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Ten Centers of Excellence have been established to address the specific needs of our patients:

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- JOINT REPLACEMENT CENTER ^ PEDIATRIC CENTER
- PHYSICAL MEDICINE & REHABILITATION CENTER
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There are many ways workers can injure their backs but just one group of neurosurgeons in north Alabama to get them back on the job quickly and safely.

At The Spine and Neurosurgery Center we understand the importance of keeping you informed of your patients' treatment and progress. Our worker's comp department is dedicated to caring for your patients' unique needs promptly.

When all conservative treatment options are exhausted, our neurosurgeons perform the latest minimally invasive spine procedures offering quick recovery and less down time.

Let the area's most experienced hands care for your patients.



THE SPINE & NEUROSURGERY CENTER

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Spine is our Specialty.

Teamwork

A Periodical for Providers and Clients of Comp1One®

Minimally Invasive Joint Replacement: Where smaller is better!

Each year in the United States, more than 400,000 patients decide to have their knee or hip replaced. These numbers will likely increase as "baby boomers" continue to age and injuries take their toll.

minimally invasive techniques that you have heard about from either your friends or from the national spotlight.



W. Allen Goodson, MD

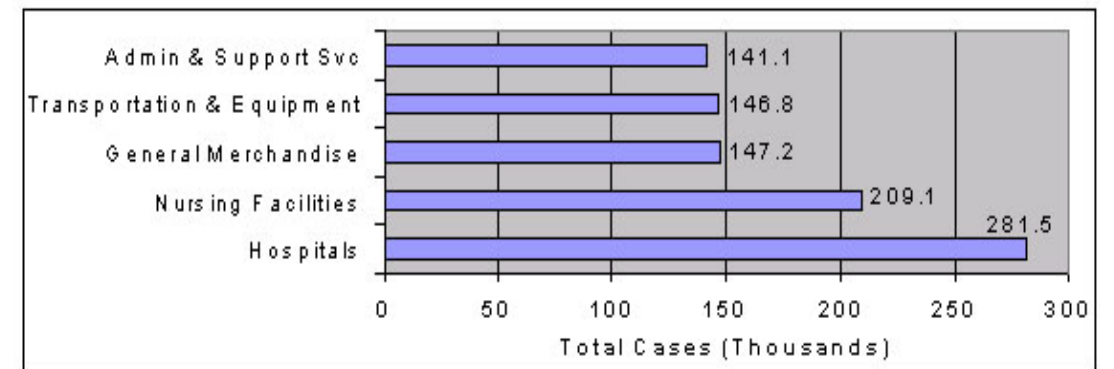
Joint replacements have been the standard of care for worn out joints after simple methods of treatment have been exhausted. It has a wonderful track record and has helped many people. Over the past several years, there have been remarkable advancements in the orthopedic arena to help get these patients back being active quicker. These are the

Minimally invasive surgery for hip and knee replacement has many advantages over conventional or traditional joint replacements. These include smaller, more aesthetic scars, less blood loss, less pain, shorter hospital stay, and quicker recovery. The long term outcomes and complication rates have been similar to the more traditional joint replacements.

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2005 Occupational Injury Cases

Healthcare workers are at a higher risk of injury and illness in the workplace than any other industry. According to the U.S. Bureau of Labor Statistics, hospitals have the highest number of incidents per year, with nursing and residential care facilities right behind.



Comp1One®

Comp1One is a comprehensive case management company located in Huntsville, Alabama with clients across the Southeast. Comp1One and sister company, North Alabama Managed Care, Inc. (NAMCI), are divisions of Premier Health Networks of Alabama, LLC featuring PPO network access for direct medical cost savings in group health and workers' compensation.

Comp1One features 24 hour case management services with Certified Nurse Case Managers and the backing of Board Certified Occupational Health Physicians. Our nurses and physicians are available for pre-certification, utilization management, file reviews, case referrals, peer reviews, and catastrophic injury management.

Comp1One is certified by the state of Alabama Department of Industrial Relations, is licensed and insured, and has been recognized for Best Practices in Injury Management in the state of Alabama.

Comp1One
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Case Management

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Legal Brief

The case of Tenant Health Systems Medical, Inc. vs. Roberts, WL (587328) involves reopening a permanent total disability award. The employer requested the case be re-opened due to the fact the former employee was now able to work. The employee had contracted hepatitis after a work-related injury. Even though their condition was serious, the employee had found a job despite their health issues.

The court ruled in the employers favor and the benefits of the employee were terminated. However, the court also stated they would retain jurisdiction and if at any time the employee was unable to work due to their disability, the case would be reopened and the employee would again be granted benefits.

The employer petitioned the court stating they did not have the legal authority to retain jurisdiction after the permanent disability had been revoked. The court then explained that they did indeed have the authority due to the fact that the employer could only petition if trying to reduce the employees' benefits. In this case, the employer was asking for complete termination of the benefits.

Donald R. Rhea
Rhea, Boyd, Rheu, & Coggin
Company News



KATHY DEGANIS

Please join us in welcoming Kathy Deganis, Comp1One Case Manager Administrative Assistant. Kathy has over eleven years of healthcare experience. Kathy speaks fluent Spanish and will be providing on-site and telephonic Spanish translation in addition to telephonic case management responsibilities for our injured workers.

Joint Replacement (cont.)

