

# CLAIMS COMPANION™



*Chesapeake Disability Management, Inc*  
*Reclaiming Lives, Improving Outcomes.*

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## Upcoming Events!

### MSIECA Luncheon

Date: Thursday, August 12, 2010  
Location: Tremont Grand Conference Center, 225 North Charles St., Baltimore, MD 21201  
For more info contact Dianne Wiegand at [dwiegand@iwif.com](mailto:dwiegand@iwif.com)

### Washington Claims Association Annual Golf Outing

Date: Thurs., September 9, 2010  
Time: 11:00 a.m.  
Location: Hampshire Greens Golf Club

### 26th Annual MWCEA Conference

Dates: September 19-22, 2010  
Location: Ocean City, MD at the Clarion Resort Fontainebleau Hotel and Conference Center

## McKenzie Exercise and Centralization

By Michael D. Wah, PT, OCS

Acute low back pain patients are a challenge to say the least. However, a New Zealand physiotherapist, named Robin McKenzie has developed a treatment approach that often provides rapid and predictable results. It is called the McKenzie Method. It is a treatment approach that examines the patient's symptom response to repeated mechanical movement. The patient is then classified as having a postural syndrome, dysfunction syndrome, or a derangement syndrome.

A patient with postural syndrome experiences pain due to postural stress on the soft tissues of the neck and back. For example, someone who only experiences pain with prolonged slumped sitting but cannot reproduce their symptoms any other way could be classified as having a postural syndrome.

A patient who has pain only at the end range of a motion such as trunk flexion or extension could be classified as having a dysfunction syndrome.

A patient who experiences a change in the location and intensity of the pain (termed centralization or peripheralization) with repeated movements may be classified as having a derangement syndrome. There are different types of derangements based on the location and response to repeated movements. It is theorized that movement of the nucleus pulposus is responsible for the often immediate changes in symptom intensity and location.

For derangements, repeated passive trunk extension is often the movement that will produce favorable results. However, repeated side gliding or flexion of the spine may also produce centralization of the symptoms. Research has also shown that patients who are able to centralize their symptoms (move their symptoms from distal to proximal) have favorable outcomes. This phenomenon is a very accurate predictor of successful treatment outcome and reliably determines the appropriate direction of treatment exercise.

The McKenzie Method empowers the patient and requires that they play an active role in their recovery. Posture education and prevention are also key components of this treatment approach.

*Source: Donelson R, Silva G, Murphy K. Centralization phenomenon. Its usefulness in evaluating and treating referred pain. Spine. 1990 Mar;15(3):211-3.*

*Michael D. Wah is President of Active Life and Sports. For more information about any of their Work Rehabilitation or physical therapy program offerings, please call Active Life & Sports at their office in Perry Hall, 410-529-3303. We encourage and welcome your referrals.*

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## TBI: Effective Return to Work Considerations

Susan Budden, MS, CRC, Vocational Rehab Counselor

For most adults, having a job means more than simply earning a wage. Work is usually important to us because it gives us feelings of personal and social value. Many individuals with a Traumatic Brain Injury (TBI) want to work, but they often experience a number of life-long challenges or barriers, that can interfere with obtaining and maintaining employment.

These challenges/barriers can present in the following areas:

- Cognitive - Memory deficits, organizational skills
- Emotional - Irritability, anger
- Physical – Fatigue, low workplace tolerance, poor balance
- Behavioral - Problems getting along with co-workers or supervisors, tardiness

The goals of Vocational Rehabilitation are to assist an individual's return to suitable gainful employment. In the case of individuals with brain injuries, as with any other disability, each person will have unique strengths and weaknesses that will need to be identified and addressed prior to facilitating a return to work.

When providing rehabilitation services to injured individuals, a team approach works best. Communication among all parties working towards the goal of returning the person to work is paramount to successfully reaching this goal. The team members should include the individual who sustained the TBI, families, medical professionals (including treating and independent medical doctors, as well as physical, occupational, cognitive, and speech therapists), Vocational Rehabilitation Counselors, Medical Case Managers, Ergonomic specialists, social workers and the current or future employers

Vocational Rehabilitation Services to brain injured individuals will be tailored to the brain injured individuals' special needs to help overcome the barriers or challenges they are facing and will include some (not necessarily all) of the following services.

Coordination of Medical Services- Neuropsychological, psychological, psychiatric evaluations; comprehensive Day and/or Residential evaluation; Neuro-Rehabilitation services (including cognitive, occupational, speech and/or psychosocial therapies); functional capacities evaluation; family therapy.

Vocational Assessment – Review of all medical, educational, vocational, social, legal, and economic information of an injured person, which includes file review, in-depth personal interview, self-assessment of past and present abilities and difficulties, family interviews and vocational counseling.

Vocational Evaluation - May include vocational testing, and a vocational simulation to evaluate a person's ability to follow directions, communicate with supervisory staff, work speed, tolerance to fatigue/workplace tolerance, ability to maintain professional and cooperative behaviors, etc.

Job Analysis - Determine the activities and physical/cognitive demands of a particular job including hours, restrictions, equipment used, physical demands, work environment and potential job modifications or accommodations.

