-9235, e-mail americanbd@aol.com or by mail. Decisions are made within 15 days.

FORT MYERS BEACH CONFERENCE 2009: BIG SUCCESS

Prior meetings in various Florida sites (Miami Beach, Marco Island, and Fort Lauderdale) have always proven popular. Our first annual conference in this location was rated very highly by attendees. A diverse and gifted faculty, including some first time presenters, provided memorable, insightful and innovative presentations augmented by audiovisual resources. Presenters included **Don Ranney, Rick Pounds, Arthur Fries, Scott and Robert Kuebler,**



Sadie Strick, Karen Gold, Jerrold Simon and Alan Labovitz. Nearly every registrant won a small organizational logo item at the drawing. Free time was spent networking, walking the beach, fishing, water-skiing, snorkeling, boating, shelling, swimming, idling by one of the pools, bicycling and outlet shopping. Florida Governor Crist issued a formal proclamation welcoming our group to the area for its fourth Florida conference and first in Fort Myers Beach.



PASSAGES AND MILESTONES

We are extremely pleased to report that one of our publications, Disability Analysis Handbook: Tools for Independent Practice sold out of its fourth printing in 2008 and has now entered its fifth printing which is over half sold out at this time. We are advised that our publications are used not only by members but by attorneys, medical schools, colleges, universities, hospital libraries, rehabilitation centers, head trauma centers, forensic economists and other professionals, interns, residents and students.

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Congratulations to the irrepressible **Dr. James Sasmor** who was selected by The Lions Club as Official Host for the International Youth Exchange. Honorees came from Denmark, Italy, Mongolia, Finland, Germany, Slovakia and the Netherlands. Jim continues to serve as President of Continuing Education Consultants (235 Arrowhead Drive, Sedona, AZ 86351).

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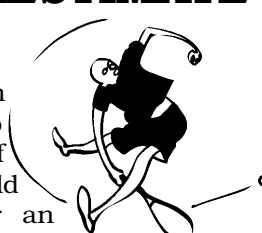
A 2008 survey of 1,793 members indicated that 37% provide expert witness consultation, evaluation and/or testimony as a regular part of their professional practice. This is an increase of nearly 8% since a similar survey was conducted in 1999. This finding indicates that forensic practice is a steadily growing aspect of the professional work of board certified disability analysts.

URGENT!

If you received this issue of The Disability Analyst newsletter, it is because we may not yet have your e-mail address. As our organization strives to become increasingly green, we have begun to send this newsletter issue via e-mail. In the future we hope to approach 100% of our mailings using e-mails. Your help is greatly needed. If you have not yet provided your e-mail to the Central Office, please do so at your earliest convenience by contacting us at americanbd@aol.com or by fax 615 327-9235. Recent issues of our newsletter and other valuable information and research links can always be accessed at no cost by members at our website: www.americandisability.org.

BOOMERS UNDERESTIMATE DISABILITY RISK

Adult baby boomers, born between 1946 and 1964, tend to underestimate their risk of suffering a disability that would cause them to miss work for an extended time, according to Harris Interactive. Reportedly, baby boomers are unaware of the most common causes of disability and are not overly concerned about their own risk of becoming disabled. Forty-seven percent reported not being concerned about their chances of suffering a disabling illness or injury. In actuality, a worker has a 30% chance of suffering a disabling injury or illness causing three or more months of work to be missed prior to reaching retirement, according to the Social Security Administration. Their mistaken belief is that injuries caused more disabilities than illnesses. Boomers believe the most common causes of disability are back, muscle or joint problems (26%), injuries on the job (18%) and injuries off the job (16%). In reality, research indicates the most common causes of disability are illnesses such as cancer, heart disease and diabetes. Most baby boomers accurately believe they are more likely to suffer a disability than premature death and that most disabilities occur outside of the workplace.



