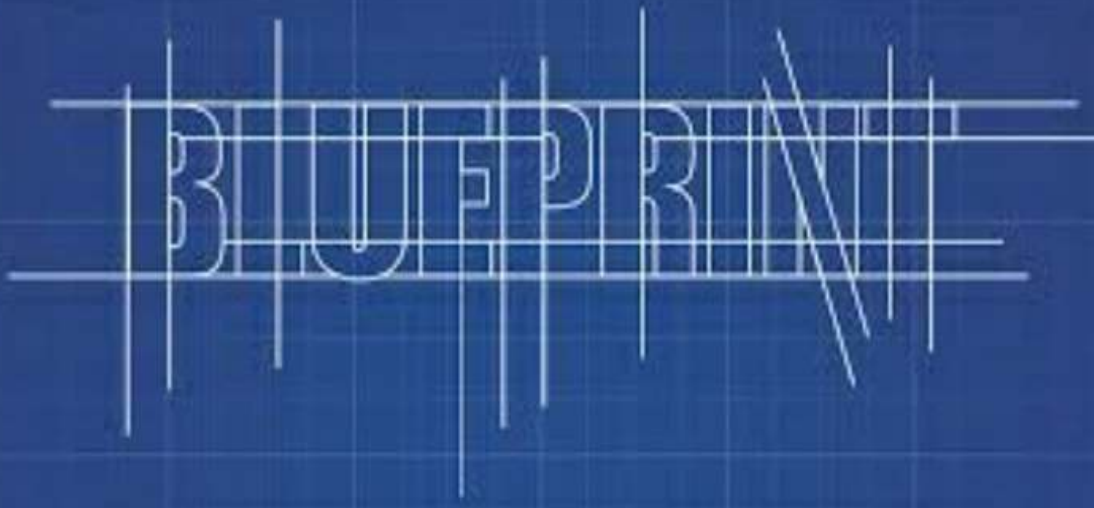


WORKPLACE ACCIDENT INSURANCE



ZERO

... claims for personally-generated
metabolic, musculo-skeletal and
psychological dysfunctions

Miller Health

WORKPLACE ACCIDENT INSURANCE – guiding principles



Our aim is to have the fittest, healthiest staff and the lowest workers accident insurance costs of any comparable workplace in Australia.



Our goal is **ZERO** claims for personally-generated body system dysfunctions.

We are committed to doing whatever it takes to

- provide our staff with a safe and healthy work environment
- assist and encourage our staff to keep themselves in **work-fit condition**.
- ensure that staff injured in workplace accidents are given the best possible chance of restoring poor function to good

We are reluctant to pay for passive therapeutic treatments for people who are suffering from personally-generated metabolic, musculo-skeletal and psychological dysfunctions.

Workplace Accident Insurance Blueprint

John Miller
Miller Health Pty Ltd
7 Salvado Place,
Stirling ACT 2611

john.miller@millerhealth.com.au

(02) 6288 7703

(0424) 391 749

<http://www.millerhealth.com.au>

<http://www.pro-activerehab.com/>

May 2018

INDEX

1. The work health and safety dilemma	5
1.1 Nomenclature	7
1.2 The pull factor	8
1.3 The distinction	9
1.4 The workers compensation firewall	10
1.5 The pitfall	15
1.6 The insurance contract	16
1.7 How much does your insurer care what happens to your money?	17
1.8 The nature of a workers compensation policy	18
1.9 Establishing a self-insurance scheme	20
1.10 Post hoc ergo propter hoc fallacy	21
1.11 Open slather for people in poor physical condition	22
1.12 Dealing with an ambulance-chasing legal profession	23
1.13 Payouts	24
1.14 Long term claimants	25
1.15 Managing data	26
1.16 Status report displays	27
1.17 Accounting for risk	28
1.18 Managing managers	29
1.19 Internal workers compensation complaints tribunal	30
1.22 Cover all bases	31
2. Musculo-skeletal Health	32
2.1 The cardinal rules of joint and muscle pain	34
2.2 Classic cases	36
2.3 Measuring, managing, monitoring and minimizing risk	38
2.4 Musculo-skeletal exclusions	40
2.5 The black hole of workers compensation	44
2.6 Musculo-skeletal health assessment	47
2.7 Musculo-skeletal health assessment results	49
2.8 Joint condition assessment	50
2.8 Clinical diagnostic assessment	51
2.10 Pro-active musculo-skeletal rehab	52
3. Stress	54
3.1. Stress, what is it?	56
3.2 Treatment of stress	59
3.3 Pro-active stress rehab	60
3.4 Stress management induction program	63
3.5 Exclusions for stress and bullying	64
3.6 Clinical depression	65
3.7 Sickies	66

4. Profiles of Health	67
4.1 Health climate survey	68
4.2 Call centre health climate survey results	69
4.3 Enterprise unit health climate survey results	70
4.4 Stress risk profile	71
4.5 Call centre stress results	72
4.6 Enterprise unit stress results	73
4.7 Career satisfaction profile	74
4.8 Call centre career satisfaction results	75
4.9 Enterprise unit career satisfaction results	76
4.10 Fitness profile	77
4.11 Metabolic health profile	78
4.12 Universal fit-for-work fitness test	79
5. Resources – programs – assessments – books – audios - videos	80
6. Summary	83
7.1 Strikes	86
7.2 The rules	87
7. About us	88

LINKS

If you experience difficulty in opening up links from this document, copy and paste them into your internet browser.

The \$64,000 question: are you in work-fit condition?

1.

THE WORKHEALTH AND SAFETY DILEMMA



One of the great work health and safety dilemmas is how to successfully deal with a workplace accident insurance scheme that has, over the years morphed into a personally-generated body system dysfunction rehabilitation and income protection scheme.

We've reached the point where in many industries, despite a very low number of accidents, workers compensation claims and premiums continue to rise. In fact it's a high likelihood that the point has been reached where claims relating to poor health now exceed claims relating to poor safety.

Think about it: how can anyone injure themselves sitting in a cage 2m square typing letters and answering the phone – or turning a steering wheel? These are the safest workplaces yet to be invented

The implications arising from this shift in focus have been widespread:

- a. There is no longer an expectation that people will keep themselves in such **work-fit condition** that their body will not breakdown under the normal strains of the job they are doing.
- b. We've reached the point where there is an expectation amongst some employees that the cost of therapeutic treatments for non-accident-related joint and muscle pain – and stress - will be automatically borne, not by themselves, (Medicare and private medical insurers) but by their employer.
- c. We've removed from individuals the expectation that they, themselves, will maintain their bodies in **work-fit condition** without recourse to expensive medical and quasi medical interventions.
- d. We've created the expectation that people with such epic 'injuries' as a herniated disc, will be placed on the receiving end of a grandiose therapeutic and retirement benefit scheme. Who wouldn't like \$500,000 as compensation for herniating a disc while lifting a box of files out of the boot of their car?
- e. We've been reliant on a medical industry that has a chequered record in
 - diagnosing causation of personally-generated body system dysfunctions and
 - prescribing treatments that restore poor function to good in a timely and cost effective manner.
- f. As a general rule we haven't yet cottoned on to the fact that drugs and passive manipulative therapy are not the best frontline treatments for personally-generated fitness problems.
- g. When it comes to measuring and managing risk, many corporate organisations have been asleep at the wheel, exposing themselves to all manner of unjustified workers compensation claims.
- h. People are only too willing to blame work for the cause of their stress when likely as not the stress has been generated by multiple factors, not least the quality of their own thinking and their level of emotional resilience.

- i. The workers compensation system has spawned armies of lawyers who have divided themselves into two groups, those smart enough to win compensation payouts and those with an inability to successfully defend them.
- j. The judicial system has made an ass of itself awarding grandiose compensation payments to people in just plain bad shape.

Organisations need to be thankful that more people don't lodge workers compensation claims, particularly when our surveys show that around 50% of people rate the current condition of their musculo-skeletal system at 5/10 or worse.

Here's the evidence:

http://www.pro-activerehab.com/musculo-skeletal_health/evidence.html

You, the individual, can do more for your own health and well-being than any doctor,
any hospital, any drug, any exotic medical advice.
US Surgeon General 1979

1.1

NOMENCLATURE

Just the very name, 'workers *compensation*' sends the wrong message.

'I'm suffering from physical or psychic pain and I must be compensated.'

On the other hand the term, 'accident insurance scheme' sends the message that your staff are insured against accidental injury.

It's a big difference.

Surely *'I must be compensated'* fits into one of Albert Ellis's common, sub-conscious irrational beliefs.

People don't have to be compensated because *they* believe they must be compensated.

Organisations don't need to be bullied by people who adopt this attitude.

One of the reasons why people don't need to be compensated for anything except accidental injury is that organisations are probably full of people putting up with the same physical and/or psychic pain who would never think of submitting a claim.

If everyone wanted free treatment and compensation for joint and muscles pain or stress, organisations would go broke.

**It's a big ask expecting
to stay healthy without
keeping yourself fit.**

John Miller

1.2

THE PULL FACTOR



As it stands, current workers compensation law and practice have created a pull factor, a honey pot for people in poor physical condition.

These are people who, in the main are not prepared to lift a finger to keep themselves in the work-fit condition required to do their job without breaking down.



This breakdown in legislative and corporate oversight has created a gravy train for insurers, doctors, specialists, rehab providers, passive manipulative therapists and lawyers.



There's a long line of people in all job classifications (including the most sedentary of jobs) who are seeking free treatment for personally-generated body system dysfunctions. Sadly, most of the time if they ask for it, they get it; no questions asked.



We violate the design sense every minute of every hour of every day. By so doing, the body cannot operate according to design; the functions go into limbo and are never utilized again. This inevitably and inexorably leads to pain. Pete Egoscue: Pain Free

1.3

THE DISTINCTION



Workplace health and safety managers, along with workplace accident insurers need to be able to make the distinction between

- an injury and a personally-generated body-system dysfunction
- an incident that brings to the foreground a body system dysfunction lurking in the background.

With respect to musculo-skeletal dysfunction the **diagnostic tools** are now readily available to do this.

http://www.pro-activerehab.com/musculo-skeletal_health/clinical_diagnostic_assessment/index.html

With respect to stress, Miller Health has a range of health, fitness and wellbeing assessment profiles that will gauge which areas of a person's life are out of balance and point to the underlying cause of the distress.

<http://www.millerhealth.com.au/assessments/index.html>

Workers compensation schemes are increasingly becoming the victims of poor diagnosis of causality.

As soon as some people feel a twinge or a pang, they look around for something or someone to blame. If their doctor asks, 'Do you think work is contributing to your back pain or your stress?' and their client answers, 'Yes', then guess what recommendation the doctor is going to make?

Chances are the doctor has neither the diagnostic skills to determine whether an incident is the sole cause of a dysfunction, nor the tools or the time to make an assessment of where exactly the joint and muscle pain or the stress is really coming from.

The physiotherapist is honour-bound not to make a diagnosis of causality – it's outside their scope of practice.

The radiologist won't do it, that's encroaching on the doctor's territory. There's a demarcation dispute between doctors and radiologists. Only doctors can diagnose.

The fitness industry both diagnoses and prescribes without anyone else noticing.

**To change one's life:
Start immediately.**
William James

1.4

THE WORKERS COMPENSATION FIREWALL



Without a firewall that stops personally-generated metabolic, musculo-skeletal and psychological dysfunctions from being treated as work related injuries, organisations run the risk of insolvency.

Whoever created the precedent where everyone with a twinge or pang could make a successful claim for the cost therapeutic treatments, or receive a payout - did the country a grave disservice.



Organisations need to move heaven and earth to

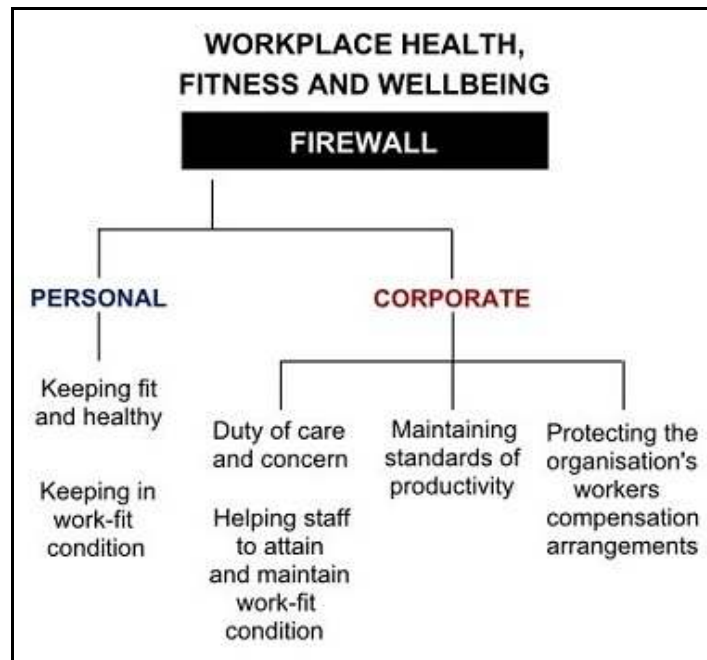
- stop personally-generated body system dysfunctions entering into the domain of work-related accidental injuries
- create a safe working environment
- make sure injured staff are given the best treatment so that poor function is restored to good in the shortest possible time.
- encourage staff to keep themselves in work-fit condition.

To avoid the personally-generated body system dysfunctions from tipping into the safety/accidents/workers compensation arena, organisations need to focus on the left hand side of the workplace health and safety firewall.

There needs to be a culture where it goes without saying that staff will keep them-selves in work-fit condition.

It's the responsibility of the organisation to create and nurture this culture, to exhibit a duty of care and concern, to assist staff to maintain themselves in work-fit condition.

What's in it for the staff? A feeling of wellbeing. Freedom from pain. What's in it for the organisation? A healthier, happier staff, less presenteeism, less sick leave, less sickies, increased productivity and less money spent on workplace accident insurance premiums.



The right to universal health care and the right to the benefits of workers compensation (under current legislation) are attended by the responsibility of

1. employees to keep themselves in work-fit condition
2. employers to provide their employees with safe, healthy working environments.

PERSONAL RESPONSIBILITY

The question that needs to be asked of all staff, particularly when they apply for a job, is 'Are you in work-fit condition?' If they are and they meet the criteria for the job, they're in.

