

CLAIMS COMPANION™



Chesapeake Disability Management, Inc

Reclaiming Lives, Improving Outcomes.

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Trends in the Labor Market

by Ellen Platt, M.Ed., CRC

You don't have to go far to get another dismal report on the state of the labor market or the downturn in the economy. We are in unprecedented times and the "old rules" have gone out the window. No one is sure where the market will lead us. Here are some tips to help you stay competitive in the current labor market:

- Update your skills: whether it be a simple computer class, maintaining current certifications or obtaining new & marketable ones, all are good ideas.
- Network: Join a networking group to gain new contacts in the industry. Talk to acquaintances in the field of interest. Find a mentor. Take someone to lunch to talk about their experiences.
- Be Flexible: Now, more than ever, employers are also feeling the pinch. Maybe this year is not the time to demand that big raise or promotion or start a new project. Patience is important.
- Be Creative: Think outside the box to come up with new solutions to problems or use resources that you haven't used in the past. Be open to something different.
- Have a Plan B: Consider what you would do if your job was eliminated tomorrow. Put provisions in place and at least have some ideas of what you would do, if not a formalized plan in place.
- Look Before You Leap: If you are considering a job change, be sure to have that job in hand before you quit your old job. With the current labor market downturns, and the increase in competition, jobs are harder to come by.
- If Considering a Change in Your Field: Do your research. Go to seminars and networking events as well as related, reputable websites to become better informed. Also research the market for your particular skill.
- Don't Burn Any Bridges: Be sure to leave a job on a good note, and work amicably with others in the field. You never know when you'll need a reference from someone, or who might suggest you for another job.

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For Full Functional Recovery The Devil is in the Details: Selection of a prosthetic specialist.

By Katie Schmitz, RN, CDMS

This writer has many years of case management experience and in that time numerous opportunities to coordination care for clients with amputations. The care is dictated by the level of the amputation, whether it is above or below the knee and the amount of contracture and soft tissue problems that can quickly occur.

The literature and amputee support networks are generally optimistic about amputee management. It stated that with proper stump management, client weight stability, and proper stump socket fitting, along with proper early physical rehabilitation training that ultimately the amputee will have few if any functional barriers to full functional recovery. To quote the Dankmeyer A Manual for Below the Knee Amputees Copyright 1996 - Alvin L. Muilenburg and A. Bennett Wilson, Jr stated:

"An amputation, especially at any level below the knee does not usually present a particularly disabling condition. With modern prostheses and treatment methods, below-knee amputees who have no complicating medical problems can do most of the things he or she could do before amputation".

This statement is at odds with the initial experience most of us encounter in the disability management field. *Continued on Page 2*

For Full Functional Recovery The Devil is in the Details: Selection of a prosthetic specialist. Continued from page 1.

Some sources cynically surmise that it is the arena of worker's compensation itself that contributes to the less than successful functional recovery and independence described above. This writer believes the opposite is true. Worker's compensation insurance's unique focus on function and work provides resources that non worker's compensation patient's do not have available. These include the early intervention of medical and vocational case management and a plethora of rehabilitation supports and resources.

Failure to recover to a functional level is like a cancer which is not stagnant or stable but grows. It begets secondary complications including increase narcotic use, physical de-conditioning, contractures increase back pain increased depression, social and family isolation, and spiraling costs.

Success requires diligence in that the treatment team individualizes the care, anticipates and resolves the complications the clients present. The case manager and adjuster need to be sure that good assessment and adjustments are occurring in response to less than full satisfaction with prosthetic use. Development of bone spurs, skin irritations, neuromas, cysts or bursas need to be medically identified and addressed. The prosthetic must fit and not cause stump irritation. The client should not be expected to just live with these conditions anymore than someone should be expected to live with a stone in their shoe. Success requires the multiple practitioners and clients be knowledgeable and resourceful.

If you are assigned a case that is experiencing the failures described above, starting over might be the best choice. Recognizing that a prosthetic is normally replaced about every 3 years and costs around \$20,000 to \$25,000 with supplies and adjustments an account might be a anxious to start over with a new treatment team.

It is difficult to persuade the account that a new team will make a great deal of difference. They will rightfully ask why would one physician or prosthetist be more knowledgeable than the current team when the current team, for example, is affiliated with good hospitals and has been in the community and used regularly for year?

I took that question to Lee Mantelmacher, of Maryland Orthotics and Prosthetics. For years Mr. Mantelmacher has been a source of prosthetic solutions to this case manager and his advice and breadth of knowledge of the industry has been valuable. After a bit of shop talk I asked why many surgeons, physiatrist and prosthetist seemed unwilling and or uninterested to look at alterative equipment, treatment or therapy in order to help the client problem solve the many routine issues associated with prosthetic wear.

It was shocking to learn that there is very little standard requirements or preparation to be certified through the certifying bodies the American Board for Certification of Orthotics and Prosthetics (ABC) or Board of Orthotic Certification (BOC). There is no state licensing requirement for prosthetist in Maryland. The ABC does have stringent testing including a practical examination but not everyone certified goes through it. Some of the bachelors and masters educational programs have been discontinued. Those same programs often had certification programs which included core training in the related sciences and these have also been discontinued. It is currently possible to have a prosthetist with a high school diploma, no anatomy and physiology with only on the job training. Current trends in the remaining University programs tend to focus on research and development and less on clinical skills.

