AAPA OM
American Academy of Physician Assistants in Occupational Medicine

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AAPA-OM serves PAs in many ways

By Edward F. Sorace, PA-C

AAPA-OM has been around since 1981. A lot has changed since 1981. We were a small group of PAs that wanted to join forces, share information and add some occupational medicine lectures at the AAPA National meeting. We were able to do that and added a quarterly newsletter that was produced by members and mailed out to all members. Since then we have grown and then shrunk. We were around 200 members 10 years ago and now we are at 55. Our dues went from $50.00 to $75.00 a year and we have fewer members now.

WHY? Good question. We serve all PAs who perform occupational medicine in their practice, the PAs who work in a factory for the corporate medical service, the free standing occupational medical clinics, the urgent treatment center, the emergency departments, to the family medicine practice that also does occupational medicine. Most of these PAs perform workers compensation evaluations and treatments; perform DOT exams, pre-placement exams, and return to work exams. So with 1700 PAs who list occupational health as a primary or secondary aspect of their practice, why do we only have 55 members?

So what does AAPA-OM do for me? We have a direct link to the ACOEM, our physician counterpart in the occupational medical arena. We have a seat in the AAPA House of Delegates. We have been on the front line with the DOT issues regarding the impending changes in the certified medical examiners. We have testified, and produced a written report in the Federal Register of why PAs should not be restricted from performing certain DOT exams. Some individuals are spreading the rumor that only MD/DO will be able to DOT exams on anyone with two or more medical problems. AAPA-OM has been fighting to keep that from going into the regulations.

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Upcoming Events

Next AAPA-OM Board Meeting November 17, 2011 Conference Call Tentatively Scheduled for 8:30 p.m. EST

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AAPA-OM undergoes many changes to serve PAs

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We have been sending out monthly e-blast to keep you informed as to what is new in Occ Med. We have been producing 4-5 newsletters a year. All the correspondence is done via the internet. This speeds up the dissemination of information at a substantial cost saving compared to U.S. Mail service.

This year we have decided to terminate or management service because of the cost. The cost of having a professional management group continued to go up. Our last bid was for around $4,500.00 from a private company. AAPA gave us a bid for over $10,000.00 and another private company was for $8,500.00. AAPA-OM was in a crisis mode. We had about $3,000.00 in the bank with the possible expenses to be about 3 times that amount. Our decision was to fold AAPA-OM or to tighten up the belt, do most things internally, and only pay for items that we felt we did not have the time or expertise to perform.

So with this decision by the BOD we are still in a learning curve. I am learning how to change the data base, credit new and renewal members, and somehow during the transition, we have not made the all the changes to the data base that were necessary. I apologize to anyone that found that the data base was not changed.

Things are looking up for the academy, we continue to get new and renewals now. I want to thank everyone for renewing or joining for the first time. If there is anything I can do for you just let me know.

AAPA-OM needs your help!

AAPA-OM has a list-serve account that no one has been monitoring or using for the past few years. We need someone to be the moderator of this site. This site has been useful in the past for AAPA-OM members to ask questions and share information about Occupational Medicine with other PAs in OM. Skills would be computer access and the internet.

AAPA-OM has an opening for a student representative to the board. Our current student has graduated and we need a new board member. If you know a student who would like to serve on our BOD, please let me know.

Send request to eomed@windstream.net or call 270-766-8033 for either of AAPA-OM needs.

ACOEM Liasion Report

By Jack Lasoski, MPAS, PA-C

This year's AAPA Annual Conference in Las Vegas, Nevada was the second largest attendance in AAPA's history. The Academy certainly needed this kind of attendance in view of the unanticipated decline at last year's Atlanta conference and the resulting constraints it put on the budget. There were 7,587 Physician Assistant attendees at this year's conference compared to 4,423 last year. The total attendees including exhibitors this year was 8,905. The mood was definitely lighter this year and the hope was that the income would help sustain us as we anticipate another low attendance at the first AAPA conference to be held outside of the United States next year when it will be in Toronto.

I spent three days in the AAPA House of Delegates on your behalf. We discussed more than 40 resolutions. I will not attempt to go through each of the resolutions that we discussed and voted on but will try to touch on a few of the important resolutions that were most time consuming and pertinent to AAPA-OM members. We agreed to adopt a work group's recommendation that allows a sharing of governance responsibilities between the BOD and HOD that was in compliance with the North Carolina Bylaws changes and the resulting crisis that occurred last year. We also adopted a recommendation that the NCCPA offer PAs an option for a 10-year certification cycle. We adopted a position paper on "Genetic Testing in Clinical Practice" and "Health Disparities".

