



# taylor'd

## ERGO TIMES



### Medical Notes: A Physician's Perspective

by Dr. Sidney Siu, MD, FRCP, SRS Consultants, London, ON

Two common purposes of a medical note for work are:

1) To verify that the worker has a medical condition and that, during the specified period of time, s/he will be (or was) totally unable to perform the essential duties of the job, or

2) To provide recommendations/restrictions to the employer as to the ability of the worker when s/he returns to work.

After the physician determines the abilities of the worker, the medical note is returned with the employee to the company. The supervisor, sometimes with the assistance of an ergonomist, uses the information from the physician, to provide the appropriate accommodation. When used appropriately, medical notes can provide great assistance to the worker and the employer.

In Ontario, under the Occupational Health and Safety Act, employers are not entitled to know the medical details of the worker's illness. As a result, the medical note can only state that the worker has been under the care of the physician, that s/he is able or unable to work, and with what capabilities or restrictions s/he can work. The physician is sometimes put into a difficult position, especially if the worker does not seek medical attention, or is not able to obtain an appointment, immediately following the injury. The physician has no way to verify that the worker was, in fact, totally unable to perform the essential duties of the job during his/her absence from work. Often, by the time the physician sees the worker, the worker is no longer disabled, but requires a doctor's note to fulfill the requirements of the company's policy. A conscientious physician would write that s/he "saw the worker today, who reported to have been sick between [dates], and he is now ready to work." However, this language could open up the potential for disputes between the worker and the workplace regarding the legitimacy of the absence, and could result in further pressure on the physician to verify the worker's abilities prior to his/her examination of the injury. Another difficult situation occurs when a worker is ready to return to work, but requires accommodation. Ideally, the physician should assess the worker by performing physical examinations and objective tests to quantify the worker's physical capabilities, before making the recommendation. The ambiguity of the terms used in the WSIB's functional ability form (FAF) has been addressed in a previous publication (available in the website of TEI). "Doctor's notes" are typically even less quantitative than the FAF. The more common practice is for the physician to ask the patient what s/he is capable of doing, and to complete the form or write the note, with or without objective evidence. A more useful approach would be to limit "exposure" to tasks that require the types of demand that most likely caused or aggravated the injury. For example, "no lifting greater than 10 kg" could be an appropriate work restriction for a back injury. "No more than 4 right wrist movements per minute," might be a practical restriction for tendonitis. The physician can also ask the employer for a physical demands description (PDD) for the job that the employee might return to; by reviewing the PDD, the physician can more clearly understand the job, and help to identify feasible accommodations.



#### Our mission:

Inspiring, building, and supporting partnership between your organisation and our innovative team to advance ergonomics excellence.

#### Our team:

**Carrie Taylor Van Velzer**  
M.Sc., CCPE, CPE  
Principal Ergonomist

**Karen Hoodless**  
M.Eng., CCPE, CPE  
Operations Manager/Ergonomist

**Annie Barnwell**  
M.Sc., CCPE  
Ergonomist, London, ON

**Andrea Miklavcic**  
B.Sc.(Hon.Kin.)  
Ergonomist, Mississauga, ON

**Samantha Amy**  
B.Sc.(Hon.Kin.) AE Candidate  
Ergonomist, Ayr, ON

**Colin McKinnon**  
M.Sc., AE Candidate  
Ergonomist, Ayr, ON

All of our ergonomists are members of:



ASSOCIATION OF CANADIAN ERGONOMISTS  
ASSOCIATION CANADIENNE D'ERGONOMIE



An unfortunate scenario occurs when the worker asks the physician to state that s/he should not be working on a particular job, or shift, or with a particular supervisor. The physician is in no position to justify such recommendations unless s/he has detailed knowledge of the job, shift condition, or the situation with the supervisor.

Advice to companies, regarding when not to ask for a medical note:

1) Interpersonal relationship issues: If a worker has difficulty working with a particular co-worker, or with a particular supervisor, the employer sometimes falls into the trap of medicalizing interpersonal relationship issues by asking the worker to bring in a medical note to excuse him/her from working in a particular area.

2) Legitimizing bad behavior: If a worker has performance issues, the company sometimes asks the worker to bring in a medical note.