FASTEST GROWING JOBS

According to the Democratic Leadership Council 2009, the fastest growing community college jobs are as follows:

JOB	PERCENTAGE GROWTH	MEDIAN ANNUAL INCOME
Physical therapist assistant	32.4%	\$41,360
Dental hygienist	30.1%	\$62,800
Environmental Science and Protection technicians including health and technicians	28.0%	\$38,090
Cardiovascular technologists and technicians	25.5%	\$42,300
Occupational therapist assistants	25.4%	\$42,060
Radiation therapists	24.8%	\$66,170
Environmental engineering technicians	24.8%	\$40,560
Court reporters	24.5%	\$45,610
Registered nurses	23.5%	\$57,280
Computer specialists, all other	15.1%	\$68,570

*** * * 2010 ABDA Board Certification Renewal Notice * * ***

Optional Gold seal can be obtained by sending in a self-addressed stamped envelope.

Please respond immediately to help us avoid the unnecessary time and expense of reminder mailings.

Your listing (alphabetical and geographical) in the ABDA DirectoryNo Cost
Newsletter, The Disability AnalystNo Cost

Renewal Fee (**one year**) \$80 (U.S. Funds)
(\$90 after January 15, 2010)

Renewal Fee (**three years**) \$215 (U.S. Funds)
(\$225 after January 15, 2010)

Renewal Fee (**five years**) \$350 (U.S. Funds)
(\$360 after January 15, 2010)

Lifetime Fee \$980 (U.S. Funds)
(Lifetime members receive 25% discount to all ABDA and ABMPP events)

Please issue payment to ABDA by no later than **January 15, 2010** to avoid a \$10 late charge. The national examination is required of persons seeking board certification for the first time and is required of those who allow their certification to lapse. **By maintaining your current status you are exempt from the written examination.**

Please remit your 2010 renewal fee and information below. This is the only notice you will receive. Remittance by Visa or MasterCard is acceptable. **Please type or legibly print information below** as you wish it to appear in the next Directory. If renewing with a credit card (Visa and M/C only), please provide necessary information.

Check Box if information has changed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: (extremely important for future timely communication) _____

I prefer to receive the newsletter and all other correspondence by e-mail: yes no

Check One: Visa: Mastercard: Check:

Credit Card # _____ Exp. Date: _____

Signature: _____ Amount: _____

Check One: 1 year 3 years 5 years Lifetime

List continuing education experiences (from workshops, conferences, etc.) and/or self-study you have completed since January 1, 2009 (minimum 8 hours to fulfill annual requirement).

Optional: Have you performed 16 hours pro bono work (charitable professional efforts not compensated) during the past year? Yes No

**Return to ABDA Central Office, Belle Meade Office Park, 4525 Harding Road, Nashville TN 37205
website: www.americandisability.org**



CALL FOR PAPERS AND POSTERS

Members interested in serving as faculty presenters for the next conference in **Washington, DC, October 9-10, 2010** (see Calendar on back page for details), please submit a 1-2 page abstract or outline by mail or fax (615) 327-9235. Decisions are generally made within two weeks. Please indicate if any audiovisual equipment may be needed and the amount of time requested (i.e., 30-45 minutes is optimal). **Those who have presented at two or more ABDA or ABMPP national conferences in any five-year period are eligible for appointment to the American College of Disability Analysts (ACDA).** Presenters are urged to submit programs that invite audience participation. Case studies, applied research, polemical/ideological talks, ethics, innovative techniques, evaluation strategies, forensic experiences, customized software, economic issues, private practice insights, earnings loss projections, life care plans, hedonic assessments and other topics of interest to members are encouraged. Please submit to ABDA Program Committee, Belle Meade Office Park, 4525 Harding Road, Nashville, TN 37205 or by fax: (615) 327-9235.

CHANGE OF ADDRESS

Please keep the ABDA Central Office advised of any change in your postal address so there will be no interruption in your receiving items from the Central Office. Let us know if you prefer to receive the newsletter and all correspondence by e-mail. Feel free to fax (615) 327-9235 or e-mail: americanbd@aol.com that information.