In addition to the support and services of a Vocational Rehabilitation Counselor, an individual with a TBI may also benefit from other available tools and services.

*Supported Employment* is a way to transition people from dependence on a service delivery system to independence via competitive employment, increasing job retention. It involves the use of a job coach and was put into place to create job opportunities for individuals with the most severe disabilities. Supported Employment includes Pre-Employment Preparation, Employment/Training and Post-Employment Supports

*The Americans with Disabilities Act (ADA)* may apply to some people with TBI if they meet the ADA's definition of a person with a disability. Title I of the ADA ensures that employers cannot discriminate against a quali-

## TBI: Effective Return to Work Considerations *continued from page 1*

fied individual with a disability. It also requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship. These accommodations can include modifications or adjustments to: the job application process, the work environment, or to the manner in which the position is performed to enable a qualified person with a disability to perform the essential functions of the job, or modifications or adjustments that enable an employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by employees without disabilities

*The Job Accommodation Network (JAN)* is a source of free, expert, and confidential guidance on workplace accommodations and disability employment issues. JAN helps people with disabilities enhance their employability, and show employers how to capitalize on the value and talent that people with disabilities add to the workplace. They offer an online Accommodation Resource for users to explore various accommodation options for people with disabilities in work and educational settings.

Although individuals with TBI may face unique challenges when returning to work, the tools and resources used in the Vocational Rehabilitation Process can help them identify, address and resolve these barriers and return to work successfully.

### References

- Brain Injury Association of America (2006a). *What is brain injury?* Retrieved 2/9/06, from [http://www.biausa.org/Pages/what\\_is\\_brain\\_injury.html](http://www.biausa.org/Pages/what_is_brain_injury.html)
- Brain Injury Association of America (2006b). *Causes of brain injury.* Retrieved 9/4/08, from [http://www.biausa.org/Pages/causes\\_of\\_brain\\_injury.html](http://www.biausa.org/Pages/causes_of_brain_injury.html)
- Equal Employment Opportunity Commission (2000). *Enforcement guidance on disability-related inquiries and medical examinations of employees under the Americans with Disabilities Act.* Retrieved 9/4/08, from <http://www.eeoc.gov/policy/docs/guidance-inquiries.html>
- Equal Employment Opportunity Commission. (1995). *Pre-employment disability-related questions and medical examinations.* Retrieved 9/4/08, from <http://www.eeoc.gov/policy/docs/preemp.html>
- Hirsh, A., Duckworth, K., Hendricks, D.J., & Dowler, D. (1996). *Accommodating workers with traumatic brain injury: Issues related to TBI and ADA.* *Journal of Vocational Rehabilitation*, 7, 217-226.
- TBI Recovery Center, (2006). *What is a traumatic brain injury?* Retrieved 9/4/08, from <http://www.tbirecoverycenter.org/whatis.htm>
- UAB Traumatic Brain Injury Model System, (Issue 5, 2007). *Brain Waves.* Retrieved October 8, 2009, from <http://main.uab.edu/tbi>
- Good Practice Manual for the Rehabilitation of the Injured Worker. The Joint Task Force on Injured Workers Rehabilitation. 1987, Revised 1993, Revised 2004.

## Summertime Bean and Pepper Salad (8 Servings)

Courtesy of Janet Burgess, Chef, Culinary Adventures, San Diego, CA. Email: [cooksrule2@yahoo.com](mailto:cooksrule2@yahoo.com)

### Dressing:

3 cloves of garlic  
 ¼ cup extra-virgin olive oil  
 3 tablespoons red-wine vinegar  
 2 tablespoons grated lemon peel  
 1 tablespoon sugar  
 1 tablespoon chopped fresh oregano  
 2 teaspoons cumin  
 ½ teaspoon salt  
 ¼ teaspoon freshly ground pepper

### Salad:

1 lb green or yellow beans, cut in half diagonally (frozen beans are fine)  
 1 red bell pepper, thinly sliced  
 1 yellow pepper, thinly sliced  
 1 cup thinly sliced red onions

Cook beans in a large pot of boiling water for about 3 minutes. Remove beans from pot and plunge into a large bowl of ice water until they cool. Drain well, place in a large bowl.

Place dressing in a separate bowl and mix well. Pour over salad and let stand at room temperature at least 15 minutes. Toss again before serving.

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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 managers, all with hands-on experience with catastrophic injury and vocational case 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

Barrier	Oil
Bean	Pain
Brain	Patient
Case	Rapid
Challenge	Return
Cumin	Salad
Employee	Salt
Exercise	Spine
Golf	Syndrome
Injury	Traumatic
Job	Value
Life	Work

S E M Y N P S C P F S E N E  
A B X I R P A Y T F Y S R G  
L Z A E I A B I L J N A U N  
T R H N R A P O N C D C T E  
B C E C R C G I I D R E E L  
B M K R I W I T D B O J R L  
C B I O O I A S Z A M E G A  
Y E C R K M D I E G E B X H  
R R K A U E M P L O Y E E C  
S Q U A W B G T N E I T A P  
A Y R J C U M I N E U L A V  
L T X G N A X I D A L A A C

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