



# Rehabilitation Today

Michigan Association of Rehabilitation Professionals

March 2005

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## President's Letter

The March 2005 issue of MiARP's newsletter, *Rehabilitation Today*, includes commentary from Dave Campbell, MA, CRC, Michigan Department of Labor & Economic Growth Workers' Compensation Agency, concerning the recent Adams v. Ernest ruling. The ruling is important because it considers Goodwill Industries Transitional Work as gainful employment.

Beyond the Adams ruling, this month's newsletter also offers a couple of interesting articles concerning physical therapy and acupuncture.

If you haven't visited the MiARP website recently, I encourage you to do so. Among other things, we are continually posting upcoming events and news of interest to the rehabilitation community. Also, you can find out more about our

Spring Conference featuring Denise Bissonnette, who will be discussing job placement tools, self-motivation, self esteem, vocational placement and assessment. Find out all of the details at <http://www.miarp.org/springconference>.

Finally, I will be attending the national IARP conference next month. Topics at the conference include Social Security legislative updates and the latest developments in the rehabilitation field as well as solutions for the future. I hope you enjoy this issue of *Rehabilitation Today* and, as always, please feel free to share your thoughts and ideas about this newsletter and topics you would like to see covered in future issues.

Karen Starr, President  
MiARP

## *Comments on the Adams v. Ernest Ruling*

By David Campbell, MA, CRC  
Vocational Rehabilitation Consultant  
Michigan Department of Labor &  
Economic Growth

Hello all, I hope this letter finds you warm and healthy on this late winter day! I have attached a case that has drawn some attention--especially from VR providers on the west side of the state--as it deals with placement at a well known non-profit organization (Goodwill Industries). The issue with relevance to our field of practice in this case is whether Mr. Adams' placement at Goodwill was "reasonable employment" or in fact "rehabilitation." Magistrate Grit opines that, given the fact that the job at Goodwill was provided via Spartan Stores as a form of light duty

employment, and that the purpose was not to "evaluate, train or provide resume building skills" or "teach him the types of everyday skills necessary to re-enter and compete in the marketplace," it falls under "reasonable employment" language, and not rehabilitation.

Now, let me emphasize that this DOES NOT mean that Goodwill is out of the rehabilitation market, and only provides "reasonable employment" opportunities now! This decision DOES NOT mean that every placement you might make to Goodwill in the future will be seen as

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## Comments, continued

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*“Looking forward, I would hope that we don't see an influx of cases to Goodwill with the intent of circumventing the vocational rehabilitation process”*

"reasonable employment" and not rehabilitation! This decision is specific to the facts of this particular case, and given the facts as written, Magistrate Grit's decision seems logical. Many companies don't have, or run out of light-duty opportunities for employees. By utilizing other area businesses, especially non-profit organizations, employees have the opportunity to stay engaged in the workforce, stay in a routine, and hopefully return to their original jobs quickly and safely.

Looking forward, I would hope that we don't see an influx of cases to Goodwill with the intent of circumventing the vocational rehabilitation process. I would also hope that there isn't a jump in direct-place scenarios, whereby insurance adjusters automatically make referrals without determining appropriate employee--work fit through the use of a vocational evaluation. Companies like Spartan Stores obviously establish these relationships after doing their homework, and developing the program in concert with the light duty employer. These programs are also usually time-limited, meaning that the ultimate goal is to bring the employee back to the original job site as soon as possible. As vocational counselors, places like Goodwill provide good opportunities for SOME of our clients depending on the individual circumstances, but it doesn't provide a "one size fits all" scenario. And in many of our cases, the intent of such a placement is in fact for rehabilitation purposes (i.e., work evaluations, work hardening, training, etc.). In other words, if it is part of the rehabilitation plan, it is almost assuredly rehabilitation and not reasonable employment.

In sum, Goodwill provides both light-duty work opportunities, and vocational rehabilitation options. This case happens to focus on the light-duty work opportunities, and while it is an interesting case, the decision is based on specific circumstances and does not change our need to do quality, professional evaluations up front to determine appropriateness of placement. Please don't hesitate to call with questions or concerns.

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**Want to read *Adams v. Ernest* Ruling for yourself?  
You can find it posted in its entirety on the MiARP  
website: <http://www.miarp.org>**

## You've Been to Physical Therapy ---Why Aren't You Better?

By Peggy Herrick

As case managers all of us have had experience with claimants completing PT/OT and even though they state they were compliant with the program little or no progress was made. Sometimes claimants not only do not get better, they get worse. It is a frustrating and expensive experience for everyone concerned.