SPECIAL OFFER TO MEMBERS

We have a limited inventory of our highly acclaimed series of books on disability analysis. The first book in the series Disability Analysis Handbook: Tools for Independent Practice, (1996; 396 pages) is in its fifth printing and moving quickly. For calendar year 2010 as long as supplies last, we are offering all three books (the other two are Disability Analysis in Practice: Framework for An Interdisciplinary Science, (1999; 428 pages) and the Catastrophic Injury Handbook: Understanding Physical and Mental Trauma (2003; 400 pages) along with The International Directory of Disability Analysts on diskette for a special rate of \$360 US for all three books and the membership disk (includes shipping and handling). Members should find these volumes useful references, helpful teaching tools and aids to enhancing the growth of their professional practice as many sample reports are included (vocational and psychological evaluations, projected diminished earning capacity reports and life care plans among others). Those interested may fax their credit card information (name on card, complete billing address, card number, expiration date) to ABDA Central Office at (615) 327-9235 or by mailing a check to ABDA Central Office, Belle Meade Office Park, 4525 Harding Place, Nashville, TN 37205. Please allow 4-6 weeks for delivery. Limited supplies remain.

DECLINE OF THE DICTIONARY OF OCCUPATIONAL TITLES

In 2008, a Blue Ribbon Research Panel of the ABDA found that fewer employers are deriving specific job titles from the U.S. Department of Labor's Dictionary of Occupational Titles (DOT). Three hundred nineteen businesses in the southeastern U.S. of all sizes were survey respondents. Only 46 indicated that they rely on the DOT to select and identify job titles for their personnel. This figure of 14% indicates that the DOT is becoming less an authoritative volume for designating job titles than was true in the past. An earlier ABDA Survey of 286 employers of all sizes in the southeastern U.S. in 1988 found that 19% responded that they were relying upon the DOT to assign job titles to employees and their job duties.


The chasm appears to be growing between what is actually being done in the workplace and the DOT listing of nearly 13,000 job titles. With the last revision of the DOT nearly 20 years ago, it appears that another revision is needed. With such rapid changes in the labor market, the economy and new technologies coming on-line, an updated DOT would be most welcome.

For Vocational Experts and others who are frequently called upon to refer to DOT job listings, the results of this survey are timely. The survey also demonstrated that what an employer uses as a job title, even when it appears in the DOT, is not always compatible with what the DOT defines as the corresponding job description. It is important to confirm this information or to offer an appropriate disclaimer when discussing such matters. Sometimes the DOT will list an aggregate of jobs with the same job title but different duties, different exertional requirements and/or different specific vocational preparation levels. Care needs to be exercised when linking forensic testimony or other reporting methods involving DOT job titles.

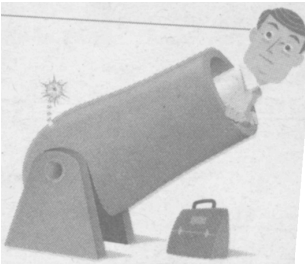
EMERITUS STATUS

We are pleased to announce that qualified members with 20 years or more of professional experience as a Senior Disability Analyst and Diplomate and have been board certified for no less than eight years are eligible to upgrade their credential to Emeritus status. This designation may be used on all correspondence, business cards, letterhead, etc as appropriate. If interested, please forward a request in writing, current vita and \$93.00 US processing fee issued to ABDA. Please send items to ABDA Credentialing and Certification Committee, Belle Meade Office Park, 4525 Harding Road, Nashville, TN 37205.

UPGRADING

Those practitioners currently board certified by ABDA as Disability Analyst and Fellow who have now completed at least nine years of professional experience in rehabilitation or healthcare are eligible to apply for Diplomate status. If you wish to receive information on how to apply, please fax (615) 327-9235 or e-mail: americanbd@aol.com an expression of interest to Ms. Lela Boggs. For current ABDA members no examination will be required at this time. 

★ DISABILITY HEADLINES ★



Social Security Administration is backlogged. Persons seeking benefits must wait an average of 106 days for a decision after initiating an application. The agency denies nearly two-thirds of the applicants who then can request a hearing to appeal. Then the real wait

begins. Those who received a hearing last fiscal year had waited nearly a year and a half on average - twice the wait time in 2000 according to the SSA. More than 765,000 people - about double the number in 1998 - are waiting for a hearing. Sixty-one percent of applicants who go through an appeal hearing are ultimately approved for disability benefits.