Another policy adopted was on "optimal health". A great deal of time was spent on a CRC recommendation that all officers of specialty organizations must be AAPA members, which was finally referred back to a committee.

Please feel free to go to the AAPA web site under the House of Delegates to find a summary of all the resolutions that were voted on in 2011.

During the HOD session Ed Sorace, Stan Roberts, Karl Wagner and I were able to meet to map out a strategy regarding the FMCSA MRB recommendations. I also want to thank Thomas Powell for being available as an alternate delegate and sitting in for me during some of the resolution committee hearings. I made a contribution to the AAPA PAC on behalf of the AAPA-OM. The HOD recognized us as a contributor. I also was able to film a portion of Stan Robert's excellent presentation on the "Changes in the DOT Commercial Driver Medical Exam".

AAPA Conference gave AAPA-OM opportunities to show force

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We were able to show AAPA staff, (Sandy Harding) that there were more than two hundred physician assistants that attended. The great turnout bodes well for the presentation that Stan plans to present at the next AAPA conference. We were able to meet with Sharon Kulesz, the Director of Alliance Development and Education and have preliminary discussions regarding how our organization might benefit when Stan makes his presentation at an upcoming AAPA conference. In closing, it has been a privilege and an honor to serve as your Chief Delegate and I look forward to another year in the same capacity.

Jack Lasoski, Chief AAPA-OM Delegate, Ed Sorace, AAPA-OM President, and Tom Powell, AAPA-OM President-Elect serving in the House of Delegates in Las Vegas.

Heat Injury Protection important for hotter summers

By Jonathan R.C. Green, PA-C, MPH

Our Midwestern summer is hotter and more humid than usual, and the rest of the country apparently is no better off. We have been seeing several cases of heat exhaustion in our clinic, and some musculoskeletal injuries which may have been exacerbated by hot working conditions.

Most employers are well aware of the risk of heat injury, which can range from annoying leg cramps to life-threatening heat stroke. They may not be aware of the potential for other injuries due to subclinical overheating, however. The U.S. Army did a study of heat stress, and found that soldiers who were 6% dehydrated showed a 20% decrement in marksmanship (and presumably other tasks that require good reaction time, cognition, judgment, etc.). If you are seeing an increase in injuries due to "carelessness," think of the heat as a possible contributing or even causal factor.

Many companies now have air conditioning in their break rooms, but this can be a double-edged sword. I saw a worker earlier this week who had been seen at a local hospital's emergency department for heat exhaustion. He told me that he had just left the air conditioned break room to go back to work (on a factory floor with an ambient temperature of 108 degrees). When he leaned down to sweep under a machine, he passed out. I suspect that his sudden loss of consciousness may have been due to sudden peripheral vasodilation with subsequent impairment of cerebral perfusion. I warned him in thefuture to move out slowly, and to use extra care in resuming his job duties after leaving the break room.

I saw another worker yesterday who had what sounded like incipient heat exhaustion the day before. He had left work and gone home before he lost consciousness. [He had been taking salt tablets and not drinking enough water because he was tired of the lack of taste. We had a long talk about this and other subjects.] I asked him if the break room at work is air conditioned. He said it is. But he is a smoker and goes outside to sit under the shade of a tree on his breaks. I never thought I would have anything good to say about smoking, but this may have kept him from winding up in the hospital!

Companies can lower the risk of heat injuries among their employees by following these common-sense guidelines:

(1) Schedule the hottest tasks for the coolest parts of the work day (usually early morning). Avoid assigning strenuous tasks during times when your shadow is shorter than you are (usually between 10:00 A.M. and 3:00 P.M.).

(2) Pay attention to weather reports, especially the heat index, and try to schedule the most strenuous tasks on days that are cooler and less humid. You can find a heat index chart at www.weather.gov/om/heat/index.shtml.

(3) Make sure that rest breaks are at least 15 minutes long, because one's core body temperature continues to rise for 3 to 5 minutes after ceasing activity.

Make sure workers have access to plenty of cool liquids to drink. Water is best, but they

Knowing treatment for heat injuries important

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(4) may get tired of its lack of flavor and fail to drink enough of it. Consider providing flavored fluids (e.g. Crystal Lite®*), but not any fluids with caffeine or excessive sugar. I am not a big fan of Gatorade®*; because I believe it contains far too much sugar, but electrolyte-maintaining beverages must contain at least some sugar because it speeds gastric emptying. A reasonable compromise might be for workers to drink Gatorade®* mixed half-and-half with water, or one sip of Gatorade®* followed by one sip of water.
(5) Assign extra workers for especially strenuous tasks when it's hot.
(6) Be especially vigilant with workers who are at increased risk of heat injury, such as those who have had a previous heat injury, are overweight with poor physical conditioning, have recently moved to your area from a cooler climate, are short of sleep, or have heart disease, diabetes or malabsorption syndromes such as Crohn's disease.

