

EMPLOYER RESOURCE SERIES

Proven ways to prevent & manage movement-related pain that align with OSHA's recording requirements

OSHA recording criteria must be considered when trying to prevent work-related conditions from worsening and becoming significant injuries. OSHA's list of first aid is quite clear, and anything outside of that list is considered medical treatment, thus meets OSHA recording criteria.

However, there are movement-based strategies (“exercises”) that do not meet OSHA recording criteria depending upon their classification and intent. These exercises should not be episode dependent or target a specific tissue pathology.

Exercises as Part of Safe Work Practices

There are exercises that are generally part of safe work practices, and commonly recommended for anyone engaged in certain tasks or working with certain equipment, therefore are not considered medical treatment (see back or click this link - <https://www.osha.gov/laws-regs/standardinterpretations/2016-09-09-0>).**

Exercises that are generally part of safe work practices commonly recommended for anyone engaged in certain tasks or working with certain equipment are not considered medical treatment. For example, user instructions provided with a computer work station might include guidance on proper posture or intermittent minor exercises that are typically suggested to help reduce the risk of developing musculoskeletal disorders. Common advice for persons driving long distances may include taking breaks to get out and stretch. Counseling or reminding an employee to engage in such activities or adopt such practices is not considered to be medical treatment. Again, for purposes of OSHA recordkeeping, the focus is on whether an employee has sustained a work-related injury or illness, and whether exercise is used to treat that condition.

Common recommendations for during breaks or after work are to use positions or postures that lessen the force produced by a muscle and/or compressive forces on joints. This may be achieved by assuming a gravity lessened position for the muscle and joints such as laying supine to avoid vertical loading of the spine.

During the day use micro-breaks to perform reversal of a frequently to constantly assumed posture or movement. Such postures and movements result in concave and convex halves of the body. Muscles, tendons, ligaments, and fascia on the convex half of the position are stretched, and those on the concave half are shortened or compressed. Unwinding reverses the halves, thus decreasing strain on muscles previously stretched.

**OSHA requirements are set by statute, standards and regulations. Interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretation of the requirements discussed. Note that enforcement guidance may be affected by changes to OSHA rules. Also, from time to time guidance is updated in response to new information. To keep apprised of such developments, consult OSHA's website at <https://www.osha.gov>.



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Dear Mr. Ege:

Thank you for your letter to the Occupational Safety and Health Administration (OSHA) regarding 29 CFR Part 1904 - Recording and Reporting Occupational Injuries and Illnesses. You ask for clarification regarding the context, application, and definition of the term "exercise," and whether the recommendation or use of exercise must always be recorded on the OSHA 300 log. Specifically, you request clarification from OSHA on the differences between the use of preventative exercise as an intervention strategy, and therapeutic exercise used to treat a work-related injury or illness.

Therapeutic exercise is bodily movement prescribed to correct impairment, improve musculoskeletal function, or maintain a state of well-being (see Krusen's Handbook of Physical Medicine and Rehabilitation, 3rd ed., 1982). Therapeutic exercise is considered medical treatment when it is designed and administered to combat a particular injury, illness, or disorder as part of a treatment plan that includes termination of the therapeutic exercise once the objectives of its implementation have been met.

As you noted in your letter, OSHA discussed the issue of therapeutic exercise in the preamble to the final rule establishing OSHA's current injury and illness recordkeeping regulation. See, 66 FR 5992, January 19, 2001. OSHA stated that it considers therapeutic exercise as a form of physical therapy and intentionally did not include it on the list of first aid treatments in Section 1904.7(b)(5)(ii). Section 1904.7(b)(5)(ii)(M) states that physical therapy or chiropractic treatment are considered medical treatment for OSHA recordkeeping purposes and are not considered first aid. Section 1904.7(b)(5)(iii) goes on to state that the treatments included in Section 1904.7(b)(5)(ii) is a comprehensive list of first aid treatments. Any treatment not included on this list is not considered first aid for OSHA recordkeeping purposes.

OSHA's regulation at Section 1904.46 defines an injury or illness as an abnormal condition or disorder. Although injury and illness is broadly defined, they capture only those changes that reflect an adverse change in the employee's condition that is of some significance, i.e., that reach the level of an abnormal condition or disorder. Pain and other symptoms that are wholly subjective are included in that definition. See, 66 FR 6080. Accordingly, if an employee exhibits symptoms of an injury or illness, and that injury or illness is considered work-related as defined by Section 1904.5, the administration of exercise makes the case recordable.

Please be aware that if a treatment is administered as a purely precautionary measure to an employee who does not exhibit any signs or symptoms of an injury or illness, the case is not recordable. For a case to be recordable, an injury or illness must exist. For example, if, as part of an employee wellness program, a health care provider recommends exercise to employees who do not exhibit signs or symptoms of an abnormal condition, there is no case to record. Furthermore, if an employee has an injury or illness that is not work-related, (e.g., the employee is experiencing muscle pain from home improvement work), the administration of exercise does not make the case recordable either. See, OSHA's May 20, 2011, Letter of Interpretation, Clarification on whether an exercise regimen is first aid or medical treatment www.osha.gov/recordkeeping/RKinterpretations.html.

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We hope you find this information helpful. OSHA requirements are set by statute, standards, and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretation of the requirements discussed. Note that our enforcement guidance may be affected by changes to OSHA rules. Also, from time to time we update our guidance in responses to new information. To keep apprised of such developments, you can consult OSHA's website at <http://www.osha.gov>.

Sincerely,

Amanda Edens, Director
Directorate of Technical Support and Emergency Management

Your employees are struggling with movement-related pain, which often leads to increases in lost-time injuries, turnover and medical costs. At New Life For Work, our customized solutions identify and address these problems early to get you back to a thriving workforce.



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