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Unintentional injuries - such as traffic accidents, burns and drownings are the leading cause of death and illness in children. Such injuries are responsible for more than 12,000 deaths and 9.2 million emergency room visits a year. About 2.8 million children go to the ER because of falls. For babies under one, falls cause more than half of non-fatal injuries. Falls are the leading cause of non-fatal injuries for children under 15. Children ages one to four have the highest rates of non-fatal falls and poisonings. Of the 2.4 million people who swallow or have contact with a poison each year, more than half are under age six. Source: *Centers for Disease Control and Prevention; American Academy of Pediatrics.*

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Where most eye injuries occur: home 44.7%; industrial premises 13%; streets/highways 9.8%; recreation venue 9.2%; sports venue 7.2%; school 5.4%; office 4%; farm 1.9%; other 4.8%. Of reported eye injuries that occur in the home, males sustained nearly 75% of those injuries. The most common place of eye injury was the yard or garden (39.4%). More than a third of home based injuries took place in living areas such as the kitchen or bathroom. Most were caused by activities such as home repairs, cooking and cleaning. Nearly 15% of injuries lead to moderate or severe eye damage including loss of vision. The 1,500 fireworks - related eye injuries each year account for only one percent of all eye injuries. The American Academy of Ophthalmology recommends that every household own at least one pair of protective eyewear approved by the American National Standards Institute. Source: *American Academy of Ophthalmology's Eye Injury Snapshot 2008*

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Of the 2.4 million Americans who died in 2005, seven in ten died from one of these **chronic diseases**; heart disease 26%, cancer 22.8%; stroke 5.9%; chronic respiratory disease 5.4%; diabetes 3.1%; Alzheimer's 2.9%; inflammatory kidney disease 1.8%; hypertension 1%. Source: *National Vital Statistics Reports.*



Twelve most effective prevention measures are: Daily aspirin use, childhood immunizations, smoking cessation counseling, alcohol abuse screening, colorectal cancer screening, hypertension screening, influenza immunization, vision screening, cervical cancer screening, cholesterol screening, pneumococcal immunization and breast cancer screening.

Source: *Partnership for Prevention and Health Partners Research Foundation.*

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Based on recent amendments to the federal Americans with Disabilities Act, **narcolepsy** could be a covered disability. The burden is on the worker, however, to disclose his/her disability and ask for an accommodation. For information on possible accommodations for narcolepsy, see: jan.wvu.edu/media/sleep.HTML, a website of the federal Job Accommodation Network.

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Tourette's Syndrome occurs in three of every one thousand school age children and is more than twice as common in White children as in Blacks or Hispanics. Tourette's - known for its physical ticks and, in some cases, shouted obscenities, appears to be more common than some past estimates have estimated. Source: *Centers for Disease Control and Prevention.*

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Number of US cases of the **seven most common chronic diseases** in 2005 was: pulmonary conditions 49.2 million; hypertension 36.8 million; mental disorders 30.3 million; heart disease 19.1 million; diabetes 13.7 million; cancers 10.6 million; and stroke 2.4 million.

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Projected increase in cases of the **most common chronic diseases** in the USA from 2003 to 2023 is: cancer 62%; mental disorders 54%; diabetes 53%; heart disease 41%; hypertension 39%; pulmonary conditions 31%; and stroke 29%. A key factor leading to chronic disease is not getting enough physical activity. Percentage of US adults, by age group, not getting the recommended level: 18-24: 43%; 25-34: 49%; 35-44: 50%; 45-64: 54%; 65 and older: 60%.

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Colds are common but pervasive. Adults catch two to four colds annually. Children typically catch six to ten. One hundred million school days are missed by children due to colds. A hundred ninety six million days workers missed to care for children with colds or to nurse their own colds. Forty billion dollars is the total annual economic impact of the common cold including such direct cost as physician visits and indirect costs because of lost productivity. A hundred ten million doctors visits occur for cold related treatment each year.

Cold sufferers spend 1.1 billion dollars annually on antibiotics despite their ineffectiveness. There are 110 distinct types of rhinoviruses, which cause an estimated 30-35% of all adult colds and defy a catch-all vaccine because they constantly mutate.