Because of the medical confidentiality issue, most physicians will NOT speak to a non-health care provider about a particular worker's condition. It may be a cost benefit for the employer to retain an occupational nurse/physician to address these issues.

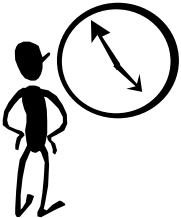
In summary, medical notes can be useful in the return-to-work process, when they are completed properly. Without detailed knowledge of the workplace, the physician should only provide recommendations in terms of the ability of the worker, and NOT with reference to specific jobs. The employer should not medicalize non-medical issues by requesting a medical note.



## Check your mailing label...win a sweatshirt!

We held a draw to give a sweatshirt to one of the many people who sent us address updates. Congratulations to

**Pat Sauve**, of the London Public Library, who earned a sweatshirt this month. If your mailing label is incorrect, please fax (519 632 7469) or email us ([info@taylordergo.com](mailto:info@taylordergo.com)) with a correction.



## The 12-hour shift

*The EH&S Supervisor for one of our clients recently undertook a research paper on the topic of 12-hour shifts, and she shared her findings with us.*

Switching to a 12-hour shift can be a necessary business decision, allowing more business from clients that expect a 24/7 operation, decreasing production costs, and improving plant efficiency. However, a change to 12-hour shifts can create concerns about the potential for increased injuries due to both accidents and musculoskeletal disorders (MSDs). However, based on my research, most workers actually prefer 12-hour shifts compared to 8-hour shifts. The longer shifts, in theory, should give workers more time to spend on social and recreational activities. In addition, 12-hour shifts cut down on commuting time and costs.

There are three main risk factors for MSDs; force, repetition and awkward posture. My research question was whether a 12-hour work shift causes more injuries if both twelve- and eight-hour workers work the same number of hours per week on average. If both workers are essentially working forty hour weeks, the muscles would be expected to have equal exposure to repetition overall. So, does it matter if there are four extra hours tagged on to a single day, versus being spread out more within the week?

Magazine and newspaper articles seemed to clearly favour 8-hour shifts in terms of increased safety and decreased risk to workers. An article in the Safety Compliance Letter cites a study published by

Circadian Technologies, Inc. which indicated that long work days are one of many factors that are linked to an increase of MSDs. The article also indicates that sleep deprivation may be a contributing factor in MSDs. "Sleep deprivation could possibly be damaging in terms of muscle, ligament or tendon injury. Disturbances in sleep also affect pain and negatively affect the time it takes a worker to return to work after suffering a soft tissue injury such as low back pain." (Safety Compliance Letter, April 2005, pg. 7). Although long work days were pointed out as a factor for MSDs, the article shows that working two to four weekends a month can have similar effects.

A 2003 article by Bendak entitled "12-h workdays: current knowledge and future directions" recognized many inconsistencies within the research. Based on her review of fifty-three papers published between 1987 and 2001, Bendak believes that *objective* assessment measures tend to favour 8-hour shifts, whereas *subjective* measures favour 12-hour shifts. Most workers prefer 12-hour shifts over eight. Despite this, she concludes that 12-hour shifts are likely to cause more fatigue. The National Institute for Occupational Safety and Health (NIOSH) put out a publication in 2004 entitled "Overtime and Extended Work Shifts: Recent Findings on Illnesses, Injuries, and Health Behaviors". The public document provided a summary of fifty two recently published articles on the topic of long working hours. Although long working hours seem to create a predisposition to injury, the connection is not as clear when 12-hour shifts are worked but the total hours worked per week remain a standard forty hour work week. Some studies that showed working 12-hour shifts increased risk – specifically after the eighth or ninth hour of work. A longitudinal study of nearly 11,000 workers over thirteen years showed an increased risk of job-related injury and illness for workers who worked twelve or more hours per day. A paper published in Industrial Health in 2008 reviewed eight studies, showing an increased risk for MSDs for those who have highly physical work. These studies seem to indicate that long work hours do indeed increase the potential for MSDs.