Traditional knee replacements are done through an incision between 10-12 inches as is the hip replacement. With minimally invasive surgery, the incision has been reduced to 3-5 inches for both the hip and knee. The real key is not the length of the incision but

“Less trauma to the muscles and tendons leads to less blood loss and also the quicker recovery.”

what you do with the muscles and tendons. Minimally invasive surgery allows the surgeon not to cut any of the muscles and tendons. Therefore, the muscles and tendons do not have to be repaired which is the greatest pain generator after surgery. Less trauma to the muscles and tendons leads to less blood loss and also the quicker recovery.

With traditional joint replacements, the average recovery period is 10-12 weeks. This has been cut in half to 5-6 weeks with some patients returning to work as early as 2-3 weeks. Many

Did you know?

According to Business and Legal Reports (BLR), numerous research shows that many Americans have sleep apnea which causes constant interrupted sleep and accounts for a higher number of injuries in the workplace.

Marlana Johnson, Case Manager Administrative Assistant, received the Employee of the Month award from Huntsville Hospital for November. She has worked for Comp1One since March 2003. She was nominated by her fellow co-workers for the outstanding job she does everyday. She is truly a valuable member to the Comp1One Team! We are so proud of you Marlana!

patients are opting for minimally invasive surgery for this reason. Many of us have very busy schedules and do not have the time to be off work for 3 months recovering from joint replacement surgery.

Special instruments and equipment have been developed to allow the surgeon to perform this operation successfully. Additional training is also required to perform the minimally invasive techniques and should only be done by highly skilled and experienced surgeons. Surgeons do have the assistance of computer navigation and better implants to make this a successful option for patients.

W. Allen Goodson, M.D.
The Orthopaedic Center
(256) 539-2728



Pictured from left to right: David Frederick, CFO, Marlana Johnson, Comp1One Case Manager Administrative Assistant, Sherree Clark, Director, and Andrea Rosler, VP Human Resources.

Clinical Comments

Dealing With Addictive Drugs in WC Cases



A physician treating injured workers is many times faced with a multitude of complaints, with possibly the most common being the complaint of pain. Most pain from injuries is short lived and resolves with the resolution of the injury. Some injured workers have continued pain for many months or even permanent pain and discomfort from their injuries. The physician is faced with trying to decide what are true and legitimate pain complaints, and subsequently what medications are appropriately prescribed narcotics.

Let me say that few medicines have been around longer or studied more in depth than pain medications and narcotics. They have been some of the most useful, and yet some of the most problematic of all medicines that have been developed. They should be used carefully and judiciously in the injured worker population. Side effects such as sedation are especially important to consider in this class of medications.

An important point I would offer is that the treatment should be goal oriented. These goals should be clearly defined for the patient and the physician. The goal of these medications may be to allow the patient to continue working at their job while being treated for ongoing pain, or to possibly allow them to participate more fully in a rehabilitation program to hopefully return to work in the future. Then there are more long-term goals of improving ADL's and quality of life in patients with more chronic pain. All treatment should be evaluated periodically to see if it is reasonable to continue the current treatment, or to

increase or decrease it depending on the response of the patient. Medications should be initiated and increased in a reasonable manner. Most physicians will prescribe these medications in a step-ladder approach; starting with short acting narcotics and progressing towards stronger and longer acting formulas based on what is prudent and reasonable for the treatment goals. The physician's duty is to be vigilant of signs of abuse or misuse by the patient. Some common signs are

“Most pain from injuries is short lived and resolves with the resolution of the injury.”

routine calls for early refills, or anxiety at the discussion of lowering or changing the medications. Many physicians, myself included, think that a narcotics contract with the injured worker is prudent. This reinforces a clear message to the patient that they must take the medications as prescribed, that the medicines are only a part of the treatment program, which may also include therapies or a home exercise program. The agreement should include repercussions for abusing or misusing the medicines with possible dismissal from treatment. Side effects of the medications should also be monitored closely in these patients including sedation, constipation, and nausea.

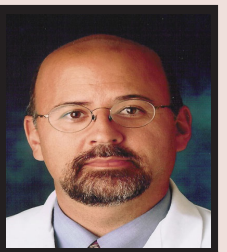
A key element to monitoring the use of narcotics and addictive medications is the random urine drug screen. This allows the treating physician to make sure the patient is

actually using the medications prescribed to them (and not diverting them to someone else), and to also make sure the patient is not using other addictive prescription or recreational drugs that may interfere with the treatment program. These screenings should be done on the same day the physician orders them. The physician should acquaint themselves with the local labs to make sure the urine drug screens are available to identify the synthetic opioids used in hydrocodones and long-acting preparations such as fentanyl and oxycontin.

When appropriate, the weaning of narcotics should be done in a step wise manner to avoid symptoms of narcotic withdrawal. This syndrome of opioid withdrawal is not fatal, but the patient will feel extremely ill. These symptoms include sweating, dilated pupils, nausea, hypertension, diarrhea, anxiety, and interestingly enough “goose bumps” on the skin, thus giving rise to the saying “quitting cold turkey”.

Narcotics can be an important part of the treatment program for the injured worker, and if used appropriately can help meet the goals of controlling pain, assisting with rehabilitation, and hopefully improving the quality of life and workability of the worker.

Dr. J. Stephen Howell, D.O.
Board Certified in Physical Medicine
and Rehabilitation
Certified Independent Medical
Examiner



J. Stephen Howell, DO