Workers can avoid becoming heat casualties by following this advice:
(1) Drink plenty of cool fluids. Don't wait until you get thirsty, because by then you are already a quart-and-a-half low.
(2) Go easy on caffeine beverages. If you need to drink some coffee to get going in the morning, that's okay. Switch to decaf after one or two cups. If you want to drink sodas, drink those which do not contain caffeine such as Sprite®* or Seven-Up®*.
(3) If you were drinking alcohol the previous evening, make sure you have something to eat the next morning before going to work. Start drinking more (non-alcoholic) fluids earlier in the day.
(4) Salt tablets are still sold in supplement stores, but they are not a good idea. They can easily give you an overdose of salt because you do not taste much of the tablet when you swallow it, and don't realize how much salt you are taking in. When you overdose on salt, your sodium-potassium balance goes out of whack, which can result in leg cramps, dizziness, fainting or worse. A better way to replace the electrolytes you lose by sweating is to salt your food more heavily than usual, and add foods rich in potassium, such as orange juice and bananas, to your diet. You might also consider using table salt that contains a mixture of sodium chloride and potassium chloride, such as Lite Salt®*.
(5) Take your rest breaks in cool, shady areas, if possible.
(6) Wear loose, light clothing. Don't go without a shirt, because then you won't realize how much you have been sweating, and forget to drink more fluids.
(7) If you have to wear thick protective clothing or equipment on the job, remember that they increase your risk of heat injury, and you need to take more precautions against it.
(8) You can get an OSHA Quick Card detailing the signs and symptoms of heat injury and preventive measures at www.osha.gov/Publications/osha3154.html.

Knowing mental status of patient important in treating heat injuries in addition to other signs

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(9) Use the buddy system: check out your coworkers frequently, and make them rest and drink fluids if they start to show signs of heat injury. A word of caution, however: if a worker has had a previous heat injury, the presence of sweating does NOT necessarily mean he/she does not have heat stroke. His/her mental status is a much better guide: if the worker is confused, disoriented or unconscious, assume that he/she has heat stroke and take him/her to the nearest hospital Emergency Department immediately.

*Brand names are quoted for purposes of illustration only. No endorsement of any specific commercial product is intended.

[*Mr. Green graduated from the U.S. Army PA training program in 1983, and completed a residency in occupational medicine at the University of Oklahoma in 1993. He has worked as a physician assistant at St. Mary's Occupational Medicine Clinic since retiring from the U.S. Army in 1998*.]

Working as an Army PA in totally different circumstances

By MAJ Denis Robert PA-C, MPH

Every Army Occupational Medicine PA works in a totally different set of circumstances. My situation was unique in that I was assigned to the Center for Health Promotion and Preventive Medicine in Europe (CHPPM). This is now known as the Public Health Command. The European Headquarters for this is in Landstuhl, Germany. Most Army Occupational Medicine PAs are stationed in hospitals. I was in a situation where I had administrative oversight over Occupational Health Nurses in various clinics.

I was the Chief of Occupational Health at CHPPM. I oversaw the occupational health requirements for U.S. Army communities in Belgium, Germany, and Italy. Within these communities we had an occupational health nurse and sometimes a technician to assist. They oversaw the needs of occupational health for soldiers, local national employees, and DOD civilians.

Medical care of soldiers No. 1 role of deployed Army PA

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Some of the things we did were to ensure that employees were being regularly mandated screenings for exposures in the workplace. This had to meet the U.S. requirements and the local national requirements. They were screened in the local national contracted clinics.

Sometimes we would be told that the national government in that country had changed exposure requirements for certain employees. Part of my job was to make sure that the new requirements were translated into English. This was sometimes easier said than done.

Once that was completed, the requirements were then reviewed to see if the changes had taken place and that it applied to our workers. Many times you would have people pushing to implement these changes without clarifying that they applied to us. If they did apply to us, then I assisted in the implementation plan.

As far as the clinical aspect, I worked a few hours every couple of weeks in the Occupational Health Clinic doing employment physicals. There was no requirement in this particular position to do clinical work but I did it to keep up my clinical skills.

