



Senate Bill 323

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The Injured Worker

Increasing Access to Medical Treatment



Problems:

- Medical physicians unwilling to manage injured workers
- Medical management no hands on, drugs and PT
- Reduced access to spinal manipulation the single best treatment modality
- Injured workers being forced away from their trusted health care provider
- Injured workers having to travel long distances.

SAIF Study #CZP012-B, 1988

Why the Current Restrictions are Costing the System Money Not Saving.



Medical Doctor Case

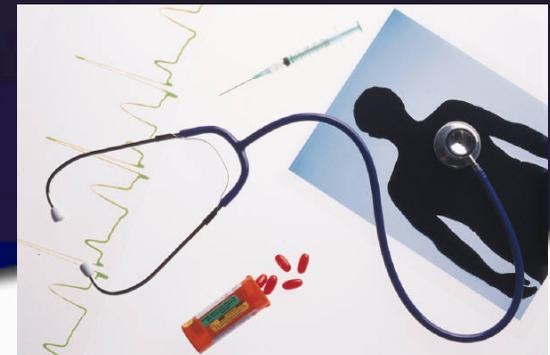
Average \$250

Physical Therapy	\$550
Drugs	\$200
Radiologists	\$200
True Total	\$1,200

Chiropractic Doctor Case

Average \$700

Physical Therapy	Included
Drugs	None
Radiologists	Included
True Totals	\$700



Disabling Low Back Oregon Workers' Compensation Claims. Part II: Time Loss



Joanne Nyiendo. Ph.D., May, 1991

Original Articles

Disabling Low Back Oregon Workers' Compensation Claims. Part II: Time Loss

JOANNE NYIENDO, Ph.D.*

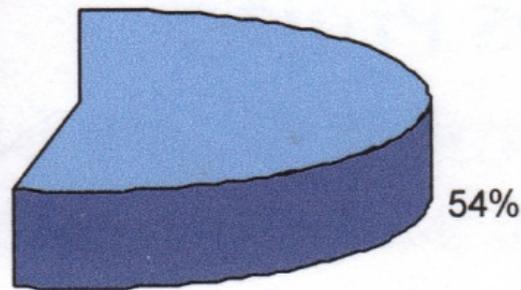
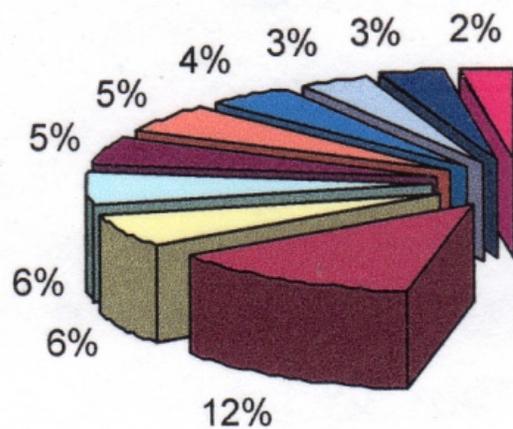
ABSTRACT

This paper reports on time loss incurred by chiropractic (DC) and medical (MD) claimants with disabling low back work-related injuries in Oregon. Clinical categorization was accomplished using medical records and was based on reported symptomatology, objective clinical findings and functional impairment.¹ The median time loss days for cases with comparable clinical presentation (severity) was 9.0 for DC cases and 11.5 for MD cases.² Chiropractic claimants had a higher frequency of return to work with 1 wk or less of time loss. No difference was seen in time loss days for MD

or DC claimants with no documented history of low back pain. However, for claimants with a history of chronic low back problems, the median time loss days for MD cases was 34.5 days, compared to 9 days for DC cases. It is suggested that chiropractors are better able to manage injured workers with a history of chronic low back problems and to return them more quickly to productive employment. (J Manipulative Physiol Ther 1991; 14:231-239).

Key Indexing Terms: Workmens' Compensation, Low Back Pain/Injuries, Chiropractic.