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DISABILITY HEADLINES

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Whooping Cough returns in children. Ninety-one babies under age one died of whooping cough from 1999 to 2004. More than half were under two months old, the age at which infants get their first in a series of whooping cough shots. The number of reported cases jumped from 1,000 in 1976 to 26,000 in 2004.

Source: Pediatric Infectious Disease Journal, March 2009.

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The **cities rated as most physically fit:** 1) Washington, DC, 2) Minneapolis, St. Paul, 3) Denver, 4) Boston, 5) San Francisco, 6) Seattle, 7) Portland, OR, 8) San Diego, 9) Austin 10) Virginia Beach, 11) Hartford, CT, 12) Sacramento, 13) San Jose, 14) Cincinnati, 15) Atlanta. Factors considered were availability of parks, walking and bike trails, public transportation, percentage of people who exercise regularly, maintain a healthy weight and eat the recommended daily servings of fruits and vegetables, access to health care and health insurance and percentage who do not smoke. Source: American Fitness Index. (americanfitnessindex.org)

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Symptoms of Restless Leg Syndrome are identifiable. Patients report burning, creeping, tugging or insect crawling sensations inside legs. Symptoms can worsen toward evening. Being obese may increase the risk of restless leg syndrome. Sleep loss as a result of the condition can hinder concentration and memory. Moderate exercise, hot baths, certain supplements, prescription drugs or massage may help. Source: National Institute of Neurological Disorders and Stroke.

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The total **number of jobs** President Obama's plan hopes to create or save by the end of 2010 is 3,675,000 with the breakdown as follows:

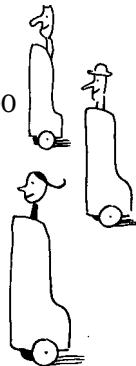
- construction - 678,000
- retail trade - 604,000
- leisure and hospitality - 499,000
- manufacturing - 408,000
- professional and business services - 345,000
- government - 244,000
- education and health services - 240,000
- financial activities - 214,000
- wholesale trade - 158,000
- other services - 99,000
- transportation and warehousing - 98,000
- information - 50,000
- mining - 26,000
- utilities - 11,000

Source: Moodyseconomy.com

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Businesses scale back salaries, bonuses and benefits. Company cut-backs are affecting workers in the following ways: salary reduced 14%; hours reduced 19%; benefits reduced 12.7%; forced to take unpaid leave 3.9%; did not receive raise 27%; did not receive bonus 18.5%; laid off 15.1%; other 22.9%.

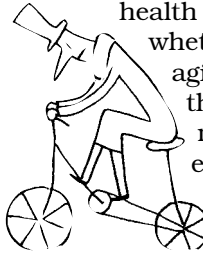
Source: BIG RESEARCH ONLINE SURVEY



The number of American men still working or returning to work after 65 has been rising since the early 1990s, breaking a decades - long pattern of earlier retirements. As more women have entered the workforce, more also have stayed on past 55, 60 and 65 according to the National Institute on Aging.

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Percentage working or looking for work at ages 65 to 69: Men in 1998 26.4%; in 2008 36.5%; Women in 1998 17.1%; in 2008 26.4%. People who are in good health tend to work longer. Health can affect whether you keep on working and working. An aging warehouse worker might benefit from the exercise he gets walking and lifting - or might get injured. An executive who retires early might improve her wellbeing by taking long walks, cooking better meals and visiting friends - or might end up sitting in front of a TV eating junk food and feeling lonely. No harm was found in working up to age 65 and no evidence that working longer was bad for cognitive or mental health. Source: Bureau of Labor Statistics; Yale School of Public Health.



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Ozone pollution amplifies risk of **fatal respiratory illnesses.** An 18-year study finds that long-term exposure to ozone raises the risk of dying from respiratory problems. Of 96 metro areas studied, those with the highest levels are: San Diego, Trenton, NJ, Charlotte-Gastonia, NC, Ventura, California, Fresno, Los Angeles-Long Beach, Riverside - San Bernardino - Ontario, California. Source: University of California-Berkeley.