Of course this means that the organisation has to have a work-fit assessment to decide who's work-fit and who isn't.

If they're not in work-fit condition and they meet the criteria for the job, then what are you going to do? Are you going to ask them to reapply when they are in work-fit condition? As an employer, do you in fact have a work-fit statement on your website that outlines your work-fit guidelines?

A lot of organisations require prospective employees to undergo a medical, but if you manage to fog the mirror and your lower leg jerks when your knee is tapped with a tack hammer you're in.

Our recommendation is to have prospective employees pass a work-fit, fitness test. It's not a difficult assignment for anyone who has even a modest fitness training program. The standards are those that prospective employees could achieve in their youth.

As a minimum fit-for-work standard you'd want people to be able to attain the green award. Below that and you're carrying too much risk of people coming down with some sort of dysfunction, particularly musculo-skeletal dysfunction. Of particular concern are people involved in manual handling, including nursing home and child care staff.

The Work-fit Assessment

Level	Award	20m run - laps		Pressups	Situps	Squats	Arm hang (secs)		% body fat		Award
		Men	Women				Men	Women	Men	Women	
10	Platinum	55	52	70	70	70	100	80	<14	<24	
9	Diamond	53	49	60	60	60	80	60	<16	<26	
8	Ruby	50	46	50	50	50	60	50	<18	<28	
7	Emerald	45	43	40	40	40	50	40	<20	<30	
6	Gold	40	38	30	30	30	40	35	<22	<32	
5	Silver	38	36	25	25	25	35	30	<24	<34	
4	Bronze	36	34	20	20	20	30	25	<26	<36	
3	Green	32	30	15	15	15	25	20	<28	<38	
2	Amber	26	24	10	10	10	20	15	<30	<40	
1	Red	22	20	<10	<10	<10	10	10	<35	>45	
0	Black	<22	<20	<5	<5	<5	<10	<10	>35	>45	

If you don't aim for a work-fit standard you'll be kicking yourself when some slaps a claim form on your desk because they 'injured their back' while cleaning their desk.

Of course this problem would be solved if employers only had to pay a workplace *accident* insurance premium for their staff.

For other conditions staff already have insurance. It's called Medibank, on top of which they may have private health insurance and income protection insurance. It's ironic that neither Medibank nor private health insurers require people to have a yearly fitness test.

CORPORATE RESPONSIBILITY

1. Duty of care and concern

It makes good sense to be interested in your staff's work-fit condition out of a duty of care and concern.

That being the case you'll be prepared to bend over backwards to help staff improve their aerobic fitness, strength and flexibility.

You'll be doing them a favour.

2. Maintaining productivity standards

You want the lowest number of average sick days per employee. If it's more than an average of 4 days off per year, you know that either your staff are in poor shape, in the wrong job, poorly managed or they're taking sickies.



Taking sickies is evidence of an advanced case of presenteeism which, technically speaking means people are at work but they're under-performing. Sickies means their under-performing *and* they're not at work.

People who are fit and healthy and in the right job don't take many days off. They don't need to be motivated, they motivate themselves.

The highest incidence of presenteeism occurs in repetitive administrative work, particularly in large open plan offices and in call centres, the satanic mills of the 21st Century.

3. Lowering your workers compensation insurance premiums

There are many organisations that are quite unaware of acceptable standards of workers compensation premiums.

Currently, if your staff are in good physical condition, love their jobs and are well managed you can expect to pay (a flag fall) \$500 workers compensation premium for each staff member.

If they're in poor condition you can expect to pay \$2000 (or more) per person.

That being the case what are you going to do?

The answer is obvious, move heaven and earth to stop the personally-generated body system dysfunctions from entering the workers compensation domain.

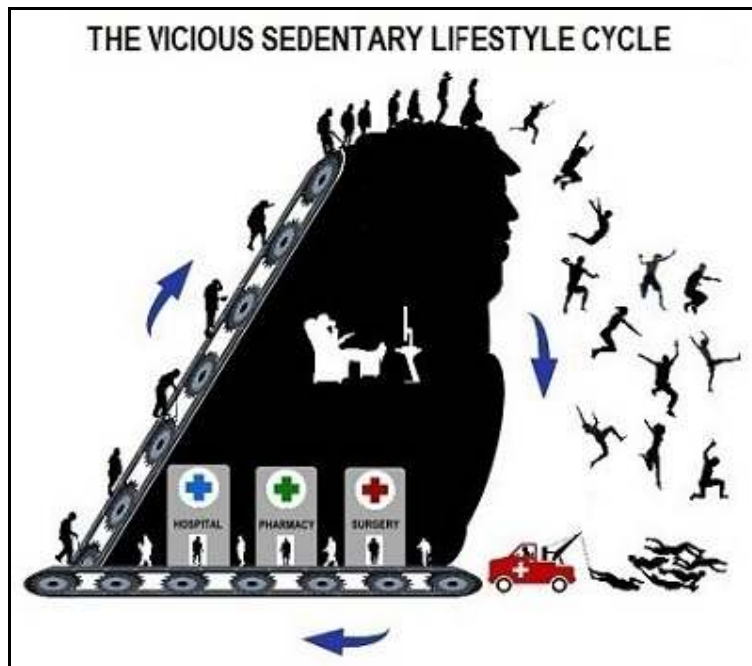
THE FIREWALL BUDGET

Imagine that you're paying \$2,000 per staff member in workers compensation premiums. You'd like to get it down to \$500. To do that you're going to have to make an investment in time, staff resources and money.

How much money? For starters let's see what sort of a dent in your workers compensation premiums an investment of 20% does!

MAKE A CHOICE

1. The old way



You employ people in poor physical condition. They fall 'off the cliff'. There are ambulances at the bottom of the cliff ready to pick them up, place them on the therapeutic treadmill and recycled them through a process that includes the surgery, pharmacy, hospital and a range of rehab rooms. Once they're patched up, likely as no, unless there is an incentive to get into work-fit condition they'll ride the escalator back to the top of the hill.

2. The new way



You employ people in work-fit condition.

You make sure they maintain their health, fitness and wellbeing throughout their employment in your organisation by encouraging them to do the things that fit and healthy people do to keep themselves fit and healthy. You want them to retire in retirement-fit condition.

You broaden the scope of primary health care to include, fitness, diet and counselling.

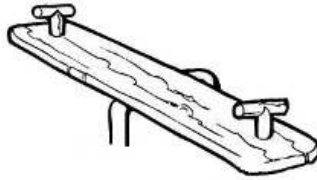
You use tech-health devices and software to monitor progress.

You install a firewall to stop the personally-generated body system dysfunctions from becoming work-related injuries.

Medicine doth not save us from ourselves.
Johannes Molarious

1.5

THE PITFALL



Current workers compensation laws are unfair.

At the moment, the balance between an employer's duty of care and concern and an employee's ability to have treatment for any non-accidental twinge or pang paid for by their employer, is sloped in the employees favour.

Presuming the law is not going to change soon (and keeping within the current law), organisations need to work closely with their employees to establish workers compensation arrangements that are **fair and reasonable** for both parties, and which

- on the part of the employer exhibit a duty of both care and concern
- on the part of the employee exhibit a duty of responsibility to keep themselves in **work-fit condition**. At the moment, employers are in a cleft when it comes to paying workers compensation premiums for people in poor physical condition.

Current legislation should not stand in the way of organisations

1. measuring and managing risk.
2. seeking to reduce their exposure to personally-generated body system dysfunctions being tipped into the workers compensation arena.
3. attempting to achieve ZERO workers compensation claims for personally-generated metabolic, musculo-skeletal and psychological dysfunctions

Do you think Big Pharma is going to tell you that exercising with vigour and eating wisely will cure your crook back, high blood pressure, insomnia, headaches, depression, adult onset diabetes, gout, reflux, constipation or piles? Do you think your doctor is going to write out a detailed exercise, diet and relaxation prescription – and monitor it?

1.6 THE INSURANCE CONTRACT

There needs to be a **signed workers compensation insurance contract** between each employee, their employer and insurer, setting out clearly the obligations on both sides to promote staff health, fitness and wellbeing.

For most people there is no insurance contract. The only form they ever sign is a claim form.

If my memory serves me correctly I've had close to fifteen employers in my lifetime and I've never once seen a workers compensation insurance form or signed one. I've never seen a document that sets out my responsibilities to be safety conscious and keep myself in work-fit condition.

I've never seen a list of exclusions from such a contract.

INDIVIDUAL CONTRACTS

Workers compensation insurance contracts need to be tailored to suit the circumstances of each employee and based on guidelines that are fair and reasonable to employees and the organisation they work for.

The premium for each individual employee needs to be based on a range of factors and premium inclusions and not just a blanket premium for the whole staff based on previous claims. Those factors and inclusions could include:

- accidental injury
- travel to and from work
- general medical and therapeutic cover - for personally-generated dysfunctions
- accidental death and permanent disability
- income protection
- the type of work people are doing
- work-fit condition
- previous individual claims
- previous workplace claims history
- ...

In the sit-down professions the flag fall for accident insurance should be less than \$500.

When the insurance per person for some of Australia's largest 'sit-down' organisations is in excess of \$2000, you can gauge how fit and healthy the staff are and to the degree WHS staff have stayed awake on the job.

Health, fitness and wellbeing risk needs to be measured on a yearly basis in particular the risk of musculo-skeletal dysfunction.

1.7

**HOW MUCH DOES YOUR INSURER CARE
WHAT HAPPENS TO YOUR MONEY?**

Most government and corporate workers compensation schemes are set up so that the insurer isn't betting with their own money. In fact it's impossible for insurance companies to make any bet without first measuring

- organisational risk
- industry risk and
- individual risk

... and then rating premiums accordingly.

In effect insurers are acting as escrow agents.

If they were betting with their own money they'd be more diligent in

- rejecting claims submitted by people in poor physical condition
- screening rehab providers who provide ineffective passive treatments
- refusing to take the advice of 'workers compensation doctors' and
- taking a closer interest in the rehab process generally.

The failure of insurers to rate premiums against individual risk is a lazy-man's way of doing business. It has led to massive rotting of workers compensation schemes around the country.

Without legislative change, the only way around the problem is for employers to be more pro-active in removing risks, identifying people at risk and managing risk.

Organisations have to hedge their own bets by making sure there are ZERO claims for personally-generated musculo-skeletal and psychological dysfunctions.

High workers compensation costs are a symptom that management has fallen asleep on the job.

Don't ask what your chemist can do for you; ask what you can do for yourself.

1.8

THE NATURE OF A WORKERS COMPENSATION POLICY



When you look at it, most current workers compensation policies have a number of inbuilt insurances

- accidental injury
- accidental death
- ...

There is too much at stake to sign people up to a current workers compensation insurance plan:

- without employees being taken through an insurance policy document that highlights the obligations of all parties
- without employees signing a contract and
- without employers undertaking a risk assessment – ie work-fit assessment.

(Why is it that people under 25 pay higher car insurance and people without dead locks on their doors and locks on their widows pay more for home and contents insurance?)

Most insurance policies, but especially income protection policies have a contract that is signed by the insurer and the person being insured. There are strict conditions, with a medical exam determining premiums. If you're old, smoke, you're obese, diabetic or have high blood pressure, the premium is adjusted accordingly.

In an ideal world, people at high risk of dipping into the workers compensation bucket ought to pay a premium excess out of their own pocket. Such a strategy would be the most effective way to encourage people to get back into good physical condition.

But regardless of what legislative changes may be made in the future, for now it behoves employers and employees to reach a mutual understanding to minimize risk.

If organisations

- don't have individual (signed) contracts with policy holders (their staff) of their workers compensation scheme
- neither measure nor manage risk and

- do not have a policy focused on **ZERO** claims for personally-generated dysfunctions,
... their workers compensation scheme will attract all manner of dubious claims from people who are in poor physical condition or lacking mental resilience.

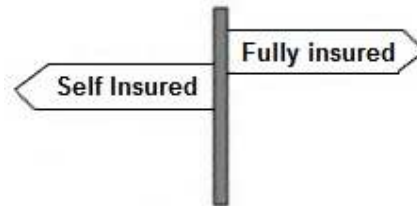
IT GETS WORSE

It is generally the case that once a claim has been accepted by an insurer, organisations have little say in how the claim will be managed or how much of their money will be spent - which brings it back to organisations to better manage their workers compensation arrangements.

Whether an organisation is obliged to join an insurance scheme or whether it is a self insurer, the task of reducing claims rests entirely on its own shoulders.



1.9

ESTABLISHING A SELF-INSURANCE SCHEME

The strongest argument in favour of establishing a self-insurance scheme is that organisations will be betting with their own money. And if they are betting with their own money they'll be more likely to keep a tight rein on claims and how they are processed.

THE WORKERS COMPENSATION CLIFF

By focusing on measuring and managing individual risk and introducing individual workers compensation contracts, no employee should be so close to the edge of the workers compensation cliff that sitting in a chair, lifting a ream of paper or being told to lift their game will tip them over the edge and generate a compensation claim.



There is a constant struggle between our need to move more and more and the pressure of science and technology to design and produce machines that enable us to move less and less.

Garry Egger

1.10 POST HOC ERGO PROPTER HOC FALLACY

At the heart of many workers compensation claims lies the *'post hoc ergo propter hoc'* fallacy.

The fallacy goes something like this: if 'A' occurs before 'B', then 'A' must have caused 'B'. Other factors, such as 'C', 'D' and 'E' are not considered. In the workers compensation arena the fallacy becomes; 'If I lift a ream of paper off the table (A), and I herniated a disc (B), then the act of lifting the ream of paper off the table must have caused the disc to herniate.'

The underlying causes of the herniation - weak muscles 'C', tight muscles 'D' and a spinal column already out of alignment 'E' – are not given any consideration. Neither is the fact that lifting a ream of paper off a table is something people ought to be able to do without herniating a disc. The incident gets the blame.

Nine times out of ten, the medical industry falls for this fallacy. 99% of lower back pain is blamed on a herniated disc which is, in turn, blamed on an incident. The underlying evidence of the cause remains hidden from view. So much for evidence-based medicine.

The Australian National Health and Medical Research Council (NH&MRC) points out in its report on musculo-skeletal pain:

'The majority (approximately 95% of cases) of acute low back pain is non-specific; serious conditions are rare causes of acute low back pain.'

Their conclusion, in layman's terms: *'low back pain comes from out of the blue.'* In which case blaming the herniated disc on the incident – lifting a ream of paper off the table – becomes the most plausible reason for signing off a workers compensation claim.

