Reducing Law Enforcement Medical Costs:

Utilizing the Sports Medicine Model

WHITE PAPER

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INTRODUCTION

What if a commander of a training academy or a commander of an agency could see real dollar savings in medical costs for duty injuries? An Injury Care and Prevention Program managed by a certified Athletic Trainer will make that happen. A focused medical and healthcare design will bring to the employee significant benefits for wellness, injury prevention, injury care, and rehabilitation. A program such as this will reduce workers' compensation costs and reduce lost work time, case manage employee injury recovery, and work closely with risk management entities.

Law enforcement is a physically demanding occupation. The Bureau of Labor statistics identifies law enforcement as having "one of the highest rates of injuries and illnesses of all occupations."[1] Injuries in law enforcement are expensive. It is not just the workers' compensation expenses that are problematic. Add to that the lost man hours and cost of back staffing. For the employee, it is lost wages from overtime.

When Commanders lose a recruit through injury, it means not only a loss of tens of thousands of dollars; it also results in an agency short a fit, capable employee.

THE SOLUTION

An onsite clinical injury care and prevention program will provide a range of medical and healthcare services to an agency or academy for all employees. At commanders' discretion, the clinic staff shall provide care for employees sustaining non-duty as well as duty-related injuries or medical conditions.

The clinic would be managed by a National Athletic Trainers' Association (NATA) certified Athletic Trainer. "Athletic Trainers (ATs) are health care professionals who collaborate with physicians. The services provided by ATs comprise prevention, emergency care, clinical diagnosis, therapeutic

Program Goals

- Provide prompt access to a physician or other healthcare provider;
- Enhance the delivery of clinical assessments, medical care, rehabilitation, re-conditioning, and injury prevention; and
- Provide resources for additional wellness components: nutrition, stress reduction, maintaining appropriate blood pressure, concussion education and management, health education.

[1] Bureau of Labor Statistics, www.bis.gov/ooh/Protective-Service/Police-and-detectives.htm#tab-1.

intervention, and rehabilitation of injuries and medical conditions."[2] In addition, Athletic Trainers providing health education, including nutritional guidance, are recognized by the American Medical Association and the American Academy of Neurology as experts in concussion recognition and management. The education of an Athletic Trainer follows the medical model for curriculum and clinical training, and they work under the supervision of a licensed physician. Forty-nine states license or regulate Athletic Trainers under the Board of Medicine or Board of Health. Athletic Trainers are no longer just on the athletic field, they practice wherever there are active people, such as: NAVY Seals, FLETC, USMC.

NOTE: Athletic Trainers are not personal trainers. Personal trainers may work as fitness trainers without recognized education or certification. Athletic Trainers will have at a minimum a B.S. degree and must adhere to professional standards and a code of ethics as established by a national board of certification.

INJURY INTERVENTION

Early intervention is vital when an employee is injured. The sooner the employee sees the physician and receives the diagnosis, the sooner the care plan is developed and begun. The following scenarios help illustrate real law enforcement issues.

> "Injured workers treated within the first 24 hours were more likely to be out of work a week or less, more satisfied with their medical care, physician, and employer, and less likely to contact an attorney."
>
> (Zigenfus, G, Physical Therapy)

Scenario 1. Recruit injures knee in physical training. Athletic Trainer provides clinical assessment. Clinical diagnosis: first degree knee sprain. Agency first report of injury completed, instructor and supervisors notified. Recruit will continue training with accommodations for 2-4 days. In the meantime, shall receive daily therapy at the athletic training clinic.

Savings: Emergency Room: $1,233 (average)[3]; physical therapy: $100 for first visit and $75 each visit afterwards;[4] possible recycle: $100,000+.

Athletic Trainer provides clinical assessment $0, rehabilitation $0, ER not necessary for this injury. Recruit stays with class and successfully finishes training.

[2] www.athletictrainers.org
[3] http://www.washingtonpost.com/blogs/wonkblog/wp/2013/03/02/an-average-er-visit-costs-more-than-an-average-months-rent/, downloaded 04-01-2104.
[4] http://health.costhelper.com/physical-therapist.html, downloaded 04-01-2014.

Scenario 2. Officer involved in repetitive kicking drills, steps back and believes that someone kicked him in the lower leg. Is unable to walk. Athletic Trainer provides clinical assessment: ruptured Achilles tendon. First report of injury completed. Athletic Trainer calls worker's compensation panel orthopedic specialist who sees officer within two hours on the same day. Officer sent to the physicians' office with cooling unit, crutches. Surgery, then rehabilitation at the athletic training clinic. The officer attends rehabilitation sessions three to four times a week for three months, then one day a week for the remainder of his rehabilitation care. The officer returned to full duty 4.5 months later; 1.5 months ahead of the norm.

