



ADVOCATE'S GATEWAY

Occupational Health Clinics for Ontario Workers (OHCOW) Sudbury, Ontario

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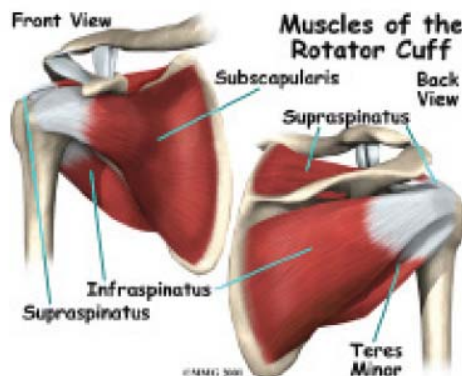
ROTATOR CUFF TEARS

Rotator Cuff tears (RCT) are one of the most common causes of pain in the upper extremity (van Rijn, Huisstede, Koes, Burdorf, 2010). RCT composes of damage to the tendons of the infraspinatus, supraspinatus, subscapularis, or teres minor. These muscles are responsible for a large majority of the motion completed by the shoulder.

The signs often associated with RCT vary. Pain is experienced when completing tasks above shoulder height. This action results in impingement of the shoulder joint. Pain can also be experienced consistently throughout the day without a particular action. Muscle weakness may also be present when attempting to move the shoulder. Loss of muscle mass (atrophy), specifically the rotator cuff (RC) muscles, can also be attributed to RCT. The inability to perform simple every day tasks is common when a RCT is present. Symptoms can develop immediately after an injury or progressively over time.

The use of an MRI and x-ray are valuable for viewing the injury location and determining its severity. Physical examination from a physician can also be done to check for range of motion issues in order to diagnose a tear.

RCT's are more prevalent in older individuals because the injury is often associated with degenerative problems that naturally occur in the body over time. The main factor associated with age and its negative effects on the shoulder is physical inactivity. Physical inactivity primarily leads to degenerative changes, which are the result of limited blood supply. Sustained blood supply is known to be involved with the healing processes found within the body. Sustained blood supply is responsible for the delivery of nutrients and removal of waste in all tissues. When blood supply is limited, the healing process of the body are not functioning properly, thus increasing the chance that several micro traumas can lead to a partial-tear and potentially a full-thickness tear.



Anatomy of the rotator cuff muscles. Source: MMG 2008

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Awkward movements are usually associated with placing the muscles at their end range of motion, thus increasing the risk for injury. Awkward motions such as external rotation and abduction particularly fulfill these circumstances. These motions produce peak muscle activity, placing increased tension on the shoulder joint. Any posture that is non-neutral is considered a risk factor for several musculoskeletal injuries.

ROTATOR CUFF TEARS —CONT'D

Forceful trauma on an outstretched hand, or catching heavy objects are common mechanisms of injury. Particularly during abduction and external rotation, the RC tendons are more susceptible to injury. These movements can predict a RCT with the most significance. It is well documented that most, if not all RCT's are from forceful trauma in the work-place, but not a great deal of detailed literature is present on the topic.

Repetition over time causes the tendons to wear thin. Force requirements in combination with repetition as little as 10% maximal voluntary contraction (MVC) has been linked to tendonitis in the shoulder. Although tendinitis is not a RCT, tendinitis can cause inflammation later turning into degeneration, resulting in a rotator cuff tear (Frost, Bonde, Mikkelsen, Andersen, Fallentin, & Kaergaard, 2002). Inflammation can also decrease the amount of space in the bursa, due to swelling, causing impingement of the rotator cuff muscles and is often a common sign of a rotator cuff tear.

Smoking and smoking history can have negative side effects; leading to RCT. Smoking reduces the oxygen delivery causing the tissues to become weaker. Smoking also decreases cellular metabolism rate, thus slowing the healing process. Important things to keep in mind when considering how susceptible a person is for RCT are: How recent the person has smoked, smoking in the last 10

years, smoking over a long duration, and a high pack per day value pose the greatest risk for RCT compared to those who do not fulfill those criteria.

Age is a common explanation as to why RCT's occur, which is why the Workplace Safety and Insurance Board of Ontario (WSIB) usually disallow these types of claims. Natural degeneration of the body causes this to occur and is deemed non work-related. Often previous denials have been due to sports or recreational activities. The WSIB often attribute a RCT's to these contact or overhead motion sports (hockey and racket ball respectively). RCT are also denied most often if traumatic injury prior to the incident is present as well.

It is common amongst past injury claims if traumatic force, repetition over time (micro-trauma), and awkward postures alone and or in combination are present on the job. It can be a strong argument to prove work-relatedness for an individual's injury. Rotator cuff tears are complex and a thorough investigation is needed to deem work-relatedness.

Article written by Laurentian University 4th Year Kinesiology Student Jason Chevrier

ONTARIO WORKPLACE HEALTH & SAFETY CONTACT CENTRE

Ontario has launched a new toll-free number – 1-877-202-0008 – to report workplace health and safety incidents or unsafe work practices, or for general inquiries.

On November 1, 2010, the Ministry of Labour launched a Health & Safety Contact Centre, which allows anyone, anywhere in Ontario to call one number to report a workplace health and safety incident, critical injury, fatality or work refusal. The public can also call that number if they suspect unsafe work practices or for general inquiries. The number operates 24 hours a day, seven days a week.

Before the launch, separate numbers existed for each provincial region. With one number, the Ministry is creating a more efficient and streamlined phone system for workplaces and the public to contact the Ministry.