The Arthritis Association also believes that arthritis comes from out of the blue. In their literature there is no suggestion that the joint ('bearing') is wearing out (and becoming inflamed) because the bones on either side of it are out of alignment. If motor mechanics worked on this principle they'd be out of business in a couple of weeks.

The X-ray doesn't provide any information as to causation. It shows 'what is' not what caused 'what it'.

Without a serious measuring, managing, monitoring and risk minimizing program, employers are left without a leg to stand on. It's inevitable that they're end up paying for passive therapeutic treatments that are unlikely to lead to the restoration of poor skeletal alignment to good.

The treatment to restore poor muscle function and skeletal alignment to good is treatment that people can only do for themselves. It's called a strength and flexibility training program. This program can be devised by an appropriately trained fitness practitioner. Most of the training can take place at home in the lounge room while watching TV.

Lower back pain is not caused by a lack of rubbing, crunching, heating, cooling, vibrating, hanging-upside-down, electronic muscle twitching, doping or surgery.

'Fit' is not a destination, it's a way of life.

1.11

**OPEN SLATHER FOR PEOPLE
IN POOR PHYSICAL CONDITION**

Backside of the Western World

If organisations are going to have an 'open slather' approach to accepting claims from people in poor physical condition, the only way they can protect the organisation from vexatious claims is to measure the risk of every one of their employees, document the risk, then manage the risk.

The key performance indicators of poor physical condition are

- aerobic fitness
- strength
- flexibility
- body composition
- blood pressure
- blood glucose
- C-reactive protein
- stress.

Documenting the risk and the steps put in train to lower the risk is an important aspect of the risk management process. Legal eagles will be quick to find loopholes in both management practice and documentation if there is inadequate documentation.

A condition of the insurance (and of employment generally) would be a yearly fitness assessment.

Only doing an assessment at the time of recruitment misses the point. People may 'pass' an original assessment while in their 20s. Come their 50s and they're in poor condition. Organisations are not insuring the same person.

The yearly assessment will flag risks that can then be managed.

Using the profiles that are included in this document will give staff and employers a good assessment of overall health, fitness and wellbeing.

Effective health care depends on self-care; this fact is
currently heralded as if it were a discovery.
Ivan Illich

1.12

**DEALING WITH AN AMBULANCE-CHASING
NO-WIN-NO-FEE LEGAL PROFESSION**

If an organisation is going to establish its own workers compensation scheme it will need to make it lawyer proof. This is why it will need a watertight risk assessment, risk management and documentation strategy.

When ex-rugby players are being used as touts for ambulance-chasing, no-win-no-fee legal firms, you know the legal industry is feeding off poor legislation, ill-prepared employers and lazy insurers.

Beware ... your adversary, the lawyer, walketh around
like a roaring lion, looking for people to sue.

1.13

PAYOUTS

B I N G O				
7	25	44	57	62
15	22	40	50	70
11	\$500,000			74
2	28	37	55	68
10	27	39	59	75

Unless the circumstances are highly exceptional, **don't do payouts** and don't guarantee long term compensation unless it is for people who are suffering from serious accidental injury or deep seated post traumatic stress. In most organisations, very few people fall into this category.

You'd be irritated to the core to pay someone \$500,000 and then find out that a couple of months they'd had a miraculous recovery and were back working for someone else.

But you'd be haunted for life if you found out that someone who was injured and paid out, never got better and ended up living a life of misery. Out of sight doesn't always mean out of mind.

As it currently stands, lump sum payouts frequently pervert the course of the rehab process.

'And by the way, if you don't get better you'll get a payout.'

Some workers compensation insurers, particularly those managed by governments, are paying out retirement benefit worth hundreds of thousands of dollars for musculo-skeletal pain and stress.

In this case, legislators and insurance companies have created a pull factor of which some people will take advantage.

The great majority of people with joint and muscles pain or suffering from some sort of stress never make a claim. They believe their pain is a natural part of life or aging, or past sporting injuries ... and their anxiety a natural consequence of life.

However, that doesn't stop organisations and their insurers from being on guard against vexatious claims from people in poor physical and mental condition.

How would you feel if you gave someone a \$500,000 payout for a crook back and then found out they'd taken up a Jim's Lawn Mowing franchise on the Gold Coast? And how would you feel if someone got a payout, never got better and spent the rest of their life in pain and misery?

1.14

LONG TERM CLAIMANTS

There are people in organisations who have been on workers compensation for months, if not years.

Many don't attend work, existing as though they have been air-brushed out of the workplace.

Some are living the life of Riley. Others find that putting up with lower back pain is preferable to the psychic pang of having to go to work each day.

Some receive intermittent therapeutic manipulation of a passive nature.

Few are on a strict, compulsory, daily, rehab program.

Some don't even live in the city where they used to work.

Some refuse to attend meetings to discuss their condition.

Some are already settled in on the Gold or Sunshine coasts.

Many are not getting better. In fact some don't want to get better, they're waiting for a pay-out.

The solution is to demand that all recipients receiving workers compensation payments for musculo-skeletal dysfunction attend a daily **Pro-Active Rehab** class.

http://www.pro-activerehab.com/musculo-skeletal_health/clinic.html

It should be mandatory for people

- on leave for musculo-skeletal injury be required to take part in a daily pro-active rehab program
- on stress leave to attend a daily fitness class and take part in daily personal and group counselling.
- to attend regular meetings with their manager and other representatives of the organisation they work for. It is not sufficient to leave these meetings up to a single case manager employed by an external rehab provider.

There need to be strict protocols for these meetings. Workers compensation payments are attended by responsibilities on the part of all parties.

People's health can be judged by what they take two at a time – pills or stairs.
Joan Welsh

1.15

MANAGING DATA

The anchor point of our musculo-skeletal health program is a **Health Information Management System** that assists organisations to collect, store, monitor and manage health, fitness and wellbeing information.

Never again will someone be able to stand up in court and say, *'My employer never showed me how to lift safely.'* You'll have it on file that they did.

Never again will an employer not know exactly what sort of physical condition their staff member is.

Never again will an employer have to sit on their hands when they have a chance to outline to the court the full history of a person's musculo-skeletal health and the nature of the interventions the employer has made to

- ensure workplace safety
- provide health, fitness, wellbeing and safety advice and
- give their employee every chance to keep themselves in work-fit condition.

The data management system generates a range of reports similar to those outlined in the following websites:

http://www.millerhealth.com.au/sample_reports/index.htm

http://www.pro-activerehab.com/musculo-skeletal_health/evidence.html

We cannot solve our problems with the same thinking we used when we created them.
Albert Einstein

1.16

STATUS REPORT DISPLAYS

A lot of organisations have a tally board at the front gate informing their staff how long it's been since the last lost-time accident or how many lost time accidents there have been in the last 12 months.

I'm yet to see a board with a tally of how many people are currently on workers compensation and how many days have been lost in the current calendar year by people taking unplanned days off?



Those who think they have not time for bodily exercise
will sooner or later have to find time for illness.
Edward Stanley

1.17

ACCOUNTING FOR THE RISK

I don't know of any organisation that has a spreadsheet, where each employee has against their name a risk score that's been converted into a dollar figure. Having such a system in place would concentrate a few minds.

Take a look at the spreadsheet on this link:

http://www.pro-activerehab.com/musculo-skeletal_health/evidence.html

You can see we've added a monetary value to the risk rating. For those we've rated as 'low risk' we've set the risk 'premium' at a nominal \$400 per person. For those at the bottom of the spreadsheet, rated as 'grave risk' we've set the premium at \$5,000.

The spreadsheet has been compiled from the Musculo-skeletal Health Risk Screening of 1235 people from a range of organisations. Based on these figures, if you ran an organisation with 1235 people you could be looking at a hypothetical workers compensation premium of \$1,185,500.

Looking at the report it's not hard to work out what organisations can do to lower their premiums. If everyone was in the low risk category, premiums would plummet to around \$500,000. A lot of that money may never be claimed.

Of course there are other costs to take into account.

1. Lost time. If a person is at a therapeutic appointment or on extended leave you'll need to account for the lost productivity.
2. If you've got lots of people in poor condition and lots of claims you'll need a lot of people to manage the system or sit idly by and watch your premiums being trousered by rehabilitation case managers.

On the other hand you'll need to set aside people, time and money to manage a pro-active rehab risk management system.

Whilst the formula for rating premiums may be more sophisticated than the model we've developed, at least you'll get an idea of what can be done to lower workers compensation costs.

A man too busy to take care of his health is like a mechanic too busy to take care of his tools.

1.18

MANAGING MANAGERS

These days most managers just want to get on with their job. A successful workers compensation strategy requires their close involvement in the risk measurement, management and monitoring process – of both health and safety.

On our **Health Climate Survey** we can identify managers who aren't looking after their staff.

http://www.millerhealth.com.au/assessments/health_climate_survey/index.html

Similarly, our **Career Satisfaction Profile** will supply staff and managers with a good idea of where they stand.

http://www.millerhealth.com.au/assessments/career_satisfaction.html

The **Stress Risk Profile** is based on whether people are doing the things that unstressed people do.

http://www.millerhealth.com.au/assessments/stress_risk.html

The information gathered from these surveys is confidential, however reports generated will provide managers with a good idea of whether they are successfully managing their staff or not.

The individual scores on the **Musculo-skeletal Health Risk Screen** are available for managers to digest.

http://www.millerhealth.com.au/assessments/musculo-skeletal_risk_screen.html

Managers are on the workers compensation frontline. They need to be intimately aware of the risk their staff are carrying and be intimately involved in the risk management process. This is not something that can be left to the WHS department. There needs to be a clause in each manager's duty statement to that effect.

We believe managers need to have a formal induction into dealing with musculo-skeletal, career dissatisfaction and stress management issues.

Maybe making managers accountable for workers compensation premiums might make them sit up and take notice!

During a test:
- people look up for inspiration,
- down in desperation and
- left and right for information.

1.19 INTERNAL WORKERS COMPENSATION COMPLAINTS TRIBUNAL



When someone makes a workers compensation claim you can

- head the claim off at the pass by fixing the problem on the spot. You may well find that most complaints can be fixed without becoming a workers compensation claim. Lao Tzu said, 'A big problem could have been solved easily when it was a small problem.' As a work health and safety officer you want to know about small problems before they become big problems.
- support the claim
- not support the claim
- refer it to your own independent complaints tribunal.

People suffer from all manner of personally-generated complaints. Some people will try to get the organisation they work for to pay for all manner of therapeutic costs. (You don't pay compensation for the flu; why pay compensation for a herniated disc? Both are about as common as each other and with concentrated treatment for the pain that accompanies a herniated disc, the time lost may well be about the same.)

Establishing a democratically elected Workers Compensation Complaints Tribunal may give people with twinges and pangs some perspective and support.

A tribunal of 3 people at a worksite may be sufficient.

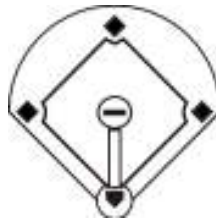
The tribunal will be comprised of people who are fit and healthy. They should be able to achieve the Gold Standard on the [Universal Fitness Test](#). They will be able to provide potential claimants with sound, peer to peer advice – and either support or not support their claim.

Level	Award	20m run - laps		Pressups	Situps	Squats	Arm hang (secs)		% body fat		Award
		Men	Women				Men	Women	Men	Women	
10	Platinum	55	52	70	70	70	100	80	<14	<24	
9	Diamond	53	49	60	60	60	80	60	<16	<26	
8	Ruby	50	46	50	50	50	60	50	<18	<28	
7	Emerald	45	43	40	40	40	50	40	<20	<30	
6	Gold	40	38	30	30	30	40	35	<22	<32	
5	Silver	38	36	25	25	25	35	30	<24	<34	
4	Bronze	36	34	20	20	20	30	25	<26	<36	
3	Green	32	30	15	15	15	25	20	<28	<38	
2	Amber	26	24	10	10	10	20	15	<30	<40	
1	Red	22	20	<10	<10	<10	10	10	<35	>45	
0	Black	<22	<20	<5	<5	<5	<10	<10	>35	>45	

The green standard is an acceptable starting point in determining fit-for-work status.

1.21

COVER ALL BASES



In a nutshell:

If you want to make considerable savings to your workers compensation arrangements.

1. Recognize that a large proportion of workers compensation claims are being made for personally-generated musculo-skeletal dysfunctions. People are making claims for 'injuries' that occur doing tasks that people in good musculo-skeletal health take in their stride.
2. Recognise that a lot of people are making claims for personally-generated stress in a workplace, particularly in government departments. The chances of the stress card being raised are higher for people who are in the wrong job, lack resilience, are poorly managed – and work for the government.
3. Have your organisation draw up a workplace accident insurance policy contract to be signed each year by
 - a representative of your organisation,
 - internal complaints tribunal representative
 - your insurer and
 - individual staff.



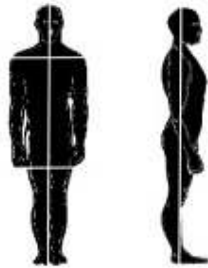
Such a policy will outline the rights and responsibilities of all parties.

4. Measure individual staff risk on an annual basis - particularly risk of musculo-skeletal dysfunction and stress
5. Where risk is detected, manage it. Make sure poor condition is restored to good. That way you'll head off claims at the pass
6. Document the risk management process as it applies to individual staff members.
7. Set goals relating to the number of claims and the cost per person of workers compensation premiums. Claims for personally-generated body system dysfunctions should be zero.

Whoever tells the best story wins.

2.

MUSCULO-SKELETAL HEALTH



With respect to musculo-skeletal health we're suggesting to organisations that they establish a mandatory risk measurement and management strategy.

Currently, anyone can get a certificate from their doctor saying that their workplace caused a disc in their lower back to herniate and that the claimant is eligible to have the costs of a range of passive therapeutic treatments covered by their employer, over and above what they could normally expect to be paid by themselves, Medicare or their private health insurer. If they're lucky enough, they could be in the line to receive a payout of up to half a million dollars.

Keep in mind that most of the personally-generated musculo-skeletal dysfunctions can be restored to good function at no cost at all, just the person improving their strength, flexibility and skeletal alignment.

It's naïve to assume that this sort of scheme is sustainable.