Being a deployed Occupational Medicine PA was very interesting. I was deployed to Iraq in January of 2007 as an ordinary PA with an Armored Brigade from Fort Stewart, Georgia. Once I got to Iraq, my main job was medical care for soldiers. Being an Occupational Medicine PA, you are always aware of Occupational Medicine issues. I found in Iraq that there were plenty of Industrial Hygiene issues.

In Iraq, most of the American military facilities were powered by diesel generators. They were usually huge industrial types that were set up out in the open, usually near living areas or working areas. They were almost always not insulated for noise, so they were a huge hazard to hearing. One of the areas that I was living in on Camp Ramadi was only about 15 feet from a large industrial generator spewing noise 24 hours a day. The room inside the building that I was living in was at a constant 80 decibels. There were already people living there but they were not complaining.

Another problem area I came across was formaldehyde exposure. Even though the wood that was used for buildings in Iraq was from the United States, the wood industry was allowed to treat the wood with formaldehyde. This was because it was being sold for use outside the United States. Several months before I got there, there had been building made with plywood that had been treated with formaldehyde. It was sealed so the people working inside were exposed to a lot of formaldehyde and started to become sick. I had heard about this when one of the Marines that had worked inside one of these buildings had received a letter stating he had been exposed to formaldehyde. He was instructed to follow up with additional tests. Unfortunately, I could not provide the tests. I was able to advise him as to whom he needed to see for the follow up tests when he returned to the United States in a month.

On some of the smaller military camps, they did not enjoy the contracted meals that the

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Serving as deployed Army PA very interesting

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large Forward Operating Bases enjoyed. On these huge posts they had more than enough and a variety of food. When I was on the much smaller combat outposts, I found the nutrition to be much desired. No salad. No vegetables. Only the basic meat, starch and lots of junk food. As a PA, I felt this was totally inadequate for proper nutrition. I found the people who supplied the food and pestered them to supply a nutritious variety of food to the soldiers. This took a lot of persistence and caused a lot of headaches but unfortunately no one else was doing this.

This was a basic overview of my life as an Army Occupational Medicine PA. My title has now changed overseas. I am currently an Inspector General with the Europe Medical Command in Landstuhl, Germany.

AAPA-OM Care Package Program

Next mail date:

November 14, 2011 for Thanksgiving

Stay tuned for more instructions later

We have sent more than 50 boxes to the Marines.

They are on their way back to California for deployment and should be there by the first of October

10 reasons why you should join AAPA

- We are the organization that fights for your continued practice standard
- We have a voice in the AAPA HOD.
- We have a voice at the ACOEM.
- We can share information with other PAs in OM.
- We produce an informative Newsletter 4-5 times a year.
- We will fight for you with the impending DOT changes.
- We have adopted a Marine unit and Corpsmen that perform OM for the Marines.
- You can join for $6.25 a month (less than a good lunch costs).
- You can have an opportunity to serve on the Leadership
- We can disseminate information to our members via the internet to spread the word as things change.

Don’t Delay. . . Join NOW!

American Academy of Physician Assistants in Occupational Medicine
174 Monticello Place
Elizabethtown, Kentucky 42701

Join online or by mail below
http://www.aapaoccmed.org/
info@aapaoccmed.org

Name: _____ Company: _____

Home Address: _____ Position: _____

_____ Address: _____

Home Phone: _____ _____

Cell Phone: _____ Work Phone: _____

E-mail: _____ E-mail: _____

AAPA Number: _____ NCCPA Number: _____

The AAPA-OM now offers electronic newsletters, e-mail blasts, and online members' only sections of web site for membership directories. Please be sure email is correct.

Please select correct membership category below:

____ $75.00: ***Fellow Member*** is a graduate of a accredited Physician Assistant or are certified by the (NCCPA) who shall be employed within, or be a participant of occupational medicine or have worked in occupational medicine. AAPA-OM Fellow Members shall be entitled to the privilege of the floor, to hold formal office, and to vote.

____ $10.00: ***Student Member*** is a person enrolled in an accredited program or an unaccredited program recognized by the AAPA. Student Members shall be entitled to the privilege of the floor but have no vote or hold any office except for their elected Student Representative. The Student Representative shall be elected by the BOD and enjoys all rights and privileges including formal vote except in matters relating to AAPA.

____ $ 75.00: ***Physician Member*** is a U.S. licensed physician who wishes to associate with the organization. He or she shall have the privilege of the floor but shall not be entitled to vote or hold office.

____ $50.00: ***Associate Member*** is a person engaged either in selling products and/or providing other services to PAs or an individual employed by a government agency who does not qualify for any other membership category. Associate Members shall be entitled to the privilege of the floor but shall not be entitled to vote or to hold office.

Signed : _____

Dated: _____