TO LEARN MORE

Please visit the Ministry's [Contact Us](#) page for more information.

<http://www.labour.gov.on.ca/english/feedback/index.php>

HOLD THE DATE—RSI DAY PLUS 2011

The Occupational Health Clinics for Ontario Workers – Sudbury Clinic will host RSI Day Plus 2011. The 12th annual event will be a half day session on February 28th, 2011 at the Cambrian College e-Dome in Sudbury. The event will be broadcast over the internet and there are seats available in the audience for those within the Sudbury area.

The event is free to workers, employers, unions, advocates and the general public. Direct your web browser to OHCOW Sudbury's website in January to find out the full agenda, including a list of presentations and speakers. Mark your calendars for this day and we hope to see you at the event or attending online.

WORKPLACE VIOLENCE BILL 168

Definitions

Workplace violence means:

- The exercise of physical force by a person against a worker in a workplace that causes or could cause physical injury to the worker
- An attempt to exercise physical force against a worker, in a workplace that could cause physical injury to the worker
- A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

Workplace harassment means:

- Engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.
- Workplace harassment may include bullying, intimidating or offensive jokes or innuendos, displaying or circulating offensive pictures or materials, or offensive or intimidating phone calls.

Policies and programs

Employers must:

- Prepare policies with respect to workplace violence and workplace harassment,
- Develop and maintain programs to implement their policies, and
- Provide information and instruction to workers on the contents of these policies and programs.

Workplace violence programs must include measures and procedures for:

- Summoning immediate assistance when workplace violence occurs or is likely to occur, and
- Controlling risks identified in the assessment of risks.

Both workplace violence and workplace harassment programs must include measures and procedures for workers to report incidents of workplace violence/harassment and set out how the employer will

investigate and deal with incidents or complaints.

Assessment

Employers must proactively assess the risks of workplace violence that may arise from the nature of the workplace the type of work or the conditions of work. Measures and procedures to control these risks must be included in the workplace violence program.

Domestic violence

Employers who are aware, or ought reasonably to be aware that domestic violence may occur in the workplace must take every precaution reasonable in the circumstances to protect a worker at risk of physical injury.

Communication

Employers and supervisors must provide information to a worker about a risk of workplace violence from a person with a history of violent behaviour if the worker can expect to encounter that person in the course of work, and if the worker may be at risk of physical injury. Personal information may be disclosed, but only what is reasonably necessary to protect the worker from physical injury.

Work refusal

Workers have the right to refuse work if they have a reason to believe they are in danger from workplace violence. Reprisals by the employer continue to be prohibited. Certain workers continue to have only a limited right to refuse.

Enforcement

Ministry of Labour health and safety inspectors will enforce the new OHS provisions for workplace violence and workplace harassment and determine if employers are complying with their new duties. Employers and workers should always contact police first in emergency situations, if threats or actual violence occurs at a workplace.

To know more on Bill 168 please read the Workplace Violence Legislation (Bill 168), full text:

http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=2181&BillStagePrintId=4499&btnSubmit=go

OHCOW FILE REVIEW UPDATES

Did OHCOW provide a report or information (hygiene, ergonomic or medical) for your client? Do you know if the case won or lost? We are always striving to improve our services; therefore, we want to know if OHCOW assisted with a file whether it won or lost. The outcome is very important to OHCOW, you, and the workers you represent. This will allow us to maintain high standards

while providing quality reports and information for you and your clients. Please send file updates by email at sudbury@ohcow.on.ca or via fax (705)523-2606. To maintain confidentiality, we ask that you leave out the client's name unless you have a signed consent. Thank you for your help.

OHCOW — WHO WE ARE? HOW & WHO CAN WE HELP?

Occupational Health Clinics for Ontario Workers (OHCOW) is a valuable occupational health related resource that is available to your members at no cost. OHCOW

clinics were established in 1989 and are funded by the Workplace Safety and Insurance Board (WSIB). There are clinics in Hamilton, Toronto, Sarnia, Windsor, Sudbury and Thunder Bay. Staffed by a

multi-disciplinary team of specially trained occupational health doctors, occupational health nurses, occupational hygienists, ergonomists, researchers, and administrators, each OHCOW clinic provides comprehensive occupational health services and information. Our mandate is the prevention of occupational

illnesses and injuries. We do this through the identification of the causes which have led to illnesses and injuries. This also provides us with a window into the workplace.

In order to carry out our work we partner with, among others, public health officials; universities; the Ministry of Labour; the Ministry of Health; WSIB; and organizations such as cancer coalitions. OHCOW works with medical and nursing schools to provide occupational education to medical and nursing students. We also work with unions holding clinics for workers about illnesses which they think might be work related. In short, we have the experience, the knowledge, and the credibility to assist you.

We're on the web!
<http://www.ohcow.on.ca/clinics/sudbury/>

OHCOW SUDBURY WEBSITE

Did you know that OHCOW Sudbury updates its website on a monthly basis? Each month features a new article written by an OHCOW staff member on current issues within occupational health and safety.

studies, research projects, staff biographies, games & tests, past articles on health and safety issues, and information on education seminars that OHCOW offers.

Check it out!!!

The website also contains information regarding past case

<http://www.ohcow.on.ca/clinics/sudbury>

WHAT DO YOU THINK?

We welcome feedback for generating topics that would be of interest to advocates. Please forward any questions or suggested topics to covered in future issues either by e-mail, phone or fax by using the contact information below.

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Occupational Health
 Clinics for Ontario
 Workers Inc.

Centres de santé
 des travailleurs (ses)
 de l'Ontario Inc.