Government websites also seem to support the belief that 12-hour shifts are riskier. The Ontario Ministry of Labour website indicates that the risk of MSD with repetition increases the longer a task is done without a break. This could imply that 12-hour shifts are more harmful. The Canadian Centre for Occupational Health and Safety (CCOHS) also shows concern for an extended workday saying that "it is probably fair to say that heavy physical jobs and/or jobs that demand sustained attention throughout the workday do not lend themselves well to extended workday schedules" (CCOHS, September 2011).

Taylor'd Ergonomics uses correction factors within their ergonomic reports when accounting for extended shifts. Their analysis method is based on "A Guide to Manual Materials Handling" (Mital et al., 1997) which suggests correction factors for men and women working in physical jobs. Essentially the correction factor reduces the maximum weight that is lifted, lowered, pushed or carried during extended shifts.

As far as factors outside of work, other jobs or "moonlighting" could be another issue to consider. When employees have more days off from work, they may have greater opportunity to take up other jobs – these jobs may contribute to MSD risk, specifically if they are using the same muscle groups as used in their "regular" job.

The majority of sources indicated that longer shifts are a potential concern when it comes to MSDs. However, several studies within the research did not support this connection. That being said, reliable sources such as the CCOHS and NIOSH appear to be warning employers to take precautions when establishing 12-hour



shifts.

In conclusion, 12-hour shifts may increase the risk of MSD for some jobs. However, controls may be put into place to reduce the risk of 12-hour shifts, including rotating various jobs that use different muscle groups throughout the day, scheduling tasks that require heavy labour near the beginning of the shift, providing short but more frequent breaks, scheduling shifts to allow recovery time in between (i.e., do not schedule four 12-hour days in a row for heavy labourers), and limiting or eliminating overtime (including over 12-hours a day, or extra shifts per week). Putting these controls into place may prevent an increase in MSDs when changing to a 12-hour shift. In some cases, a 12-hour shift may even be an improvement, and cause a reduction in injuries, where it reduces overtime for employees.

## How well do you know our team?

With several new team members, and Annie's return from mat leave, we are getting to know each other all over again! We thought we'd reintroduce ourselves to you! See if you can match the photos with the team members' descriptions of themselves, including what first drew them to ergonomics. (Answers are on the back page!)



Carrie



Karen



Annie



Samantha



Andrea



Colin

In school, I was involved in designing workstations and equipment for Ontario police forces and the Canadian military. I have family members in law enforcement, so making these workers more productive, efficient, and injury free was what initially drew me to the field. I played varsity rugby at UW, and continue to love all sports. Currently I play hockey, soccer, and ultimate Frisbee. I like to escape the real world by reading science fiction, and by enjoying camping, canoeing and all things outdoors. I own every one of Arnold Schwarzenegger's movies...some in duplicate.

I took two ergo classes during my undergrad that sparked my interest, and then I worked as a "sitting behaviour" research assistant at Dalhousie University. I completed a MSc in Occupational Biomechanics at UNB and studied "cumulative shoulder loads in the automotive industry". My hobbies include swimming, running, fitness classes, and playing "peek-a-boo" with my daughter. I managed the NB Canada Games Squash team in 2003, camped and backpacked around Europe for a summer, worked at the only bagel shop in Ireland for a summer, and taught fitness classes for 9 years.

My most memorable ergo experience was seeing the control room of a nuclear power plant. (And yes, it does look like the Simpsons!) In my free time, I am very involved in launching a fitness business. Health and fitness are a passion for me. In high school, I was known for running really fast. My favourite food is grapes. I've eaten the same thing for lunch almost every day for the last year and a half. The last dessert I made was quinoa brownies. My parents immigrated from Slovenia. The place I want to visit most is Egypt. My favourite movie is "Elf".

I had a friend in University who was a year ahead of me, and she got me fired up about ergonomics. My most memorable ergo projects have involved energy-from-waste (pee-uw!), engineering training in northern Alaska, and learning how to "talk Southern" in Arkansas. I am always busy with my taxi duties to transport my kids to hockey and dance, but when they are on the ice and in the studio, I like to sneak out for a run with other moms. I've run a few half-marathons, and I especially love helping new runners to get started. I also like photography and scrapbooking, reading (esp. historical fiction), and gardening.