In my experience as a case manager, nurse, exercise physiologist and personal trainer some of the reasons this result may occur are:

- 1) The therapist lacks experience with the claimant's injury
- 2) The claimant's program is not individually designed
- 3) Short and long term goals are not customized to meet the claimant's goals and needs
- 4) Claimant's are not monitored and/or evaluated frequently enough
- 5) Programs are not updated and changed to accommodate pain, fatigue or progress or lack thereof.
- 6) Physicians do not write specific prescriptions
- 7) Therapists do not request medical records and they are not automatically provided by the physician
- 8) Physicians and therapists do not personally interact enough

As case managers we have relationships with patients/claimants, physicians and therapists. From this rather unique position we can appreciate the perspectives of everyone involved in the recovery/rehabilitation process. Our experience and knowledge as health care providers gives us tools to develop and facilitate the design and implementation of successful treatment plans. In addition to our knowledge and experience we have an unlimited amount of resources to educate ourselves regarding

recovery/rehabilitation of our patients' injuries.

The following are specific ideas to work knowledgeably with physicians, therapists and claimants to facilitate the most timely and cost effective recovery/ rehabilitation programs possible.

- 1) Research rehabilitation protocols for the specific injury. Online search engines are quick ways to find specific information for specific injuries.
- 2) Ask the physician for detailed therapy prescriptions.
- 3) Attend the claimant's initial evaluation. This will give the case manager a first line opportunity to interact with the claimant and the therapist regarding the expectations of both. Your presence will also express your involvement and interest in the recovery process.
- 4) Find out who will be working with the claimant. The therapist? The PTA? If the claimant is to work with a PTA, how often will the therapist see the claimant?
- 5) Will the claimant have a home program? If so, request a copy of the program. If not ask why not.
- 6) PT/OT treatment plans should be individualized to address individual needs and goals.
- 7) Ask the therapist to give you and the claimant/patient a clear idea of what is expected including an approximate time frame for short and long term accomplishments.
- 8) Assess progress weekly  
The claimant/patient's self evaluation  
The therapist's evaluation
- 9) Request written reports from the therapist before physician appointments so progress and/or difficulties can be addressed. Enlist the physician's assistance for resolution.

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## Physical Therapy, continued

Some reasons for lack of progress:

- 1) Claimant has unrealistic expectations regarding rehabilitation. Rehabilitation is not easy-it takes time and commitment.
- 2) Claimant complains of pain and fatigue during and/or for longer than 12 hours following a therapy appointment. Lingering pain and fatigue may indicate trauma instead of therapy.

Whether claimants have surgical intervention or are treated medically, physical and occupational therapy is a critical link between illness and recovery. Therapy modalities often mean the difference between resuming normalcy or coping with and adapting to limitations or languishing in disabilities for patients/claimants. Case managers have the tools to facilitate the best outcomes possible.

Some Links:

<http://www.orthoassociates.com/shoulder1.htm>

<http://www.spineuniverse.com> (Therapy and Your Back)

<http://www.sportsinjurybulletin.com/archive/knee.php>

Peggy Herrick is a Certified Case Manager with Occupational Consulting Services. She resides in Thompsonville Michigan and sees claimants in the entire lower Northern Michigan area as well as the eastern U.P. as far as Sault St Marie. She will be happy to serve as a resource to anyone who has questions about therapy or that area of the state. She can be reached at 1-800-270-9475 or [peggy@ocsonline.net](mailto:peggy@ocsonline.net)

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*“Whether claimants have surgical intervention or are treated medically, physical and occupational therapy is a critical link between illness and recovery.”*

## The History and Practice of Acupuncture

By Henry Chung, LLP, CSW,  
Acupuncturist

In ancient china, warriors with arrow wounds sometimes recovered from other diseases. This led to inserting needles at specific points for medical benefit as outlined in The Yellow Emperor's Classic of Internal Medicine.

From China, in the 6th century to Japan, then to the Jesuit missionaries, then to the west in the 17th century, acupuncture traveled but did not gain a hold on modern medicine until the 1970's. Then scientists discovered the anesthetic aspects of acupuncture that increase levels of endorphins in the body. Acupuncture closed the neuropathy gate to the brain along the spinal cord, blocking the pain message. The needles change the bioelectricity flow along the

meridians also to stop pain. Acupuncture is used for the prevention of disease, for relief from pain, and for anesthesia during surgery.

From Chinese philosophy we learn everyone is born with a certain amount of energy called Chi that circulates around the body through meridian channels. This criss-cross network's action is to regulate the function of different organs, transport vital energy and connect the external with the internal organs. We can enhance our Chi by eating right, exercising, and sleeping. But smoking, drinking, stress, and bad habits can disrupt the flow causing an excess or deficiency of energy, which leads to disease.