Due to the efforts of legislators, insurers, doctors, lawyers and courts, a herniated disc has been elevated to the position of workers compensation's Holy Grail.

Because of the high likelihood that poor function can be returned to good with a regular and systematic strength and flexibility training program, a herniated disc deserves a low ranking on any scale of catastrophic body system diseases and dysfunctions – and ZERO compensation.



A herniated disc is a symptom of a body that's out of alignment. It's no more worthy of special treatment or workers compensation than piles, high blood pressure or adult onset diabetes that could, with a long bow, be attributed to extended periods of time sitting down at work!

Many workers compensation schemes have become the main attraction for people who allegedly experience joint and muscle pain allegedly caused by things like:

- sitting - in a chair of some sort. What sort of accident is it that causes lower back pain when you're sitting in a chair in an office, a bus or road plant?
- tapping a keyboard and rolling a mouse. How can anyone with a body in good alignment, with a decent strength and flexibility program, and who sits with good posture at their desk, get a sore wrist/neck/shoulder tapping a keyboard?
- cleaning a desk. How can anyone claim that the organisation they work for is responsible for them herniating a disc while cleaning their desk – and then want their employer to pay for 'repairs' that they can do themselves for nothing?

- swivelling around to pick up a phone book. Can you blame work for herniating a disc when doing that? Yep, the precedent has been set.
- driving a bus. The claims for sore shoulders are legion – and that's with power steering!

These are incidents that people in normal musculo-skeletal health take in their stride. It will be presumed that people in these workplaces will keep themselves in work-fit condition. They will be shown how to do that. If they choose not to, the employer is not at fault.

Claims made and accepted under this regime are an abuse of what started out as an accident-based workers rehabilitation scheme.

The hardest step for a runner to take is the first one out the door.
Ron Clarke.

2.1 THE CARDINAL RULES OF JOINT AND MUSCLE PAIN



1. (Trauma excepted) muscles move bones out of alignment. That's the bad news. The good news is that if muscles have moved bones out of alignment, there is a fair chance they can move the bones back into alignment.
2. Pain is a symptom that bones are out of alignment; that the ends of bones are rubbing against each other; that ligaments, tendons and muscles attached to the bones have been stretched beyond their pain threshold; that intervertebral discs have become herniated and may be impinging on your spinal cord.
3. Treat the cause of the pain and the symptoms (pain) will be relieved.
4. The cause of the pain is rarely at the site of the pain. Once muscles attached to the pelvis draw the pelvis out of alignment, the bones above and below move out of alignment 'in sympathy.' In particular we need to do exercises square up the pelvis.
5. Form (good skeletal alignment) follows function (the ability to successfully perform a range of postural/flexibility exercises).
6. If one 'part' (your lower back) of the skeleton is in pain, then you can be pretty certain that you have a system problem, not just a 'part' problem. Fix the system and the parts will look after themselves.
7. A high proportion of joint and muscle pain is personally-generated. In a way that's good news because chances are it can be personally ungenerated.
8. If you want to be pain free within the next hour or so, go to the chemist. But if you want to be pain free within the next 6 months (maybe more, maybe less) start doing the exercises that will get your skeleton back into better alignment. NOW!
9. The more often you do the re-aligning exercises and the longer you do them for the quicker your skeleton will get back into better alignment.
10. Pain is a symptom that the bones on either side of a joint are out of alignment. Get them back into alignment - and the symptom of the misalignment will disappear.
11. Most joint and muscle pain is a fitness problem not a medical problem. Which begs the question, 'Why are you going to a medical practitioner when you should be going to a fitness practitioner?'
12. Hippocrates said, 'The physician speaks with more authority if he's had the disease.' Rarely is joint and muscle pain a disease – it's most frequently a personally-generated dysfunction caused by a body in poor musculo-skeletal condition. Someone who has relieved their joint and muscle pain is usually a useful source of advice. When it comes to the personally-generated body system dysfunctions, YouTube is becoming a better source of advice than most surgeries.

13. Most medical practitioners don't know how to diagnose the underlying cause of joint and muscle pain. The best they can do is shoot their customers off to the radiologist.
14. Generally speaking, the advice you're likely to receive about causation from a radiologist will be unhelpful. All the radiologist does is determine 'what is', not what's caused 'what is'. The radiologist doesn't comment on causation, that's the doctor's job. You're caught in a vicious medical cycle.
15. If the doctor and the radiologist can't determine causation you can be certain that the prescription to fix the problem will be inadequate in the extreme.
16. The Australian National Health and Medical Council opinion on causation is particularly unhelpful:

'The majority (approximately 95% of cases) of acute low back pain is non-specific; serious conditions are rare causes of acute low back pain.'

The term, 'non specific' is code for 'it doesn't have a cause'.

The Arthritis Australia website is particularly vague as to the cause of osteoarthritis. It has nothing to say about skeletal alignment or which exercises to do to improve it. One is left with the opinion that joint inflammation (*arthro* – bone, *itis* – inflammation) comes from 'out of the blue'.

17. This leads to 'the usual treatment' – passive therapy that involves rubbing, crunching, strapping, heating, and vibrating.
18. Passive therapeutic treatments are well nigh useless. Joint and muscle pain is not caused by a lack of rubbing, crunching, strapping, heating, electronic muscle twitching or vibrating.
19. Surgery may be necessary in the case of trauma and if particular joints (hips and knees) are beyond personal repair. Research indicates that a high proportion of people who have had back surgery back feel little better after the surgery than before. Many feel worse.
20. The missing link in the treatment process is the flexibility (and strength) exercises people have to do themselves. The treatment cannot be outsourced to a passive therapist or a chemist.
21. For 80% of people there's an 80% chance that they can get themselves back to 80% of 'good nick' in around 80 days if they're diligent.
22. It's a big ask expecting to stay in good musculo-skeletal health without a good strength and flexibility training program.
23. It's an even bigger ask expecting to get better by having someone do something to you; sooner or later you have to do something to yourself.
24. When it comes to relieving joint and muscle pain, 'Nothing in the world can take the place of persistence. (Calvin Coolidge).

It's a big ask expecting to get better by having someone do something to you; sooner or later you have to do something to yourself.

2.2

CLASSIC CASES

A classic example of poorly diagnosed causation occurred in the case of a driver weighing 140Kg employed by a bus company. Eight weeks into the job he submitted – and had approved - a claim for deep vein thrombosis.

Or take the case of the lady who took her employer's workers compensation insurer to the cleaners to the tune of \$507,223.34, plus costs. The case is public knowledge having been reported in the 'The Canberra Times'.

<http://www.canberratimes.com.au/act-news/worker-awarded-500000-despite-untrue-evidence-20130901-2sz27.html>

The claimant allegedly hurt her back lifting a box of work files out of the boot of her car – at home. That raises the first amber light.

Despite the judge finding that the claimant continued to perform a range of lifting tasks, including operating a chain saw, and despite the judge referring to 'her evidence being untrue', nevertheless she was awarded compensation because, *'Both defendants were found to have been negligent in failing to undertake an assessment of the risk of lifting the container and in implementing appropriate precautions to minimise risk.'*



This is absurd. In reality, what the judge is saying is, 'Someone has to follow every employee around to make sure they don't do anything to injure themselves. This means going to people's homes to make sure that when they lift a box of files out of their car they check the weight of the box and that it is lifted in accordance with WHS guidelines.'

A manual handling course, a ten point risk screen, a work-fit assessment followed by a clinical diagnostic assessment, an X-ray (costing a few hundred dollars) and a pro-active rehab program (prior to the incident) could have saved the organisation and the insurer three quarters of a million dollars.

The claimant and her lawyers would have gone home with their tail between their legs.

Furthermore, I doubt whether the insurer conducted a strength, fitness and skeletal alignment assessment after the incident. I doubt whether the insurer mandated manual handling courses and work-fit assessments for all the people it insures. The claimant could soon be preparing for another \$500,000 windfall!

I doubt whether the claimant was placed on a rehab program that led to an improvement in her strength, flexibility or skeletal alignment, it being highly likely that the cause of the herniated disc and nerve pain was directly attributable to her lack of strength, flexibility and skeletal alignment – prior to the incident.

I doubt whether at the end of a treatment regime, the claimant's strength, flexibility and skeletal alignment was any better than prior to the incident.

The claimant claimed she hadn't been given instructions in lifting a box out of the boot of her car. The judge saw that as a black mark against her employer. But, surely anyone who has ever collected the groceries or been on a holiday would know how to lift something out of the boot of a car.

What did the box weight? Did it weight more than the chainsaw or the weekly groceries? Were there any witnesses?

I'll stand corrected if any of my observations are incorrect.

Then there was the publicly reported near miss. Early in 2015 a woman with a fuller figure was reported as taking her employer and insurer to the Commonwealth Government's Administrative Appeals Tribunal seeking support for the cost of breast reduction surgery, the size of her breasts allegedly being associated with neck and shoulder pain.

News of the case was reported by the 'The Canberra Times' based on details published by the Administrative Appeals Tribunal on its website.

<http://www.canberratimes.com.au/national/public-service/breast-size-and-tummy-tuck-surgery-becomes-public-service-compensation-battleground-20150130-131068.html>

If the claim had been successful it would have opened the floodgates for all over-weight men and women with sore necks and shoulders to line up for publicly funded weight reduction surgery. Defining what 'large' is would be an interesting legal exercise!

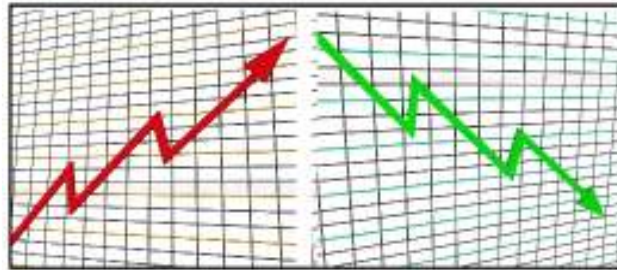
THE IRONY



Tia-Clair Toomey, weighing in at 58 Kg, lifts 114Kg above her head and wins a gold medal at the 2018 Commonwealth Games.

2.3

MEASURING, MANAGING, MONITORING AND MINIMIZING RISK



Our recommendation is that organisations adopt the following mandatory approach to measuring, managing, monitoring and minimizing risk – a check list of things that must be done to protect staff - and prevent personally-generated body system dysfunctions from entering the work-related injuries arena:

1. Safety induction and policy discussion, including simple safety procedures like hanging on to rails when going up or down stairs and wearing appropriate footwear ...
2. First aid course – so people know what to do when they sprain and ankle, strain a muscle, herniate a disc ...
3. Manual handling seminar
4. Work station assessment and set-up
5. Musculo-skeletal health seminar
6. Stress Management seminar
- Information – pamphlets, posters, books, audio files and videos
- Yearly specific joint assessment
- Yearly ten point musculo-skeletal risk screen
- Musculo-skeletal Clinical Diagnostic Assessment for people at risk
- Diagnostic imaging for people with pre-existing conditions
- Diagnostic imaging when people submit any sort of claim for joint and muscle pain
- Pro-Active Rehab program for musculo-skeletal and stress claims for people at risk and people on workers compensation
- Daily strength and flexibility exercise program for all staff.

This is a **mandatory strategy** with a 'no ticket, no start' requirement. The stakes are too high to do otherwise.

Organisations need to make sure new staff members are properly inducted before they commence work. This means taking them through steps 1-6 on the checklist above. The onus is on WHS staff to make sure the process outlined is followed, no ifs, no ands, no buts. The cost to workers compensation arrangements of not doing anything could be catastrophic.

'No ticket, no start' also means that prospective employees need not only to have a medical exam, but also a musculo-skeletal health and fit-for-work exam. The process has to be water tight, otherwise people like the file-lifting claimant above will get a free ride into early retirement – at the organisations expense.

Plus organisations need to be prepared for the likes of Slater and Gordon, Maliganis Edwards Johnson, Blumers and serial 'ambulance-chasing' 'no-win-no-fee' law firms who thrive on lapses in administrative process. Maliganis Edwards Johnson like to highlight on their website that, *'Fortunately, the ACT Workers Compensation system is more generous than in other jurisdictions.'*

**Strength does not come
from physical capacity,
It comes from an
indomitable will.**

Mohondas Gandhi

2.4

MUSCULO-SKELETAL EXCLUSIONS

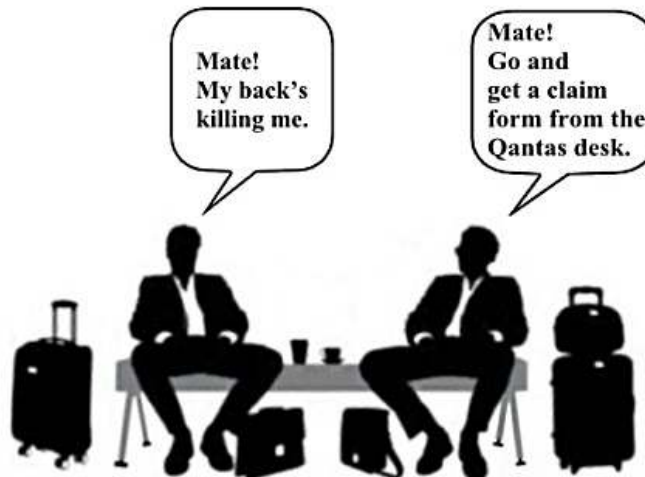


If an organisation is going to establish its own workers compensation scheme we believe it will need to work with staff to establish a list of exclusions. In fact all organisations need to work closely with their insurers and their staff to establish a list of exclusions. Otherwise people will run amok with claims related to trivial incidents.

You'll find an outline of suggested exclusions below.

Lifting

The principal exclusion is claims for injuries incurred by people **lifting a weight less than 23Kg**. That's the maximum weight people lift when they go to the airport – without paying an excess luggage charge. Qantas doesn't have a claim form for people who injure their back or shoulder lifting a case. Neither should corporate organisations and their insurers.



Furthermore you don't pay out claims for **lifting any object over 23K**. Either people take their chances, get someone to lift the object for them, get someone to help them or use a mechanical assistance device.

It's an insult to tradespeople, motor mechanics, hardware store staff, farmers, gardeners, horticulturalists, baggage handlers, posties, delivery drivers ..., to give office-based workers a free retirement benefit for lifting a box that weighs the same as a bag of groceries.

Compulsory safety induction programs and site-wide education and promotion programs are needed to reinforce this policy.

