

## Be a Prevention Doctor -- Part I

### INJURY REPORTING

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The manner in which a complaint is handled is crucial to the outcome of a case. The tone that is set initially, beginning with the "temperature" of the management/employee relationship of the plant, will have an effect on the arbitrator's final decision of a case.

I have categorized three basic approaches or responses to an injury complaint. I think it will become clear how the tone can set the stage for the eventual outcome.

**Mamma's Boy** -- This particular situation certainly conveys concern for the individual: too much in fact. In this case, symptom magnification is manufactured by the person listening to the complaint -- don't go back out and play, this is serious, let mamma take care of you. A learned response will soon develop from this type of protocol.

**Don't Bother Me, I'm Watching Oprah** -- This situation is the flip side of Mamma's Boy. Unfortunately, it is the more common response to complaints. (The lawyers like this response.) Keep doing this to Junior and he'll be lighting the cat on fire.

**Let's Fix It, Go Back and Play** -- This is probably the most common response and the most common sense approach. This does not reinforce any bad behavior or previously learned habits, yet effectively deals with the problem.

The third choice makes sense and is the right thing to do, but it is not that simple. These choices apply to the line leaders as well as those at the top of the corporate ladder. The line leader may know the correct response, but he may have a personal grudge against the individual, whether it is justified or not. We are all human and although our intention may be that we would like to fix the problem and get back to routine, it may not always be that simple. That same line leader may have a complaint from an individual that, for whatever reason, he wants to be especially nice to. The point is, we need to have a protocol that will help to channel the outcome to the desirable end, but be completely systematic with the least amount of variation as possible.

#### Effective Risk Reporting

I would like to discuss reasons to encourage reporting as well as reasons to discourage reporting. In the outcome of this discussion, there should emerge a productive and effective protocol for guidelines in facilitating a format to accomplish this task.

#### Dangers of Reporting

The obvious answer to this area is that by documenting the complaint that was initiated, there is now a clearly documented reference that an "incident" occurred in the workplace.

The intent of this program has never been to devise a way to not report injuries, rather, early reporting of the injury allows the possibility that will very probably have a positive outcome at a point early on. I think that we all would agree that early intervention does make a significant difference in the outcome of a complaint.

Finally, the reporting of an injury as early as possible gives us time to apply the mechanical first-aid to the problem so that the chance of resolution is likely. If nothing was reported or done at this stage, the situation would have eventually progressed to the point that it was reported anyway. It would be very likely at this point that there would be some additional factors to complicate things that would not have been present in its early stages.

In conclusion, I firmly believe that the benefits of early intervention far outweigh the liabilities for the early reporting of complaints.

## Protocol for Reporting

### Line Leaders/Supervisors

The number one rule at this point is that the acknowledgement of a complaint at this level is not to be judged by that individual taking the complaint. The attitude of let's fix it, go back and play, must prevail for the entire structure of injury reporting.

There must be a routine response for the intervention of a cumulative trauma complaint. This will differ from the acute injury because of the very nature of the complaint.

### Defining Response of Supervisor -- "Dialogue"

There should be a simple log at each cell or line, and the leader/supervisor should make a simple notation as to the request of the individual. It does not have to be extremely detailed, just a simple record as to what the complaint was and when it was mentioned or discussed.

The object of this confrontation is to detect as early as possible, the signs and symptoms of cumulative trauma so that it can be corrected. Ice massage can be suggested first, but what will happen is that people will know that there is a two-day lapse from the time they mention the problem to the time they get to the chiropractor. After awhile, most everyone will say they have already tried the ice.

During the course of the treatments, the physician should see that they are doing the appropriate exercises and ice massage.

For the majority of cases, this will be the end of the line for the complaint, and the individual will return to the system and continue working.

The treatments will be recorded on a daily basis and once every two months a data base correlation should be run of the anatomical areas treated the most as sorted by work station. The areas of high incidence should then be looked at for possible change.

Watch for Part II of this article in the Jan. 1, 1993 issue.

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Editor's Note:

Dr. Oslay will be part of the faculty at the MPI 1993 Advanced Seminar, teaching "Industry Makes the Paradigm Shift towards Chiropractic," on February 28-March 5, 1993, in Kona, Hawaii. For more information call 1(800) 359-2289.

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