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## Acupuncture, continued

Inserting needles at one of the 360 acupuncture points corrects the imbalances of energy, which affects our health. The extremely small needles are put into specific points left for 15 to 30 minutes and may be slightly twirled or moved. The practitioner will get a medical history, check the pulse, and look at the patient's overall health. The treatment is relaxing, pain free, and usually produces results right away. Sterilized single use needles prevent infection. Practiced correctly, it is virtually safe for everyone and can be used in conjunction with western medicine.

Some examples of conditions acupuncture has been used for treating:

**Medical Disorders:** hepatitis, hypertension, arthritis, migraines, joint pain, sprains, hyperthyroidism, head injuries

**Gynecological Disorders:** Pelvic disease, irregular menstruation

**Diseases of the Sensory Organs:** conjunctivitis, myopia, sinusitis, toothache

**Nervous and Mental Disorders:** Paraplegia, epilepsy, schizophrenia, headaches,

**Orthopedic Disorders:** fractures, sprains, multiple trauma, sports injuries,

**Chronic Disorders:** Myofacial pain, vestibular vertigo, fibromyalgia, carpal tunnel, TMJ

This ancient system of Chinese medicine has become one of the most researched alternative medicines in the west. Many patients turn to acupuncture after western medicine has given up, giving them relief from pain for the first time.

Some websites that can serve as excellent resources are:

National Institute for Health  
<http://www.nih.gov>

American Association of Oriental Medicine <http://www.aaom.org>

Acupuncture Alliance  
<http://www.acuall.org>

Healing Solutions  
<http://www.healingsolution.net>

Henry is employed by Healing Solutions, which has offices in Saginaw and Midland Michigan. They provide traditional and manual physical therapy, massage therapy, acupuncture, reflexology, and other rehab services. Many case managers use these services for their clients with great success and compliance. Healing Solutions is affiliated with other clinics all over the state. If you need more information on acupuncture and other therapy services at Healing Solutions or in your area, please feel free to contact Nichole Swackhamer, Director of Operations at 989-792-4372 or [healingsolutions@sbcglobal.net](mailto:healingsolutions@sbcglobal.net)



*"Many patients turn to acupuncture after western medicine has given up, giving them relief from pain for the first time."*

### A Current Acupuncture Patient Tells All.....By Brenda O., Healing Solutions patient

My name is Brenda and I am so thrilled and excited to tell you how acupuncture is helping me. For over 20 years I have been having facial paralysis. I have been to many doctors, Lansing, Ann Arbor, Mayo Clinic, and never got any answers. A couple of neurologists even told me it was all in my head and to see a psychologist. They even told me I had MS, (which the Mayo Clinic found I never had). My family doctor and I were at our wits end, as the paralysis was coming more frequently and lasting longer....So he referred me to Henry Chung at Healing Solutions. The first time I met Henry, my right eye was almost closed and my mouth was drawn to the left side. I looked like I had a stroke.

After the first treatment of acupuncture, my mouth was back to normal and my eye was almost open. Talk about thrilled! I couldn't believe it! I looked normal and could smile! I may never find the cause of the facial paralysis, but I don't care. With Henry's help and acupuncture, I am getting so much relief, that I can enjoy life again! I recommend this to anyone, and if you are still not a believer I have pictures to show how well it works. My co-workers and the doctor I work for are just amazed and I'm on cloud nine! Thanks to Henry and the staff of Healing Solutions.

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We're on the Web!

See us at:

<http://www.miarp.org>

## MiARP Sponsorship Opportunities

The Michigan Association of Rehabilitation Professionals (MiARP) is now offering interested parties the opportunity to access the members of our organization at several levels. We invite you to help support our efforts to provide education, training, political action and professional enrichment to all in the field by participating as a sponsor.

There are two levels of sponsorship. They include:

### **Corporate Sponsorship** (\$1500) all of the items below:

1. Newsletter Ad –\$75 - \$200 depending on size – posted on the website quarterly.
2. Presentation Sponsor – \$100 -opportunity to give a brief presentation on your company to members during lunch at a state conference.
3. Mailing List –(\$2.50 per name)
4. Conference exhibitor –\$400.00
5. Conference co-sponsor – \$500.00--recognized as a sponsor of a coffee break or afternoon break at one of MiARP's state conferences
6. Keynote sponsor – \$500.00--recognized for sponsorship of the keynote speaker at the state conference.
7. Website Link – \$200-- link on our website to your company website for one year.

### **Program Sponsorship** (\$1000) all of the items listed below:

1. Newsletter Ad –\$75 - \$200 depending on size – posted on the website quarterly.
2. Mailing List –(\$2.50 per name)
3. Conference exhibitor –\$400.00
4. Conference co-sponsor – \$500.00--recognized as a sponsor of a coffee break or afternoon break at one of MiARP's state conferences

You may also purchase items individually at the amount indicated.

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