Then there are exclusions brought up by the examples raised earlier. You certainly need to exclude compensation for joint and muscle pain received while sitting down or cleaning a desk.

You wouldn't accept a sprained ankle claim from someone wearing stiletto heels. In fact, you'd have an enforceable 'sensible shoe' policy that prevented that from happening. It's interesting that people working in manufacturing industries have no objection to wearing steel-capped boots. The same approach to appropriate footwear needs to be reinforced for all employees in all organisations.

Signage needs to be prominently positioned to alert staff to policy exclusions. People don't just need to be told to bend their knees when they lift something, they also need to be told that the organisation doesn't accept claims for joint and muscle pain incurred in lifting.

The list of ordinary, every day tasks that require some exertion is endless. Employees need to be aware that these are the tasks that people in good musculo-skeletal health take in their stride – people with skeletons that are in alignment, muscles that are strong.

The activities below are the ordinary, every day activities people expect to be able to do at home, in their leisure time or at work without ending up in pain.

How can you injure yourself sitting at a desk?



How can you injure yourself sitting in/on a car, ute, bus, truck, mower or road plant?



Bending over



Lifting a bag



Carrying a suitcase



Lifting a box



Carrying a box



Lifting and swivelling



Putting books on a shelf



Moving furniture



Laying bricks



Shearing sheep



Pushing a wheelbarrow



Shovelling



Vacuuming



Polishing



Scrubbing



Mopping



Cleaning floors, windows and walls



Cleaning a desk



Pushing a hand trolley



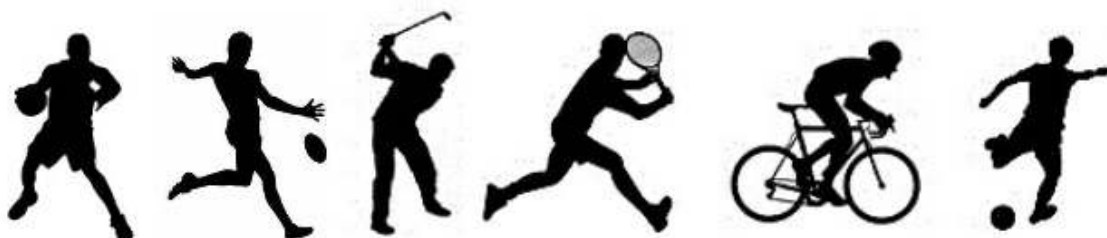
Getting down out of a truck



No one to sue here



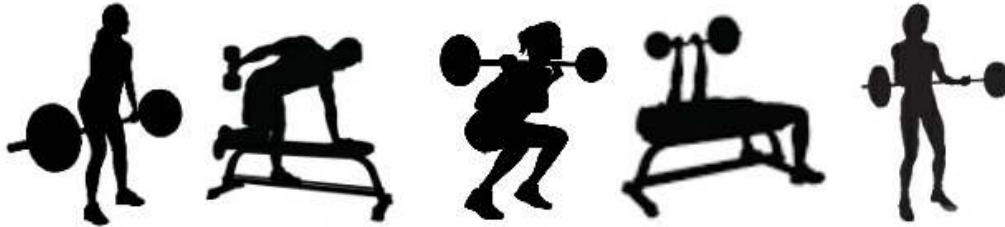
No one to sue here either



Not many people sue their sports club for a twinge

AND THERE'S MORE

It makes a mockery of anyone who ever went to a gym and embarked on a strength training program that someone should receive even as much compensation as a brass razoo for getting a twinge while lifting a phone book.



PLUS

Sensible shoes

In an office environment you need a sensible shoe policy. High heels are neither safe, healthy nor sensible.

[Click here](#) to find out what high heels can do.



Holding on to rails

In many organisations it's well nigh a sackable offence not to hold onto a rail while going up or down stairs. You only have to trip once in 10,000 times and you could do yourself a catastrophic injury.

All staff have an obligation to call out colleagues who fail to hold onto rails.

One fellow I met while going down a set of stairs had a permanent recollection of his navy days when it was, *'One hand for the ship and one for yourself.'*



Sprained ankles

What are you going to do about a sprained ankle?

First up, spraining an ankle is just another incident that's part and parcel of life. It can happen to anyone, anywhere, at any time.

Give it the best first aid possible; that includes instant icing, strapping, elevating and not bearing weight on it.

The case for all staff doing a first aid course is compelling. Most of the aid will be the aid they give to themselves.

Offer to give your staff member the rest of the day off. If it's strapped properly and they have a sit down job they probably won't need it.

Chances are it won't require medical attention, but if it does, offer to reimburse the staff member for a trip to the doctor. If the doctor finds out it could be a workers compensation claim they'll quadruple the account.

Whilst it's doubtful if an X-Ray will be needed (all that's happened is ligaments, tendons and muscles have been torn) but if it is, reimburse your staff members.

Keep in mind that once it becomes a workers compensation issue, a sprained ankle could cost your organisation several thousand dollars. If it had happened at home it wouldn't have cost you anything!



2.5 THE BLACK HOLE OF WORKERS COMPENSATION



If you're going to establish an accident insurance scheme you'll need to temper the advice received from general medical practitioners with the advice derived from the fitness industry.

General practice medicine appears to have learnt little from either sports medicine or the fitness industry

There are two factors at play here:

1. Sports injuries are, in the main, due to trauma and over-use. Some of the causes are relatively easy to identify. If A (a collision involving twisting of the lower and upper legs) occurs before B (the tearing of the medial ligament in the knee), there is a high likelihood that A has caused B.

Other injuries may be caused by a skeleton that's out of alignment being put under abnormal pressure – as in a hamstring tear. In this case the treatment would be the same as that for 'regular folks' as outlined in the next sentence.

2. For regular folks, joint and muscles pain is mainly self-generated over a long period of time as
 - muscles become tighter and gradually move bones out of alignment
 - muscles become weaker and
 - bodies become fatter, less mobile and less agile.

The lesson to learn from sports medicine is that frequency, intensity and duration of the treatment play an important part in speeding up the rehab process. In elite sports the industry standard is now 24 hour rehab involving:

- long, slow, muscle release (flexibility) exercise and
- long slow deep, mechanical muscle release massage
- strength exercises and
- a range of other medical, surgical, pharmaceutical and therapeutic modalities.

Regular folk's joint and muscle pain responds to exactly the same therapeutic regimen.

But what slows the process down is having a rub down for half an hour three times a week – and nothing else. With that sort of therapeutic frequency, intensity and duration, the chances of the quick restoration of poor function to good is quite remote.

Whilst some of the passive, therapeutic modalities may speed up the rehab process, they don't take the place of the things people need to do for themselves. Without the inclusion of a Pro-Active Rehab approach to rehabilitation, the benefit of passive manipulative therapies needs to be questioned. A high proportion of people with joint and muscle pain should be sent home with a set of exercises and told to do them for at least 2 hours a day.

Over the years a lot of people and a lot workers compensation money has ended up down the black hole of the medical and passive therapeutic industries. The number of people who never got out is legion, or if they did, the rehab process was long, drawn out and expensive.

A high proportion of claims for joint and muscle pain have as their underlying cause a lack of strength, flexibility and skeletal misalignment. Not many doctors do strength, flexibility and skeletal alignment. Fewer prescribe a strength and flexibility prescription, let alone monitor it.

The medical industry has a poor track record in diagnosing the underlying causes of joint and soft tissue pain. The reason is that for most people, joint and soft tissue pain is a fitness problem, not a medical problem.

If joint and muscles pain arises because of the fitness problem, the best way to restore poor function to good is with a fitness solution.

A lot of medical and therapeutic practitioners get attracted to the site of the pain, not cause of the pain.

In lieu of a proper diagnosis they follow the instructions of their clients.

The statement on causation given to doctors by the NH&MRC is not only inaccurate, it discourages them from looking for the underlying cause of joint and muscle pain, particularly lower back pain. However you can be sure that lower back pain has an underlying cause and that the cause can be found. It's usually not at the site of the pain. All you have to know is where to look. A **clinical diagnostic assessment** provides the clues.

http://www.pro-activerehab.com/musculo-skeletal_health/clinical_diagnostic_assessment/index.html

Failing to search for this underlying cause (in the background) is the reason why the incident (in the foreground) is most likely to get the blame. It's lazy-man's medicine. More appropriately, it's outside the scope of the medical industry – it's a fitness problem. Which begs the question, 'Why are people with lower back pain lining up in surgeries, instead of fitness centres?'

And if the medical industry can't get the diagnosis right they won't get the rehab prescription right either. They'll send their clients off for passive manipulative treatments, most of which are directed at the site of the pain and not the underlying cause of the problem.

The X-ray and the MRI are useless tools in diagnosing causation. They describe 'what is', not what's caused 'what is'.

You'd think radiologists could take a few photos of their customers in diagnostic postures and pass them on to the doctor.

They won't do it, principally because of a demarcation dispute between doctors and radiologists. Radiologists are prevented from providing any information to doctors that would assist them in determining the underlying cause of the problem. It's the doctor's job to diagnose causality.

It is unlikely that a surgeon will identify the underlying cause of the problem or prescribe a pro-active rehab program. Why would they when they can earn 10 Grand in an afternoon replacing a hip joint?

Relying on the opinion of a local GP is fraught with danger.


1. Most GPs are poorly trained in the diagnosis of causation of musculo-skeletal dysfunctions.
2. Few GPs will be able to prescribe the strength and flexibility exercises that are most likely to restore poor function to good. They don't know what they are.

3. Few GPs will tell their client that the reason they are in pain is their own fault, particularly when there's a chance that with a favourable opinion, their client will get free treatment, supplied by either 'wealthy employers' or 'wealthy insurers'.
4. GPs have few prescriptions in the medicine chest – apart from a drug to mask the pain, an injection or a creme to reduce inflammation. They don't do strength and flexibility exercises.
5. There is a peculiar tribe of GPs who specialize in writing opinions that support the claims of their clients that their 'injury' is work-related and that it requires a free manipulative therapeutic intervention. They are known in the game as 'workers compensation doctors'. People flock to them on the basis that they will invariably support workers compensation claims.
6. Rarely will GP's refer their customers down the health feeding chain to a fitness practitioner. That would be infra dig.
7. Organisations have to come to an agreement with their employees that opinions relating to causality will be sourced from a panel comprised of doctors, fitness practitioners, exercise physiologists and physiotherapists who have been trained in the **Pro-Active Rehab** method of diagnosis and prescription. There is too much at stake to rely on uninformed opinion.
8. With respect to lower back pain, organisations need to be wary of manipulative therapists, whose main weapon is spasmodic (ie. twice a week for half an hour) rubbing, crunching, heating, electronic muscle twitching and vibrating at the site of the pain.

This treatment may provide temporary pain relief and may help to speed up the rehab process, but it doesn't take the place of the flexibility training program that people have to do themselves to get their skeletons back into better alignment and the strength training program that will support that alignment under the stress of normal work-related tasks.

9. Most lower back, hip and knee pain comes as a direct result of skeletal misalignment. It's a fitness problem. It's not caused by a lack of rubbing, crunching, heating, vibrating, doping or surgery.

The cause of neck and shoulder pain is equally divided between general skeletal misalignment and a lack of shoulder and neck strength and flexibility.



IT'S A SLOW
PROCESS, BUT
QUITTING WON'T
SPEED IT UP.

2.6

MUSCULO-SKELETAL HEALTH ASSESSMENT

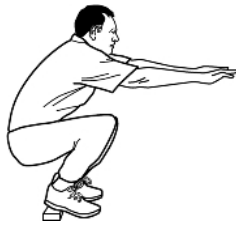
THE TEST ITEMS

On the next page is the ten point musculo-skeletal health assessment.

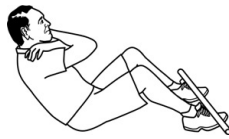
The test items are:



Weight percent body fat
or kilos over ideal weight.



Squats



Situps



Pressups men



Pressups women



Hamstring flexibility



Buttock Flexibility



Shoulder function

Pass mark is 70/100. Any score below 50 is an indication of risk or evidence of current dysfunction.

A score of less than 50 is typical of a body that's either weak, over-weight, out of alignment – or probably all three.

It is not unusual for people in good physical condition to score 100/100. To do that you have to have a regular and systematic strength and flexibility training program.

The lowest score recorded was 6/100.

Any score less than 70 is redeemable. All you have to do is train.

MUSCULO-SKELETAL HEALTH ASSESSMENT SCORES

Warning: If you don't think you should do any of these exercises, don't do them. If it hurts while you are doing any of the exercises stop doing them immediately. **Record your scores** in the boxes on the right hand side of the page.

1. Current condition.

How would you rate the current condition of your musculo-skeletal system?

Dreadful										Excellent
0	1	2	3	4	5	6	7	8	9	10

Score

2. Body composition. How close are you to your **ideal weight**? Scores based on kilos over your ideal weight. #

Kg

>20	20	18	16	14	12	10	8	6	4	2
0	1	2	3	4	5	6	7	8	9	10

3. Lower body strength – squat

How many full squats can you do? Bottom must get at least half way between your knees and your heels, Use a heel raise if you need to. #

>5	5	8	10	13	15	18	20	23	25	30
0	1	2	3	4	5	6	7	8	9	10

4. Lower body strength – sit-ups with feet held #

>5	5	8	10	13	15	18	20	23	25	30
0	1	2	3	4	5	6	7	8	9	10

5. Upper body strength – press-ups Men on toes, women on front of thighs with knees, bottom and shoulders in a straight line. #

>5	5	8	10	13	15	18	20	23	25	30
0	1	2	3	4	5	6	7	8	9	10

6. Sit and reach – hamstring flexibility

Sitting on the floor, with feet outstretched in front of you, see how far down Past your toes you can reach with your fingers. Keep your legs straight.

Can't touch	Fingers			Palm			Wrist
0	4	5	6	7	8	9	10

7. Ability to sit up straight with legs crossed – buttock flexibility

With legs crossed and hands clasped behind your back, see if you can sit up straight. Just being able to sit up with hands clasped scores 7/10. Sitting up exceptionally straight with a hollow in your lower back scores 10/10. Falling backwards on one or both sides scores 0.

Fall over	Barely		Just			Perfect
0	5	6	7	8	9	10

8. Shoulder function – wall test

Stand with you back to the wall. Place your hands in the surrender position with the back of your forearms, wrists and hands flat back on the wall. Score 10 if you can do it with ease. 7/10 is just getting the 'flat' position. Score lower if you can't do it at all.