- 1. Average Time Loss for Chiropractic Management 9 Days vs Medical 11.5 Days.**
- 2. Chiropractic Patients Had a Higher Frequency of Return to Work within 1 wk or Less of Time Loss.**
- 3. Chronic Low Back Cases: 34.5 Days vs 9 Days with Chiropractic Management.**



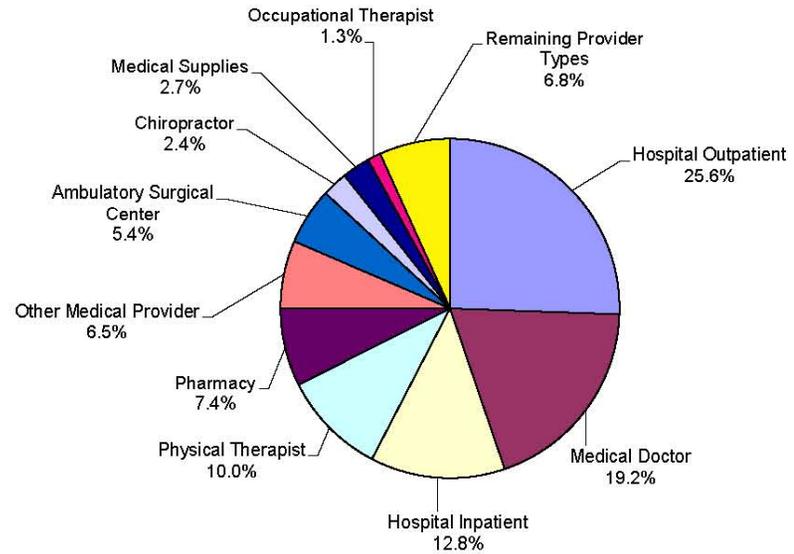
- Sprains, strains 10,616
- Fractures 2425
- Bruises 1275
- Musculoskeletal Disease 1148
- Dislocations 994
- Cuts, lacerations 968
- Multiple injuries 831
- Hernias 637
- Carpul Tunnel 628
- Both injury and illnesses 488



Top 10 Medical Payments by Provider Type, 2011

Provider Type	Payments (Millions of Dollars)	Percent of total payments
Hospital Outpatient	\$81.70	25.6%
Medical Doctor	61.41	19.2%
Hospital Inpatient	41.07	12.8%
Physical Therapist	31.84	10.0%
Pharmacy	23.60	7.4%
Other Medical Provider	20.78	6.5%
Ambulatory Surgical Center	17.29	5.4%
Chiropractor	7.79	2.4%
Medical Supplies	8.49	2.7%
Occupational Therapist	4.08	1.3%
Subtotal	298.05	93.2%
Remaining Provider Types	21.61	6.8%
Total:	\$319.66	100.0%

Top 10 medical payments by provider type, 2011



Note: "Other Medical Provider" payments are chiefly for independent medical exams and ambulance services. The "Remaining Provider Types" are acupuncturist, dentist, home health care, laboratory, naturopath, nursing home care, optometrist, osteopath, physician assistant, podiatrist, psychologist, radiologist and registered nurse practitioner.



State of Oregon Evidence-based Clinical Guidelines Project

Evaluation and Management of Low Back Pain

A Clinical Practice Guideline Based on the Joint Practice Guideline of the
American College of Physicians and the American Pain Society
(Diagnosis and Treatment of Low Back Pain)

Objective

This guideline was developed by a collaborative group of public and private partners to provide up-to-date evidence-based guidance on the evaluation and management of low back pain. The purpose of this guideline is to assist licensed clinicians, working within their scope of practice in the State of Oregon, in the assessment and management of low back pain among non-pregnant adults. Implementation of recommendations in this guideline will be determined by individual health plans and providers.



Suggestions?

Prospective randomized cost and outcomes comparison study comparing chiropractic, to standard medical care of injured workers.

Oregon Institute of Occupational Health Sciences, performs study funds continuously appropriated from the state.