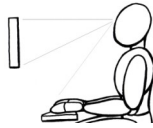
I took a few system design engineering, industrial hygiene and health & safety courses out of pure interest, and that set me on the course to learn more in this area. My hobbies include reading, gardening, and yoga, and I am interested in science, traveling, spending time with family, and pets (can't get enough of them). I am one of seven kids. I spent a year in high school on exchange in Sweden. I am our resident organisational freak at Taylor'd Ergo. (Thank goodness we have one!) I love the theatre, and go on average 8 times a year!

I took an interest in ergonomics during my first university term, and my first co-op placement was in an auto parts plant. I've never looked back! I've done assessments in many industries, but I get particular satisfaction from office ergo projects. My leisure activities include rock-climbing, snowboarding, and cooking. My favourite dish to cook is manicotti. When I go out, my favourite food is Thai. One unique characteristic of mine is that I have only one dimple. My favourite colour is teal, my favourite musical artist is Tyrone Wells, and my most memorable trip was taken on a yacht in the Florida keys.

**Did you know....**we can help you to review the design of a new layout, before it is installed in your facility. Call Carrie for a quote!

## Office Ergo

Tuesday, November 15  
London, Ontario



This one-day session will allow you to identify ergo issues at office work stations, and develop cost-effective recommendations to address them.

### You will learn to:

- Adjust a chair** to optimise employee comfort and productivity
- Optimise keyboard, mouse, desk, shelf, document and monitor heights**
- Identify where **sit/stand work stations** are appropriate, and how to use them
- Conduct a **“desktop inventory”** and organise a work space
- Optimise **work practices**, using work pacing, ambi-dextrous habits, stretch breaks, and “dump the junk” habits
- Minimise visual concerns, by optimising **viewing distance, lighting, glare, screen parameters, and eye care**
- Identify when **“ergo appliances”**, such as wrist rests, wrist supports, head sets, ergo mice, and laptop accessories are appropriate
- Design new offices and work stations with consideration of **efficiency, noise, temperature and traffic flow**
- Use the “Office Ergo Quick Reference” (**checklist**)
- Identify when and how to **get help** from an ergonomist or other professional



## Return-to-Work Workshop

Thursday, November 22  
Ayr (Cambridge), Ontario



This one-day session will allow you to effectively bring injured workers back to work (or, better yet, help them to stay-at-work).

### You will learn to:

- Understand the importance of **early and safe return-to-work (RTW)**
- Identify when and where **physical demands descriptions** should be used, and how to interpret and extract the relevant information, including discriminating between **“essential”** and non-essential duties
- Interpret the WSIB’s **“Functional Abilities Form”** and other return-to-work documents, including specific terminology
- Communicate** with Health Care Providers when necessary, in order to clarify ambiguous work restrictions
- Evaluate** the match between the restricted worker and several jobs, using case study examples
- Develop **accommodations** in order to modify a job to meet a worker’s capabilities
- Write a concise demands-abilities evaluation **report**

**Watch for our Physical Demands Description workshop in January, 2012! (See our website for details.)**

**To register**, complete and fax this page to 519 632 7469, with your purchase order number, or mail it with a cheque to Taylor’d Ergonomics, Box 1107, Ayr, ON N0B 1E0. Your registration will be **confirmed by fax or email, 1-2 weeks before the course**. Register early, as space is limited. We do not accept credit card payment. Cancellations within one week of the workshop will be subject to a \$100 charge, although substitutions are welcome at any time.

Name(s):	Company:
Phone:	Fax:
e-mail:	P.O.# (if no PO, please send cheque with registration)
Please register me for: <input type="checkbox"/> <b>Office Ergo</b> on Nov 15, \$375+hst <input type="checkbox"/> <b>Return-to-work</b> on Nov 22, \$350+hst HST#89765 6377	

**Who’s who?** Carrie runs half marathons, Karen went to Sweden, Annie plays peek-a-boo, Sam is missing a dimple, Andrea loves grapes, and Colin is Arnold’s fan.



A bi-monthly publication from  
Taylor’d Ergonomics  
Post Office Box 1107  
1400 Northumberland Street  
Ayr, Ontario N0B 1E0  
phone (519) 632-5103  
fax (519) 632-7469  
web page: www.taylordergo.com  
email: info@taylordergo.com