0	1	2	3	4	5	6	7	8	9	10

9. Strength training behaviour

Do you have a regular and systematic strength training program either at home or at the gym. Sessions per week.....

		1			2					3
0	1	2	3	4	5	6	7	8	9	10

10. Flexibility training behaviour

Do you have a regular and systematic flexibility training program either at home or the gym. It may include yoga, body balance, Pontius Pilates ... Sessions per week.....

		1			2					3
0	1	2	3	4	5	6	7	8	9	10

The 'pass mark' is 70/100.

TOTAL/100

2.7 MUSCULO-SKELETAL RISK ASSESSMENT RESULTS

The results of 1235 people who have been through the Ten Point Risk Screen are outlined in this spreadsheet:

http://www.pro-activerehab.com/musculo-skeletal_health/evidence.html

THE RISKS

If current condition of the musculo-skeletal system is poor, the risk is obvious.

50% of people rate the current condition of the musculo-skeletal systems as 5/10 or less.

This is risk that can be managed immediately with a musculo-skeletal health seminar, the Ten Point Risk Screen, a Clinical Diagnostic Assessment and a Pro-Active Rehab program.



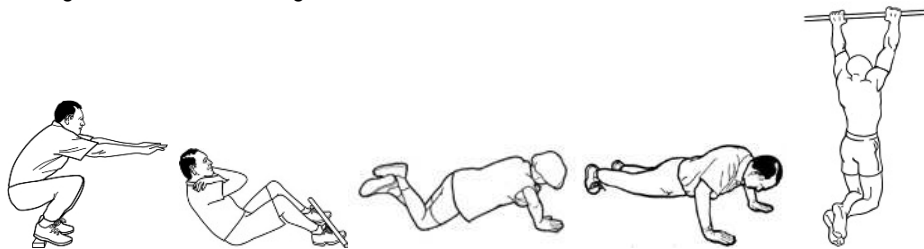
If people are more than 20Kg over their ideal weight they place themselves at grave risk of musculo-skeletal dysfunction. It is not unusual to see people who are more than 40Kg over weight.

Being overweight is usually attended by a lack of strength and flexibility. The extra weight puts stress on ligaments, tendons and muscles. Bones move out of alignment. Being overweigh is accompanied by decreased mobility and agility.



Being overweight is a sure sign that people don't have a regular and systematic fitness training program.

People suffering from a lack of strength won't be able to do these exercises.



People who lack flexibility – which is code for bones already out of alignment - won't be able to do these exercises:



Most people don't have a regular and systematic strength and flexibility training program. That's why workplaces need to have a mandatory ten minute strength and flexibility session every day.

2.8 JOINT CONDITION ASSESSMENT

		Dreadful							Good			Score		
		0	1	2	3	4	5	6	7	8	9	10		
1.	Lower back. Rate the current condition of your lower back.	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
2.	Upper back. Rate the current condition of your upper back.	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
3.	Neck. Rate the current condition of your neck.	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
4.	Right shoulder. Rate the current condition of your right shoulder.	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
5.	Left shoulder. Rate the current condition of your left shoulder.	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
6.	Right wrist. Rate the current condition of your right wrist and hand.	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
7.	Left wrist. Rate the current condition of your left wrist and hand.	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
8.	Right hip. Rate the current condition of your right hip.	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
9.	Left hip. Rate the current condition of your left hip.	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
10.	Right knee. Rate the current condition of your right knee.	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
11.	Left knee. Rate the current condition of your left knee.	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
12.	Right lower leg. Rate the current condition of your lower leg, and foot. Do you suffer from shin splints, Achilles tendonitis ...	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
13.	Left lower leg. Rate the current condition of your lower leg, and foot. Do you suffer from shin splints, Achilles tendonitis ...	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
14.	Right foot. Rate the current condition of your right foot. Do you suffer from heel pain, plantar fasciitis, toes malformed by ill-fitting shoes	<input type="text"/>											<input type="text"/>	
		0	1	2	3	4	5	6	7	8	9	10		
15.	Left foot. Rate the current condition of your left foot. Do you suffer from heel pain, plantar fasciitis, toes malformed by ill-fitting shoes	<input type="text"/>											<input type="text"/>	<input type="text"/>
		0	1	2	3	4	5	6	7	8	9	10		

2.9 CLINICAL DIAGNOSTIC ASSESSMENT

The musculo-skeletal clinical diagnostic assessment provides people with a likely diagnosis of the cause of their joint and muscle pain by seeing how well they can cope when they are placed in a range of postural positions. People with skeletons in good alignment have no difficulty in getting into these postures. People whose skeletons are out of alignment have difficulty doing them or can't do them at all, principally because tight muscles won't allow them to.

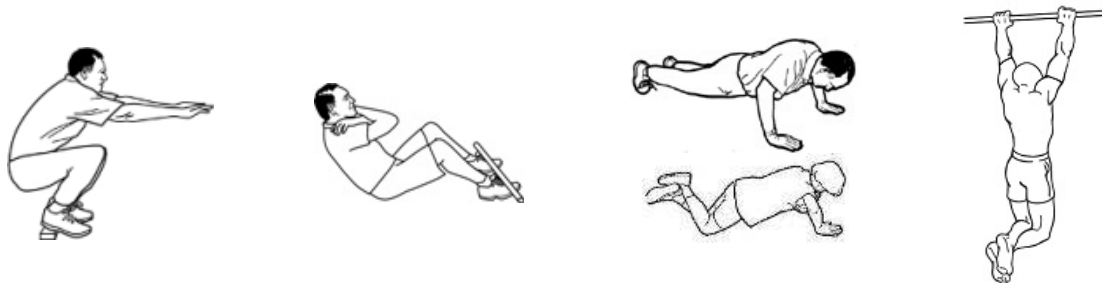
Here are some of the diagnostic postures:



If you can't successfully maintain these postures the muscles responsible for joint and muscle pain are easy to identify. And once that's done, the exercises needed to restore poor function to good are easy to prescribe.

At the heart of the assessment is a system which allows people to determine why their skeleton is out of alignment and provide them with the exercises to get it back into alignment.

On top of that it's easy to assess whether the pain is exacerbated by a lack of strength.



All in all, the clinical diagnostic assessment is a simple and cost effective technology that promises to do more for your musculo-skeletal health than any medical, pharmaceutical or allied health therapeutic treatments.

Corporate organisations that have someone on the WHS staff who can administer the assessment and then supervise an exercise program stand to save hundreds, thousands, if not tens of thousands of dollars on other treatments.

In the long run it puts individual staff in charge of their own musculo-skeletal health.

The assessment is based on the principle that a high proportion of people with lower back and other joint and muscle pain have a fitness problem, not a medical problem and only on the rarest of occasions can you fix a fitness-generated problem with a medical solution.

And only on the rarest of occasions can someone else fix your fitness problem - you've got to fix it yourself.

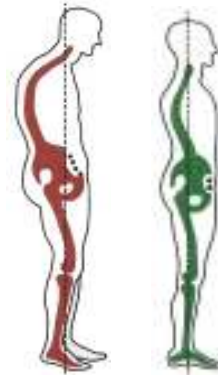
2.10

PRO-ACTIVE MUSCULO-SKELETAL REHAB



Pro-Active Rehab for musculo-skeletal dysfunction was developed when it became clear that the medical diagnosis of the underlying cause of lower back pain and prescriptions targeted at the treating underlying cause of the pain were almost non-existent.

Ask any group of people how they rate the current condition of their musculo-skeletal system and 50% will give themselves 5/10 or worse. Most have no idea of the cause of the problem, other than to reveal an incident from either the recent or dim, dark past. Some will blame their age. Few will blame themselves.



From this to this

The good news is that with the right strength and flexibility exercises there is a good chance that bones will move back into alignment. Stress will be taken off joints. Pain will dissipate.

All it takes is a little time and not much effort to gradually re-align the skeleton.

The Pro-Active Rehab program to diagnose and treat common musculo-skeletal pain has made the complex simple and the expensive cheaper.

The Clinical Diagnostic Assessment is used to provide clues as to which muscles have drawn the pelvis and the bones above and below it out of alignment. These muscles have to be retrained to allow the bones to move back in to alignment.

We believe that in the initial stages at least, rehab is the full time job of injured people, particularly people on workers compensation. In this respect, workers compensation rehab can learn from sports rehab where the industry standard is now 24 hour rehab.

<http://www.pro-activerehab.com/>

When people are on a Pro-Active Rehab program, their full time job is getting their body back into good health, in this case, musculo-skeletal health. The time taken to do this will vary with the dysfunction, ie the degree of skeletal misalignment, the length of time the skeleton has been out of alignment, the strength of muscles, the flexibility of muscles and closeness to ideal weight. The rule of thumb for lower back pain is

For 80 percent of people, there's an 80 percent chance they can get back to 80% of normal function in 80 days.

That's a maximum figure. With intensive Pro-Active Rehab the acute phase of the dysfunction should be relieved in less than a week. **Slow release flexibility exercises** for the muscles attached to the pelvis can bring about dramatic relief. The process may be speeded up by slow release mechanical massage.

The full time program we recommend is 8 hours a day, 6 hours during the day and 2 hours at home in the evening.

Supervised in classes during the day, the slow-release flexibility (and strength) program is a most cost effective way of restoring poor function to good.

Some people need to lower their percent body fat. Being over-weight makes it impossible for some people to adopt the slow-release exercise postures. Their body composition has also contributed to the mis-alignment.

The Pro-Active Rehab process will be speeded up by one or more weeks of full time Pro-Active Rehab after which rehab sessions can be reduced, the day being spent back at work, with exercises taking place before work and in the evening.

No employer or their insurer can afford to have people lolling around at home watching 'Days of our Lives' when they should either be working or undertaking full time rehabilitation activities.

You can be pretty certain that anyone who fails to improve their strength, flexibility and skeletal alignment (and lose weight) - within a reasonable time frame - is not serious about getting better. They need to be removed from the workers compensation scheme, not paid out. Organisations need to protect themselves from these people.

Out Musculo-skeletal Risk Assessment provides objective ways to measure improvements in strength, flexibility, skeletal alignment and percent body fat.

There will be some people who choose to resign rather than take part in a full time pro-active rehab program, the prospect of having to attend daily rehab sessions not being particularly appealing after three months at home on the couch! <http://www.pro-activerehab.com>

PRO-ACTIVE REHAB WORKOUTS

There are six Pro-Active Rehab Workouts, all designed to loosen off the muscles that have taken the pelvis and the bones above it out of alignment – and strengthen the major muscles of the body.

1. 10 minute work-place workout - with strength and flexibility exercises being rotated during the week.
2. 20 minute workout - our recommended back pain maintenance program comprising a suite of flexibility and strength exercises. Recommended for both work and home.
3. 1 hour workout - with **long, slow muscle release exercises** being done for longer periods. Recommended for people who are at grave risk of back pain and those who already have it. The workout can take place at work or at home – or both
4. 2 hour workout - an extension of the one hour workout with some exercises being done for longer periods of time. This is our recommended workout for people in pain – at both work and home.
5. 3 and 4 hour workouts – an extension of the two hour program with extra rotations of the slow release flexibility exercises and a more extensive strength training routine.
6. 7 hour workout - an intensive (though not strenuous) program of 7 hours a day over 5 or more days, designed to kick-start the rehab process by getting the body back into better alignment. Involves three rotations of the exercises in the 2-hour program, plus strength and aerobic fitness workouts and inner mental training.

To be able to spend 7 hours a day, for 5 days, in supervised classes - plus an extra session at home in the evening - promises to have a dramatic impact on speeding up the rehab process.

That's the quickest and cheapest route to restoring poor musculo-skeletal health to good.

3.

STRESS



Don't do stress!

The best thing organisations and their insurers can do to protect their workers compensation arrangements is to tell their staff,

'We don't compensate people who claim they are stressed. If you're stressed talk to us about it when the stress level reaches 50/100 (on a scale where 100 is good and 0 is dreadful) and we'll do our level best to help you. Leave it until its 10/100 and we'll still help you, but you won't be compensated.'

'If work is making you stressed,

- *talk to your manager – or your manager's manager*
- *talk to our human resource and work health and safety staff*
- *back away, take your holidays and your long service leave*
- *go and see our employee assistance program*
- *attend a personal development course – we'll pay for it*
- *consider getting a less stressful job.'*

If one person gets compensation for stress, then the person sitting next to them (doing the same job) will also feel entitled to be compensated for stress. Everyone will end up on compensation.

The fact that out of ten people doing the same job, only one person wants to be compensated for being stressed suggests that the stress is not due so much to the nature of the job but the person's attitude toward it.

Two quotes from Epictetus (A.D. c. 55 – 135) highlight the issue at stake:

'Man is not worried by real problems so much as by his imagined anxieties about real problems.'

'It's not what happens to you, but how you react to it that matters.'

If stress is being generated by poor management practices, change the manager and/or change the management practice. It's a fact that stress follows some managers around as they move from one job to the next, leaving a trail of wreckage behind them.

Managers who refuse to spend time managing, who drive staff into the ground, who bully staff, who lack the personal skills to manage effectively should be relieved of their management duties. Most managers who are poor managers don't know it. They have to be told.

If stress is being generated by bullying, stop the bullying. Get rid of serial bullies.

Conduct regular [health climate](#), [metabolic health](#), [stress](#) and [career satisfaction](#) surveys to gauge personal satisfaction, group cohesion and management effectiveness.

If stress is being generated by over-work, change the work practice – ensure people work reasonable hours each week. Insist they take a lunch break away from their desk and take their holidays and long service leave as and when they become due. Don't allow staff to accrue their long service leave until they retire. That's not what it's for.

Except under the most exceptional circumstances, all staff need to take their full annual leave entitlement each year.

Except in exceptional circumstances, long service leave needs to be taken within 12 months of it becoming available. It's designed for the purpose of rest and recuperation. It was never intended to become a retirement benefit.

Plus it's an exhibition of poor financial planning for organisations to have large long service leave obligations. A person who resists taking long service leave may be hiding nefarious work practices.

Don't let staff cash out their leave entitlements.

If stress is generated by people being upset when dealing with work performance issues, tough. Make sure all personal work-performance communications with staff are documented and HR staff and senior management involved in personnel discussions.