Savings: Emergency Room: $1,233;[5] crutches: $40; physical therapy visits: $100 for first visit and $75 each visit afterwards;[6] cooling unit: $200.

Athletic Trainer provides clinical assessment: $0; crutches: $0; cooling unit: $0; rehabilitation: $0. Costs incurred would be surgical costs.

Scenario 3. Officer severely injured in head-on collision. Following surgeries, physical therapy by workers' compensation vendor while in collaboration with the Athletic Trainer for additional rehabilitation. The officer was attending therapy five days a week. The officer was seen fit to enter "work hardening." Law enforcement has unique demands so an individual work hardening schedule was devised by the Athletic Trainer. The officer completed work hardening successfully and returned to the street as a productive employee. The Athletic Trainer gave the final physical performance report in collaboration with Emergency Vehicle Operations Center, Defensive Tactical instructors, and the Range Master.

Savings: Combined effort by physical therapy and Athletic Trainer resulting in an officer being returned to the street. The savings would balance 3 (AT)/ 2 (PT); $0 for the Athletic Trainer and in the low thousands for the physical therapy practice. Devising a specific "work hardening" program specific to the challenges of law enforcement ensured physicians and commanders of his ability to return to work safely and competently.

[5] http://www.washingtonpost.com/blogs/wonkblog/wp/2013/03/02/an-average-er-visit-costs-more-than-an-average-months-rent/, downloaded 04-01-2104.
[6] http://health.costhelper.com/physical-therapist.html, downloaded 04-01-2014.

mTBI (CONCUSSION) AWARENESS

When speaking to neurologists, neuropsychologists, and other medical professionals, the incidence of mild traumatic brain injury (mTBI) in law enforcement is said to be severely underreported. Concussions may be sustained in combination with other injuries: therefore, the injuries are coded "multiple injuries" in the workers' compensation database. Some officers assume the "warrior" attitude when injured and may be unlikely to report a brain injury resulting in temporary symptoms.

Research clearly indicated that when a brain has been injured, it needs time to fully heal. An officer who is uneducated about mTBI and is symptomatic is more likely to put himself or herself in harm's way without hesitation. The result of a second injury can be catastrophic. Common symptoms of brain injury include: headache, nausea, dizziness, slowed reaction time, slower decision-making processes. Injured brains with a longer cognitive recovery are likely to suffer symptoms of sleep deprivation, depression, and difficulty remembering.[7] Clearly driving, carrying a weapon, and making critical decisions are not activities that anyone with symptoms of mTBI should perform.

Education of employees and the reporting of the brain injury are the base of an effective concussion management process. Pre- and post-injury testing, following guidelines of the Zurich Conference of 2012 and other recognized concussion experts will assist employees in making a safe return to full duty.

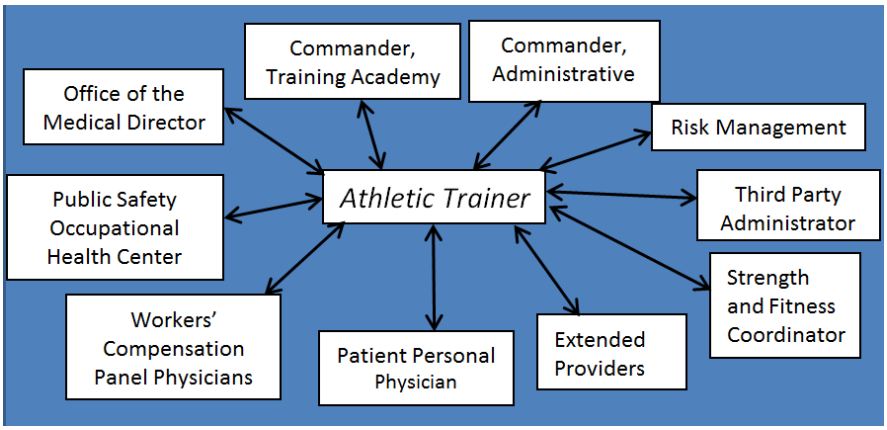
This educational and baseline testing protocol has been conducted during early academy recruit sessions, prior to defensive tactical instruction, and at station roll calls with very positive response. Training such as this reinforces the commitment and atmosphere of safety by supervisors to their men and women.

ADMINISTRATIVE STRUCTURE

The Athletic Trainer enjoys professional relationships with multiple providers for patient care. By regulation, the Athletic Trainer must have a medical supervisor, which in many instances shall be the medical director for the agency. Additionally, the Athletic Trainer works closely with police psychologists and safety officers.

[7] Quig, Mary Elizabeth, Neuropsychology and Concussion, Police Physicians Track, IACP, October 2014.

All clinical assessments and treatments are documented within an injury surveillance system and are confidential. The Athletic Trainer complies with the regulations set forth in the Health Information Portability and Accountability Act (HIPAA).