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Use of Braille declines. Fewer than 10% of the 1.3 million legally blind people in the USA read Braille, and just 10% of blind children are learning it. In contrast, at the height of its use in the 1950s, more than half the nation's blind children were learning Braille. Today, Braille is considered by many to be too difficult, too outdated, a last resort. Instead, teachers ask students to rely on audio text, voice recognition software or other technology. Using technology as a substitute for Braille leaves many blind illiterate. One study found that 44% of participants who grew up reading Braille were unemployed compared with 77% for those who relied on print. Overall, blind adults face 70% unemployment. Source: National Federation of the Blind.

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Tinnitus - the false perception of sound in the absence of an acoustic stimulus, a phantom noise - is one of the most common clinical syndromes in the USA, affecting 12% of men and nearly 14% of women who are 65 and older. It only rarely afflicts the young, with one significant exception: those serving in the armed forces. Tinnitus affects nearly half the soldiers exposed to blasts in Iraq and Afghanistan. Noise induced hearing loss affects about one out of every eight children in the USA. Source: American Academy of Audiology

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DISABILITY HEADLINES

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Aging can mean **hearing loss**. Nearly 32 million people - 10% of the population - have impaired hearing from mild loss of sensitivity to total hearing loss. Impaired hearing by age groups: 0-17 - 4%, 18-44 - 20%, 45-64 - 39%, 65-plus - 37%. Source: Better Hearing Institute (www.betterhearing.org)

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According to the World Health Organization, mental illnesses, including depression, bipolar disorder and schizophrenia are among the **ten leading causes of disability** in the USA and other developed countries.


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Mental illnesses are among the most debilitating, and depression is the leading cause of disability internationally. About 80% of those who seek treatment for depression - one of the most treatable of all mental illnesses, will improve with therapy or medication or a combination of both.

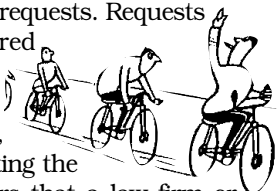
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The National Headache Foundation differentiates among **headaches**. Symptoms of migraine include pulsing or throbbing pain, sensitivity to light and noise, nausea or vomiting aggravated by routine physical activity; often on one side of the head; lasts four hours to three days; affects 18% of US women and 6% of men; symptoms of tension headache include "vise like" pressure or ache around the head; no throbbing; tightness in the neck; occurs in forehead; temples or back of the head and neck; last 30 minutes to seven days; **cluster headache** symptoms affect less than 1% of the population - mostly men; also called **suicide headaches**; piercing pain on one side; often accompanied by eye pain or watering, runny nose; lasts 30-40 minutes and recurs in clusters in the same day; can go on for weeks or months then stop for months or years. Symptoms of a **sinus headache** include pressure around the nose and cheeks and under the eyes; usually accompanied by a fever and infection or allergies. **Rebound headache** may be the result of over medicating initial headache(s). Symptoms of the **organic headache** are rare, caused by brain tumor, aneurysm, hematoma, infection, hemorrhage or meningitis, symptoms come on suddenly, including pain, lack of balance and behavioral changes.

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According to the U.S. Census Bureau, **women dominate in the following fields**: pre-school and kindergarten teachers 98%; travel agents 77%; psychologists 68%; tax preparers 60% are women. According to Kelton Research, two in five adults say the American workplace is not disability - friendly. Among the factors cited as obstacles to the hiring of people with disabilities are: cost, 54%, knowledge about accommodation, 53%; knowledge of disabilities, 49%; discrimination, 38% and fear of litigation, 38%. 

ORGANIZATIONAL NEWS

One of the least known aspects of our Central Office is the rapidly increasing number of inquiries received for confirmation of a member's current status. This feature should best be considered a value added benefit of membership. In recent years, there has been a rapidly growing number of requests to confirm whether or not an individual is a board certified disability analyst from government agencies, insurance firms, law firms, prospective employers, hospitals, clinics, rehabilitation centers, healthcare organizations and courts. We respond to all appropriate requests. Requests made by phone are not considered appropriate and we always require a written request on letterhead with a legible signature and date. Presently, no fee is required of the source initiating the request. In some instances, it appears that a law firm or court agency is seeking to confirm what an individual has listed on his/her vita/resume. 