It is essential then to interview a prosthetist on their training and experience. A company that uses individuals with limited experience maybe inclined to choice equipment that is easiest for the clinician and not necessarily best for the patient. Custom products require specialized training and experienced management. An educated prosthetist will be able to go to trade shows and evaluate the innovations in the industry and establish a working relationship with the manufactures to advance the experience of the field. They will develop relationships with other concerned professionals to creatively and properly make decisions on what is available to effectively help a patient. The physical therapist and physician are very reliant on the prosthetist bringing this expertise to the team.

The team model for amputee care is recognized as necessary for the proper rehabilitation of the amputee. But the team, like a chain, is only as good as the weakest link.

A case manager and adjuster must aggressively evaluate the experience and credentials of the team members working with an amputee and be prepared to offer alternatives even when the organizations are recognized names in the community. That is the mark of effective and experienced disability management.

Maturity Concepts: Care Management & Consulting is a subsidiary of Chesapeake Disability Management, Inc. and provides geriatric case management, senior assessments, and planning. To receive more information on services provided by Maturity Concepts or to receive the newsletter *Managing Maturity*, please call 410-665-2027.

Trends in the Labor Market, Continued from Page 1

Trends in Today's Labor Market:

- One significant demographic change is the notable increase of Hispanics in the workforce. It is estimated that this population will reach 40 million by 2010. This impacts the lower skilled jobs and also creates new obstacles such as the need for Spanish-speaking supervisors and the need to learn and understand immigration issues.
- The labor market as a whole, is becoming more diverse in terms of race, ethnicity and country of origin. This presents many new challenges in the workforce.
- The labor market has become more global than ever before.
- Another important demographic trend is the increase of mothers into the labor force. This is partly due to the increase in the numbers of children living in single-parent households, and the economic demands on the family.
- Jobs are changing and new or different skill sets are required. Many job descriptions are becoming more diverse, and one worker is required to do a wider variety of tasks.
- Change in technology is presenting itself in almost all areas of the labor market.
- The gap between lower-skilled/lower wage earners and higher-skilled/higher wage earners is widening.
- A wider variety of work settings is available to include telecommuting, international communications via webinars and online conferences, job sharing and work-at-home options.

Occupational Outlook:

According to the Occupational Outlook Handbook compiled by the Department of Labor and Statistics, the following jobs are those in the service-providing industry that are expected to grow between the 10-year period of 2006 and 2016:

Occupations:	Percent Growth Expected:
Professional, Scientific and Technical Services	28.8%
Health Care & Social Assistance	25.4%
Professional and Business Services	23.3%
Admin. & Support, Waste Management & Remediation Services	20.3%
Education and Health Services	18.8%
Management of Companies & Enterprises	14.9%
Financial Activities	14.4%
Leisure & Hospitality	14.3%
Finance & Insurance	13.2%
Public & Private Educational Services	10.7%
Information Super sector	6.9%
Government	4.8%
Other Services	14.9%

For more detailed information, go to www.bls.gov

As a result of the quickly changing labor market, the rapid pace in which it changes, and the volatility in the global economy, there is a lot of uncertainty in the current labor market. It is important to stay abreast of changes and trends in the current market and monitor them as best you can, to keep yourself on the forefront of this ever-changing and extremely competitive labor market.

Recipe: Italian Green Beans Courtesy of Janet Burgess, Chef. Culinary Adventures, San Diego, CA.
email: cooksrule2@yahoo.com



<p>Makes 6 cups</p> <p>1 lb. green beans, ends trimmed</p> <p>½ cup halved grape tomatoes</p> <p>½ cup chopped, sun dried tomatoes, in oil</p> <p>2 cloves garlic, silvered</p>	<p>1 Tbsp. olive oil</p> <p>Salt and pepper to taste</p> <p>Bring a large pot of salted water to a boil. Blanch beans in water for 5 minutes.</p> <p>Immediately transfer beans to a large bowl of ice water to stop the cooking. When cool, drain beans and set aside.</p>	<p>Sauté both kinds of tomatoes and garlic in a large sauté pan over medium-high heat for 1-2 minutes. Add beans, salt and pepper, heat through. Serve immediately.</p>
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Chesapeake Disability Management, Inc. offers a unique approach to complex catastrophic and vocational case management. We have designed our services to empower individuals to succeed in their own rehabilitation and proactively reclaim their lives. We believe that our focus on maximizing the individual's role in functioning more independently—at home, in the community, and at work or school—can significantly reduce the emotional, economic, societal and legal costs for all parties involved throughout the treatment.

**Specialized Catastrophic Injury and Disease
Management Team:**

Carole Stolte-Upman, a registered nurse with a Master's Degree in Rehabilitation Counseling, founded CDM in 1991. She has first-hand experience with the most complex, chronic and catastrophic cases, and has carefully selected a team of credentialed case management nurses, all with hands-on experience with catastrophic injury and disease management. They understand the importance of immediate treatment planning and rehabilitation activities to assist the individual in returning to a productive life. They also know that the careful management of this process will reduce emotional, economic, societal and legal costs, and they work hard to make this a reality for every stakeholder involved throughout the case process, while ensuring the best possible outcomes.

Word Search

- labor
- market
- field
- skills
- resolution
- reflection
- occupation
- professional
- scientific
- health
- leisure
- pepper
- department
- variety
- sauté
- energized
- positive
- flexible
- creative
- trends
- financial
- government
- hospitality
- maturity



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