Collaboration with Risk Management (Human Resources) includes injury trends, review of physicians, management of long-term employee injury resources with nurse case managers, physicians, and the Third Party Administrator. The Athletic Trainer works closely with the Worker's Compensation Panel of Physicians and patient personal physicians in providing injury/illness rehabilitation and re-conditioning. The Public Safety Occupational Health Center is staffed by occupational health physicians, physician assistants, nurses, and a physical therapist. The Athletic Trainer has a close professional relationship with occupational health and shall refer patients with work-related conditions to these medical providers.

Employees may request extended healthcare providers for non-work related conditions. These requests may include: dentist, chiropractor, physical therapist, massage therapist, ophthalmologist, dietician, etc.

The Athletic Trainer collaborates with Department Safety Officers on topics such as heat illness prevention, physical safety issues, infectious disease transmission and control, and other issues common to the expertise of the Athletic Trainer. Communications to employees are a shared responsibility.

The Athletic Trainer is an adjunct to the incident support team. These are professionals who are available to provide services to employees surrounding critical events. Typically, such teams are composed of: chaplain, police psychologist, and peer support.

The Athletic Trainer partners with the agency Strength and Fitness Coordinator. This additional support for the health and wellness of the employee has worksite coordinators to assist with

the care, maintenance, and upkeep of station equipment and to assist those that need help in achieving fitness goals. These same coordinators stay in contact with the primary coordinator. Each worksite should have a fitness/wellness/cardio room to allow for officers to work out "on duty time" one hour either before or at the end of their work day twice per week. The more support during the working day, the more likely the officer will continue fitness on off days.

The primary wellness coordinator may conduct or provide fitness and wellness training in various disciplines to include blood pressure awareness, strength, cardio-respiratory fitness, functional conditioning, flexibility, core strengthening, and stress release to incumbents and all Department employees.

THE MONEY

The International Association of Chiefs of Police (IACP) recently released their final report on the study of officer injuries. It is noted that over 49% of the injuries were musculoskeletal – sprains, strains and soft tissue.[8]

Utilizing an Athletic Trainer in an Academy setting has been proven to reduce overall medical costs by 49.5% and musculoskeletal medical costs by 86.3%. The Athletic Trainer treating sworn and civilian employees in a large county police force has shown reductions of: overall medical costs by 22.05%, musculoskeletal medical costs by 21.2%.[9]

Table 1. Injury Type

Injury	Frequency
Sprains/Strains/Soft Tissue Tears	610
Contusion	189
Laceration	179
Other	92
Bloodborne Pathogen Exposure	90
Puncture Wounds	44
Broken Bones	41
Chronic Injuries	18
Burns	13
Internal Injuries	12
Dislocations	6
Gunshot Wound	1
Total	1,295

IACP, Final Report 2012

Soft costs are demonstrated by implementation of other programs leading to prevention of injuries such as heat stress, blood pressure monthly checks, concussion awareness, and others.

Funding for an injury care and prevention program may be aided by grants from local hospitals and physicians, donations from local therapy clinics and physicians' offices. Some equipment, if funds are available, may be purchased from seized assets.

[8] International Association of Chiefs of Police, Reducing Officer Injuries: Final Report, pdf, 2012.
[9] Injury Surveillance System, Fairfax County Criminal Justice Academy

EMPLOYEE SATISFACTION

Law enforcement can be a challenging group to satisfy when it comes to their physical health. Crucial to any success of a wellness program is the buy-in from employees. This satisfaction survey gives evidence of the acceptance of the Athletic Trainer, the professional care, and professional clinic. Employee interviews demonstrate appreciation for: "accessibility, knowledge of the AT, less paperwork, no co-pay, immediate access, explanation of the condition, quality of care."[10]

96% satisfaction with Athletic Trainer

95% satisfaction with Treatment

94.5% satisfaction with the Clinic

FCPD Satisfaction Survey, 2010

SUMMARY

It is the position of the IACP that "no injury or death to a law enforcement officer is acceptable."[11] Yet injuries do occur. The development of an injury care and prevention program for law enforcement, managed by a NATA Certified Athletic Trainer, shall provide:

- A "culture of wellness,"
- Reduce workers compensation costs, and
- Bring the best of sports medicine model to law enforcement – tactical athletes.

In addition, Athletic Trainers working with law enforcement support the tenets of the IACP's Officer Injury: Final Report:

- "Develop injury reduction efforts for at-risk officer groups, and
- Implement physical fitness programs and nutrition education for officers."[12]

[10] Fairfax County Criminal Justice Academy, Employee Interviews, conducted 3-25-14 to 3-31-14,
[11] International Association of Chiefs of Police, http://www.theiacp.org/CenterforOfficerSafetyandWellness, downloaded 3-28-2014.
[12] IACP, Reducing Officer Injuries: Final Report, pdf, 2012.