Employers should not be bullied by employees who don't get what they want. People can't claim 'stress' for being upset when spoken to about sub-standard work performance. Employers are not required to put up with drama queens (of both genders) and tantrums from people who don't get what they want. The person paying the piper always has the right to call the tune.

Most people volunteer for the job they are currently in. If people are stressed because they are in the wrong job, encourage them to seek the right job, and volunteer for it.

The exception to the 'No Stress Claims' rule, are people in professions that are likely to generate post traumatic stress – like emergency services, police, defence forces ...

If you visit the link below on the Pro-Active Rehab website you'll be led through a range of pages outlining a strategy to deal with stress in the workplace.

http://www.pro-activerehab.com/mental_health/index.html

It is unlikely that a general medical practitioner will be able to give an accurate opinion as to the underlying cause of stress. They don't have the tools. Assessments need to be made by a panel that includes the manager, doctor, psychologist, counsellor and fitness practitioner.

There are 336 half hours in every week. Can you find 14 to keep yourself in good shape?

Neil Gray

3.1 STRESS, WHAT IS IT?

DEFINITION OF STRESS

Stress is the distance between what you're getting and what you want. If you know what you want and you're on the way to getting it, you feel fantastic.

If you know what you want and you're not on the way to getting it, you feel stressed.

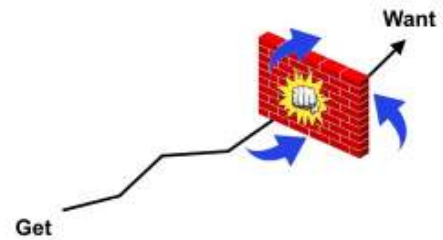
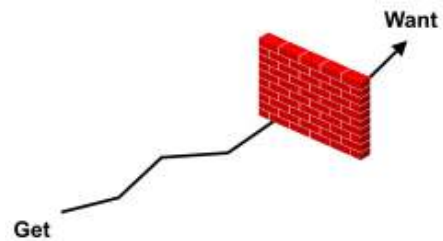
If you don't know what you want then that makes matters even worse. It leads to the stress that comes with aimlessness and having to put up with whatever comes your way.

Chances are that if there's a brick wall between what you're getting and what you want you'll become stressed.

Hitting your head against a brick wall is not a pleasant sensation.

The stress will continue to build up until you work out how to get around the wall, underneath it, over the top of it, or crash through it.

If you can manage to do that and get what you want you'll feel absolutely fantastic.



THE EPIDEMIC

There is an epidemic of dysfunction of the mind. The number of people who are anxious, sad and depressed is increasing at a dramatic rate. If you want less stress in your life, do what unstressed people do.



If you experience these symptoms, sit back for a moment and think, 'What do I need to do to fix up the cause of my stress?' Of course, for many people, the great stress of life comes from not knowing what they want and having to put up with what they're getting.

Stress is the distance between potential and achievement. You can be pretty certain you'll start feeling stressed when your Self comes to an understanding that you are not achieving your full potential as a human being.

Chances are you've put up the brick wall yourself. The good news is that if you've put up the brick wall there's a good chance you can fix the problem yourself. You may well need some help to do that. Changing old thought patterns and gaining a new perspective on life can be a tough assignment.

We feel distressed when

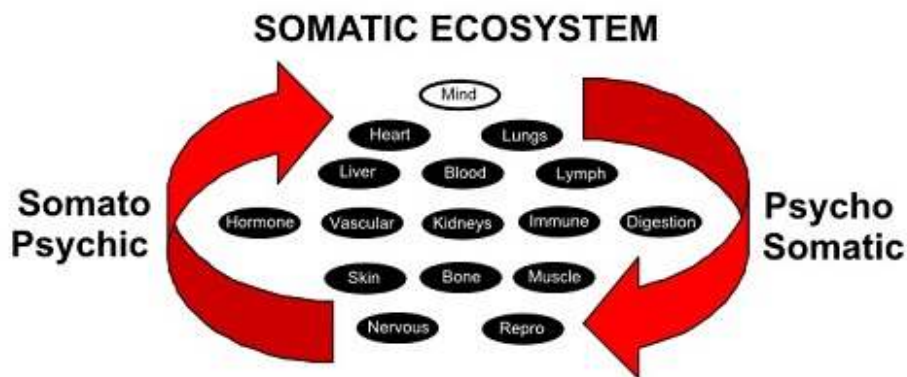
- we're not getting enough - of the things we want
- we don't have a clear idea of what we really want out of life
- there is a gap between potential and achievement
- there is an imbalance between the demands of life and our capacity to deal with them
- when we're not giving enough back to our *Self*.



GIVE BACK TO YOUR *Self*

Stress is the rebellion of the *Self* against lack of attention.

Stress is a general health problem, not just a mental health problem. Just because the brain appears to be outside the place where other key body organs are housed, doesn't mean it is not intimately connected to the rest of the organs that combine to keep the body working at an optimal level.

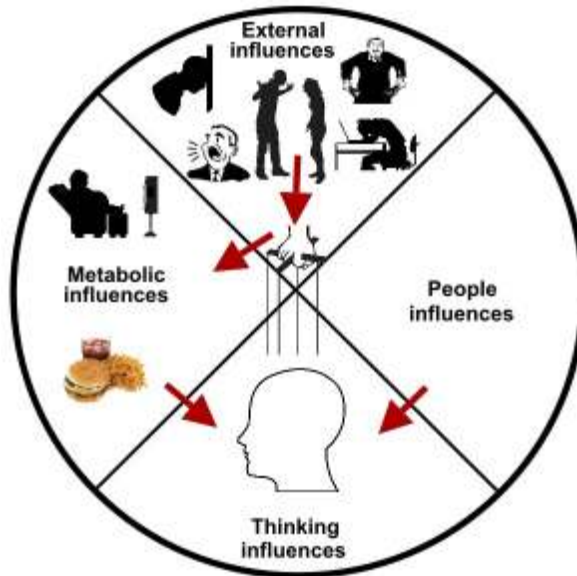


When it comes to stress, it's a toss up working out how much is related to:

1. our external environment – work stress, domestic discord, bullying, financial stress ...
2. a decline in general metabolic dysfunction that affects brain chemistry due to
 - nutritional insufficiency
 - low levels of aerobic fitness.
3. our inability to harness, develop and direct our thinking so that it leads us in the direction of the good life
4. our lack of close and meaningful relationships with other people.

Simply focusing on what is commonly termed 'mental health' misses the point. Stress is a multi-factorial state. While the sources of stress are legion, they can be grouped as outlined in the following diagrams.

The stressed state



The unstressed state



If stress is a symptom of a system problem – and not a localized problem centred in the brain – the problem needs a system fix.

There are a range of influences:

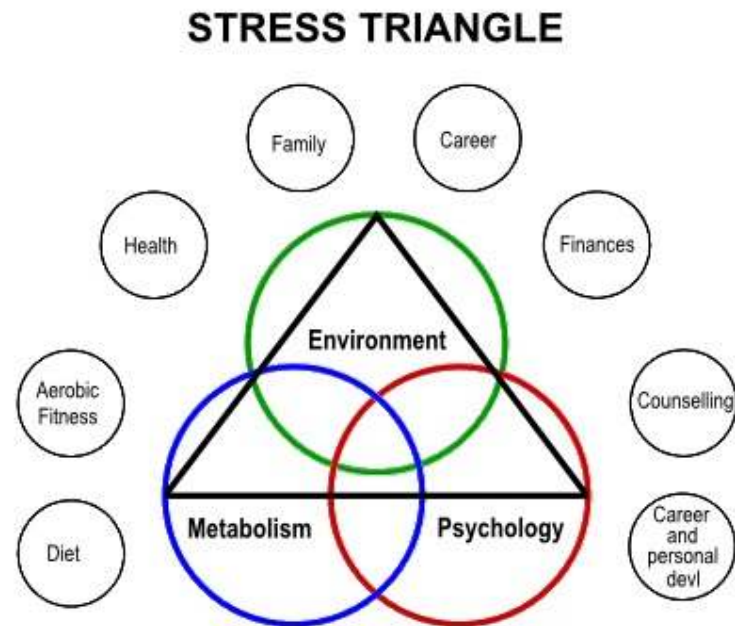
- those that are external to us
- Treating mental health as being intimately related to metabolic health
- our ability to think clearly about what we want and how we aim to get it
- our ability to build close and supporting relationships with other people.

This being the case it is quite unlikely that stress, anxiety and depression are caused by a lack of selective serotonin reuptake inhibitor.

The greatest weapon against stress is our ability to choose one thought over another.
William James

3.2 TREATMENT OF STRESS

If we presume that stress is generated by a range of factors, then the treatment must address those factors.



If stress is generated by the work environment, see what can be done to change the work environment. If it can't be changed the person who is stressed will have to change, or go and work somewhere else. James Rohn said, '*Things change when you change: things get better when you get better.*'

If stress is generated by metabolic dysfunction it needs to be treated with diet and exercise. It's hard to say, 'I feel fantastic' when you're under a metabolic cloud.

If stress is being generated because people lack resilience or personal development, they need to be involved in personal and career development programs.

If stress is being generated by work overload, reduce the workload.

If stress is being generated by poor management, educate the manager or change the manager.

If stress is being generated by bullying, educate the bully. If bullying persists ...

We recommend an holistic, Pro-Active Rehab approach to stress management that addresses issues raised in our model.

People can't be left to lie on the couch hoping they're going to become less stressed. Treatment involves days of commitment to personal development, career development, counselling and fitness. They need to take their holidays and long service leave. They need to consider changing jobs.

The concept of Pro-Active Rehab means the stress rehab process must be holistic and intensive – full on – dealing with the problems at their source. It's a nonsense to expect to be able to deal with stress by going to see a counsellor once a week.

3.3

PRO-ACTIVE STRESS REHAB



1. Change your environment or move away from unhealthy environments over which you have no control.
2. Change your metabolic health – a daily supply of vigorous aerobic fitness activity trumps a day's supply of Prozac.
3. Change your thinking. Seek support and counselling to help you do this. Complete the last, live the present and create a powerful future for yourself.
4. Connect and develop meaningful relationships with people you like.

The Pro-Active Rehab approach to stress management includes both a metabolic health component and a mental health component. As we've mentioned earlier, what's going on inside the head is intimately connected to what's going on in other key body systems. They interact with one another.

We treat stress as a system problem. The theory is that if you treat the system, the parts will look after themselves.

THE METABOLIC AND MENTAL HEALTH DEFRAGS

If you use a computer analogy, if you want to lower your level of stress you need both a metabolic health and mental health defrag.

Prior to a computer defrag, an analysis of fragmented files looks like this:



After the defragmentation process, an analysis of the files looks like this:



If there was a similar process to 'defrag' your own body, how much better would you feel?

Well there is. The metabolic health defrag involved vigorous aerobic exercise and if it comes in the right dosage you'll feel better.

In fact if you maintain your exercise regime over the years and age 70 will be the new 40.

The mental; health defrag involves counselling and personal development training, helping to re-calibrate thoughts that are 'all over the place'.

If people are stressed we recommend that they adopt a Pro-Active Rehab approach to taking charge of their life.

THE PRO-ACTIVE REHAB STRESS FORMULA

- First, put yourself in the hands of an expert holistic counsellor, someone who understands how both the mind and the rest of the body work, who deals with stressed people all the time and who can guide you in the direction you want to go. If you're in a stress mess understand that the chances of dragging yourself out of it by your own strength and willpower will be quite remote.
- Book yourself into for a weekly appointment and sign up for twelve weeks.
- Book yourself into a weekend personal development course.
- Clean up. First of all clean up your environment - your bedroom, your kitchen your house, your garden, your car your office ... Before you go to work make your bed and clean up the kitchen. There's nothing worse than coming home to an untidy house. If you have to go in on the weekend to clean up your office, just do it. Throw out stuff you don't need. De-clutter your life – and your brain!
- Exercise on a regular and systematic basis. Get into the habit of exercising with aerobic vigour for at least 30 minutes a day to burn off stress chemicals and release 'feel good' endorphins. The best time to do it is before work. Do you play sport? The benefits are legion.
- Eat wisely but not too well.
- Meditate. Take up Tai Chi or yoga. That will introduce you to the concept of slow.
- Distract yourself from busyness, misery and work. Nothing will get better until you set aside more time for yourself. You won't find more time until you set aside more time. Program yourself.

But there's plenty else to do as well, and once again, this list is 'as long as your arm'.

- Look inwards as well as outwards for the solution to your distress.
- Complete the past.
- Live life in the present.
- Create a vision for your future. Work out what it is you really want out of life. Live life as if it matters.
- Set goals. Write them out. Share them with someone. Paste them into your diary.
- Plan each day the night before.
- Make a realistic assessment of the commitments that need to be fulfilled quickly.
- Make an assessment of your goals and commitments in the light of everything that's going on in your life: seek the balance between work, leisure, family ... and negotiate with the people around you who matter.
- Reset your goals. Re-arrange your priorities.
- Work harder and/or smarter for a short period of time and clear the decks
- Do the work that has the highest priority at the start of the day. That doesn't include looking at emails!
- Stop over-committing yourself. Say 'No' to other people and 'Yes' to yourself.
- Extend the time you've set aside for the completion of some of your projects. Complete your unfinished projects before you start new ones.

- If your boss says 'Can you do this?' Say, 'Yes, by all means, but which of the projects I'm working on would you like me to give to someone else?'
- Watch less TV. Stop texting people – ring them up and talk to them. Read more. Listen to relaxing music.
- Don't even think of taking your phone to bed. Leave it on the charger in the back room.
- Cancel the social media apps on your phone altogether. If you want to look at what your friends are doing on 'face-ache' or twitter, access their posts on your computer.
- Have friends around.
- Do something wonderful for some-one else.
- Have a good laugh.
- Take a month off and go away. Take your long service leave and go away. What do you think long service leave is for?
- If you are a parent with young children, take a day off a week to spend time with them. If there are two bread-winners in the house there's a fair chance you can make the appropriate accommodation to your budget.
- ...

Then truth that sets people free is the truth most people don't want to hear.
Herbert Agar

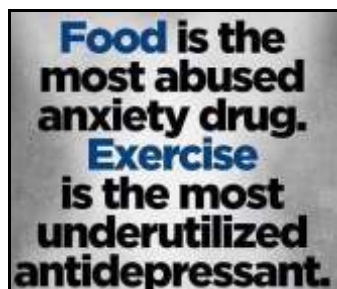
3.4 STRESS MANAGEMENT INDUCTION PROGRAM

As with musculo-skeletal health we believe organisations have to make sure their staff complete a range of stress management programs. Once again it's a 'no ticket, no start' obligation.