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Central Office is considering establishing a **Speaker's Bureau**. As ABDA is a membership driven organization, if a member or group of members is interested in assuming leadership of a speaker's bureau and coordinating and directing requests for speakers knowledgeable on disability topics, please contact Central Office (americanbd@aol.com).

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Our roster of Area Membership Coordinators continues to grow within the US, Canada and abroad. Any member interested in serving as an Area Membership Coordinator for inviting applications from rehabilitation and healthcare professionals in their community, please contact Central Office.

LIFETIME MEMBERSHIP GROWS

Our membership driven organization has long encouraged members to renew for multiple years or even at the lifetime level as it requires less administrative time and expense allowing those resources to be used more productively. We are extremely pleased to announce that ABDA exceeded 1,000 lifetime members in 2009. Lifetime members are periodically recognized in our publications and identified as such in our Membership Directory and are given a 25% discount on registration fees to any ABDA or ABMPP event. Best of all, lifetime members NEVER need to remit an annual renewal fee to maintain their board certification credential. Persons interested in switching their category of membership may do so in completing their 2010 renewal form which appears in this newsletter issue or may contact the Central Office directly at americanbd@aol.com to make that change. 

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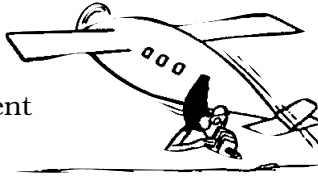
So far we have received e-mail addresses from about 75% of the membership. The sooner we can receive the remaining e-mail addresses, the more efficient we will be in alerting members to information they need to have before the publication of the forthcoming issues of the newsletter. E-mail addresses may be sent to our e-mail address at americanbd@aol.com or faxed to us at 615-327-9235.

Making a Case for Early Reporting Of Work Related Injuries

Eli Loch – Medical Student- Lake Erie College of Osteopathic Medicine – Bradenton,
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Abstract

RM is a 60 year old male who presented on 6/5/07 after an injury at work on 4/27/07. The patient was carrying a garbage bag down the stairs when it broke and wounded his right leg. He states it gradually became erythematous and edematous over the next two days. He proceeded to the local emergency department where he was treated for 8 days with intravenous antibiotics. He was subsequently treated as an outpatient with antibiotics for another three weeks. He was treated in the interim for recurrent bouts of soft tissue infection at the wound site. The patient presents for determination of worker's compensation status.



time off work; these are commonly referred to as DART cases. This number of cases represents a significant population of the work force in the country and is, therefore, important for health of the individual and for the health of the economy.

Case Presentation

RM is a 60 year old white male who was employed as a maintenance engineer at an apartment complex. He stands approximately 73 inches tall and weighs 265 pounds.

His past medical history includes coronary artery disease status post stents in 2000. He suffered two myocardial infarctions.

Introduction

Cellulitis literally means inflammation of the cells. It typically occurs when bacteria enter a breach in the skin and the underlying soft tissue becomes infected and inflamed. It is a fairly common infection worldwide and can become serious when spread via hematogenous or lymphatic routes arises. It typically presents as erythema, edema, and warmth of the affected tissues. The most common infectious agents are gram positive bacteria; particularly group A streptococci and Staphylococcus Aureus. Patients at risk include those with underlying immunosuppression, diabetes, or preexisting vascular disorders. Uncomplicated cases are easily treated with antibiotics. However, more complex cases should receive blood work including a complete blood count, determination of blood urea nitrogen, creatinine levels, and blood or wound cultures. Uncomplicated and mild cellulitis can be treated with oral antibiotics on an outpatient basis with close follow up. Those with underlying morbidities or severe cases should necessitate hospital admission with intravenous antibiotic administration. Acceptable antibiotic regimens include penicillinase resistant penicillin derivatives, first generation cephalosporins, and third generation cephalosporins¹.

According to the National Bureau of Labor Statistics, nonfatal workplace injuries among private employers in 2007 constituted four million cases. That's a rate of 4.2 cases per 100 full time workers. One half of those cases resulted in jobs transfers, restriction of work, or significant

He has no known drug allergies.

Social history reveals that he is married and originally from Great Britain. As mentioned, he works as maintenance engineer. He quit smoking in 1996 after a 50 pack year history of smoking. The patient reports mild caffeine use, 1 pint of beer per day alcohol use, and no recreational drug use.

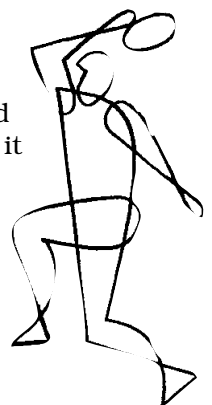
Family history is significant for cervical cancer in the patient's mother. Otherwise it is negative.

His only medication use is 81mg of aspirin every day.

Original physical exam of the right lower extremity showed soft tissue edema, residual hyperpigmentation, few excoriations, mild erythema, and an increase in warmth to palpation.

Clinical course:

RM is a 60 year old male who presented on 6/5/07 after an injury at work on 4/27/07. The patient was carrying a garbage bag down the stairs when it broke and wounded his right leg. He states it gradually became erythematous and edematous over the next two days. He proceeded to the local emergency department where he was treated for 8 days with intravenous antibiotics. He was subsequently treated as an outpatient with antibiotics for another three weeks.



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Making a Case for Early Reporting Of Work Related Injuries

The patient was seen two more times in the office with an eventual resolution of his right lower extremity cellulites on 9/27/07. He then presented to the office again on 3/26/08 with symptoms of recurrent cellulitis of the right leg and was treated with cephalexin and ceftriaxone. On 4/7/08 it appears this episode has resolved and the patient was not seen again until 6/18/08. At this time the patient showed bilateral pitting edema with erythema and chronic hyperpigmentation of the right lower extremity consistent with venous stasis dermatitis. The patient was then referred to an infectious disease specialist due to the recurrent episodes of cellulitis. After a brief subsiding of his symptoms, they became worse and he was seen again on 6/23/08. While waiting for the infectious disease consult, the patient was started on levofloxacin with some resolution of his symptoms by 6/27/08. As time progressed, the patient continued to have recurrent episodes of pain and edema. The antibiotics did help his symptoms initially; however, they did not continue to have any effect. On 8/13/08 the patient was referred to a neurologist to rule out complex regional pain syndrome. The results of that evaluation revealed no evidence for CRPS, however, a nociceptive process was evident that included the right tibial nerve.

Laboratory and Testing:

EMG on 11/14/08 showed mild delay of the lateral plantar branch of the right tibial nerve.

Bone scan performed on 11/5/08 indicated increased flow and blood pool uptake in the right mid foot. It also showed arthritic changes of the mid and proximal feet bilaterally.

Doppler ultrasound performed on 11/4/08 showed both legs without ischemic changes with an ABI of 1.2 on the left and 1.1 on the right and triphasic signal throughout. There was no evidence of DVT bilaterally.

Conclusion

The evolution of this disease process in an otherwise relatively healthy individual highlights the importance of early reporting and timely follow up in cases of workers compensation. As is revealed by this case, a relatively innocuous process such as cellulitis developed into a chronic dermatological and neurologic pathology for this patient. Had there been timely reporting of this incident by the patient and quick referral to an appropriate physician, many of the problems that subsequently developed could have been avoided. This case emphasizes the importance of making employers, employees, and physicians aware of the process and significance in reporting work place injuries. There is a responsibility that lies with all of the associated parties when treating a case such as the one presented here. It is the responsibility of the employee to report all injuries in a timely and efficient manner. The employer should have made the process well known to the employees and made a quick determination that the incidents should be quickly followed up with medical care. The physician needs to ensure proper treatment and timely follow up and referral so the best medical outcome is achieved.

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1. Cellulitis: eMedicine Emergency Medicine. 8 July 2008. University of South Florida. 19 Apr. 2008 <<http://emedicine.medscape.com/article/781412-overview>>.
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3. Workplace Injury and Illness Summary. 23 Oct. 2008. United States Department of Labor. 19 Apr. 2008 <<http://www.bls.gov/news.release/osh.nr0.htm>>



MEETING CALENDAR

October 9-10, 2010 - Fifteenth Annual ABDA/ABMPP International Conference
Washington, DC

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