Miller Health has five stress specific seminar programs designed to heighten the awareness of what people can do to better manage the stress of their life and their careers:

- Work-Life Balance – 2 hours
- How to Relax – 1 hour
- Seven Habits of Fit and Healthy People – one day
- How to Manage Stress – 1 day
- Integral Personal Development Program – 3 days

Managers also need a mandatory stress management training course so they know how to reduce stress in the workplace and deal with it when it occurs.



3.5

EXCLUSIONS FOR STRESS AND BULLYING



The best thing organisations and their insurers can do to protect their workers compensation arrangements is to tell their staff,

'We don't do stress claims. If you're stressed talk to us about it and we'll see how we can help you – regardless of whether its work, home or yourself that's the cause of the stress.'

How much 'stress' is due to what's happening at work and how much is due to what's happening outside of work is anyone's guess. Just make sure the workplace and the work are not stressful.

If stress is being generated by poor management practices, change the management practice and/or the manager.

If stress is being generated by bullying, stop the bullying. When it comes to bullying some people are incorrigible. They can't help themselves. Stamping out bullying sometimes means stamping out bullies.

If it's being generated by over work, change the work practice – ensure people work reasonable hours, that they are taking their holidays and long service leave. It would be a strange state of affairs that a person receiving a \$400,000 payout for a stress claim was working 60 hours a week, never spoke to their managers about their stress was owed 10 weeks annual leave, had never taken long service leave, never attended a career development or personal development program, was a metabolic time-bomb and hadn't made use of the employer assistance program.

In order to maintain their sanity, some people at some stages in their lives could be encouraged to work fewer hours each day or less days per week. In particular we need to be mindful of the particular stress that young mothers are under. Many have a shift before work, a shift at work, a shift after work and the graveyard shift.

Managers have to manage. If staff under their care are stressed, a question about the manager's management skills needs to be raised.

If stress is being generated because people lack resilience or personal development, encourage them to become involved in personal and career development programs. A few hundred dollars spent on sending some-one to a personal development program may save thousands of dollars while they're inside the workers compensation tent.

Encourage staff to avail themselves of employee assistance help and counselling.

Most people volunteer for the job they are currently in. If people are stressed because they are in the wrong job, encourage them to seek the right job. In our surveys a sizable proportion of people don't know what they want to do. They end up in a job that sucks all vitality out of them.

On average over 25% of people say they're under-appreciated at work. There's no excuse for that.

The exception to the 'No Stress Claims' rule, is people in professions that are likely to generate post traumatic stress – like emergency services, police, defence forces ...

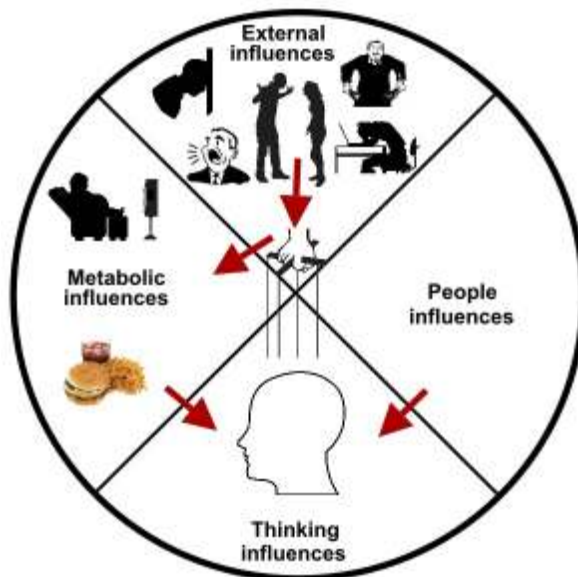
3.6

CLINICAL DEPRESSION

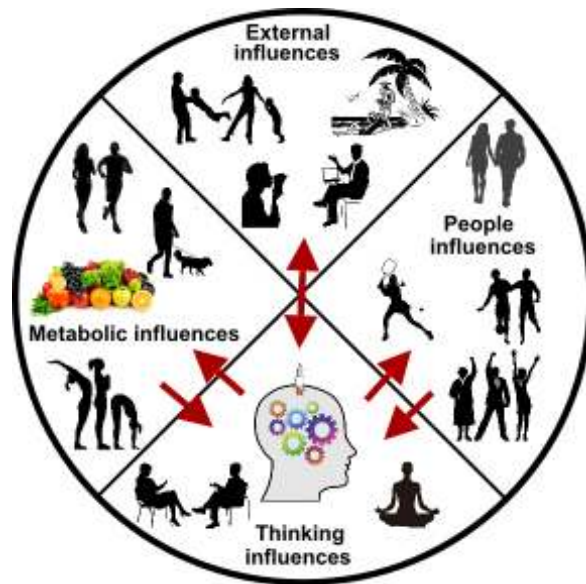


People become depressed in all manner of circumstances. If we regard depression as an acute stress-related condition, it is doubtful whether it can be attributed solely to the workplace, any more than piles or high blood pressure. Here's the stress model again. It stands as a useful model to diagnose the cause of and the prescription for the treatment of depression.

The depressed state



Good mental health



If we regard depression as a symptom of metabolic dysfunction then that's a personal matter. It's hard to judge how much the work environment contributes. Chances are it's a personally-generated body system dysfunction.

Work gets blamed because it's an easy target. However, if it's a whole-of-body problem, a whole of life problem, a metabolic health problem – then it's not a work problem.

Any medically-supervised (chemical) treatment program for people who are depressed needs to be accompanied by intensive counselling, personal development, a change of diet, nutritional supplementation, daily, vigorous aerobic physical activity, sick leave, holidays and long service leave.

Any medical diagnosis needs to track down the cause of a change in brain chemistry – if in fact there is one.

How much of the depressive condition is attributed to factors relating to a person's work is open to conjecture. Because of the multi-factorial nature of the condition, it is doubtful that it is a workers compensation issue.

Nevertheless, from an organisational point of view, sick leave, holiday leave, long service leave, coupled with a metabolic health program and personal and career development counselling should be the contribution the organisation can make toward successful rehabilitation.

3.7

SICKIES



Excessive unplanned sick leave is an indicator of

- poor management
- people being in the wrong job - in which case they should be encouraged to start training up and looking for the job they'd really like to be doing.

An average of more than 4 days unplanned absence is a sign of a toxic work culture. It's unsustainable. It's become an acceptable version of theft!

Tell your staff:

'We don't do sickies.'

As an organisation we will always stand by our staff who need to spend time away from work getting over a bout of sickness. That's what sick leave is for.

We are not in the position to give everyone an extra two week's holiday a year for unplanned absences.

A significant proportion of people use most of their allocated sick leave each year.

This means they don't have a bank of weeks up their sleeve when an emergency comes along.

People who are healthy and happy in their jobs take an average of 4 days off a year. This is the average we'd like to aim for across our organisation. Many people take less than 2 days off a year.

All change happens twice: first in your mind and second in reality.

4.**PROFILES OF HEALTH**

You can measure the risk of a toxic corporate culture.

The next 6 pages contain three of our **stress assessment profiles**:

- Health Climate Survey
- Career Satisfaction
- Stress Management

Each profile is followed by two pages, one with the graphic results of a call centre, the other other a bustling, vigorous government enterprise unit.

We've included metabolic health, fitness and fit-for-work profiles in the mix. An assessment of physical fitness will also provide clues to the nature of the corporate culture. People who are fit and healthy and happy in their family and work life don't take sickies. Health assessments where passive readings of blood pressure, glucose and cholesterol are taken miss the point. It's fitness that counts. It's one of the best measures of self-regard and vitality.

By and large the results of the two groups, call centre staff and enterprise unit staff are markedly different.

With respect to the stress profile, more people from the call centre aren't doing the things that unstressed people do.

They take an average of 14 days (three weeks) off in unplanned leave.

With respect to career satisfaction, the call centre staff acknowledged that they were well paid and that they liked their work colleagues.

BUT, a high proportion of them didn't know what they really wanted to do. They didn't believe they were receiving good feedback from their boss.

Too many found the work stressful. Call centre work *is* stressful and repetitive. You need a special personality to thrive on this type of work. Customer who've had to wait a long time and been put through an endless series of menus can be difficult customers to deal with.

Call centres have become the satanic mills of the 21st century and unless they are exceptionally well managed they can become hell holes. Hence the sickies.

Our recommendation is that call centre staff are employed for 8 hours a day, with 7 hours direct contact and one hour spent on structured diversionary activities:

- strength exercises
- 4 minute tai chi
- walk around the building
- flexibility exercises
- relaxation audio ...

BUT, it has to be **structured** and **mandatory**. Otherwise people become stressed and take days off.

People in the enterprise unit were highly motivated and enjoyed their jobs. They loved their boss.

4.1

HEALTH CLIMATE SURVEY

Circle the number appropriate to the degree to which you experience the symptoms on the left hand side of the page. The greater the symptom, the higher the score. Total the score at the bottom of the page.

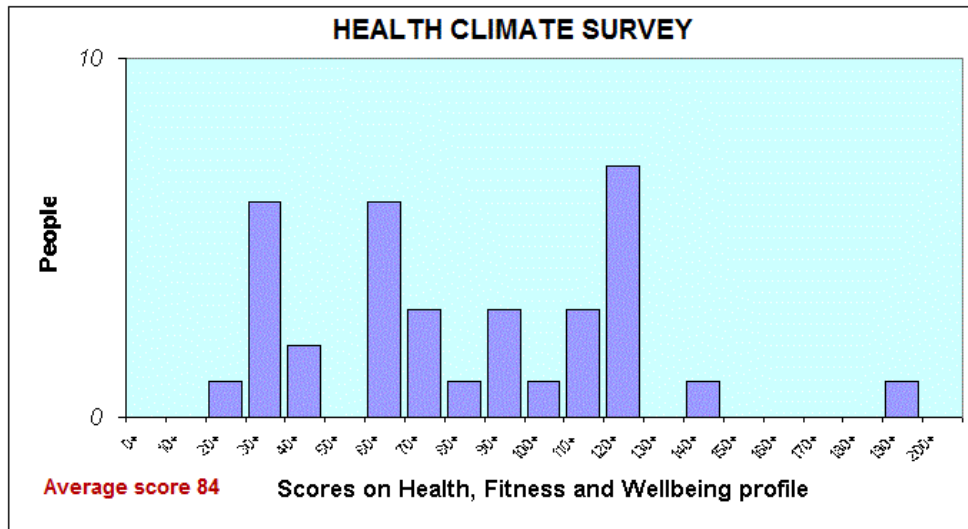
	None	Not much	A fair bit	A lot							
1. Headaches (including migraines)	0	1	2	3	4	5	6	7	8	9	10
2. Lack of energy and vitality	0	1	2	3	4	5	6	7	8	9	10
3. Candida - jock itch, thrush, tinea, furry tongue	0	1	2	3	4	5	6	7	8	9	10
4. Poor sleep. (Score 10 if on medication)	0	1	2	3	4	5	6	7	8	9	10
5. Snoring and/or sleep apnoea (Use gas mask, score 10)	0	1	2	3	4	5	6	7	8	9	10
6. Musculo-skeletal dysfunction: joint and muscle pain	0	1	2	3	4	5	6	7	8	9	10
7. Frequent colds, flu and sinus	0	1	2	3	4	5	6	7	8	9	10
8. Unsettled stomach, reflux. (If on medication score 10)	0	1	2	3	4	5	6	7	8	9	10
9. Overweight - 1 point for every 2Kg overweight	0	1	2	3	4	5	6	7	8	9	10
10. Irritable bowel, constipation, diarrhoea, piles ...	0	1	2	3	4	5	6	7	8	9	10
11. Shortness of breath from asthma	0	1	2	3	4	5	6	7	8	9	10
12. Low level of fitness*	0	1	2	3	4	5	6	7	8	9	10
13. Chest pain, palpitations	0	1	2	3	4	5	6	7	8	9	10
14. Rashes, zits, skin outbreaks, psoriasis, itchy skin	0	1	2	3	4	5	6	7	8	9	10
15. Mouth ulcers, cold sores ...	0	1	2	3	4	5	6	7	8	9	10
16. Elevated blood pressure (Score 10 if on medication)	0	1	2	3	4	5	6	7	8	9	10
17. Elevated blood cholesterol (Score 10 if on medication)	0	1	2	3	4	5	6	7	8	9	10
18. Elevated blood glucose (Score 10 if on medication)	0	1	2	3	4	5	6	7	8	9	10
19. Shakes, nervous tics and mannerisms	0	1	2	3	4	5	6	7	8	9	10
20. Grinding teeth	0	1	2	3	4	5	6	7	8	9	10
21. Drinking too much alcohol (2 points per drink/day)	0	1	2	3	4	5	6	7	8	9	10
22. Smoking too many cigarettes (1 point per cigarette per day)	0	1	2	3	4	5	6	7	8	9	10
23. Drinking too much caffeine (1 point per cup per day)	0	1	2	3	4	5	6	7	8	9	10
24. Anxious about life, insecure, apprehensive about the future	0	1	2	3	4	5	6	7	8	9	10
25. Are you depressed? (Score 10 if on medication)	0	1	2	3	4	5	6	7	8	9	10
26. Are you in the wrong job?	0	1	2	3	4	5	6	7	8	9	10
27. Do you feel under-appreciated at work?	0	1	2	3	4	5	6	7	8	9	10
28. Do you have a poor work/life balance?	0	1	2	3	4	5	6	7	8	9	10
29. Are you unhappy with your family life?	0	1	2	3	4	5	6	7	8	9	10
30. Are you unhappy with your financial status?	0	1	2	3	4	5	6	7	8	9	10

TOTAL

The score of a fit and healthy human being is less than 20. Less than 40 is acceptable. Over 40 and the 'background noise' starts to build up. Over 80 and the level is high. We frequently see organisations where the average score is over 80. Over 100 and the noise is deafening. Productivity is seriously in decline.

4.2 CALL CENTRE HEALTH CLIMATE SURVEY RESULTS

A good score is a low score.



Based on scores received in the Health Climate Survey we've ranked the most pressing symptoms, issues and concerns – above 10% of people.

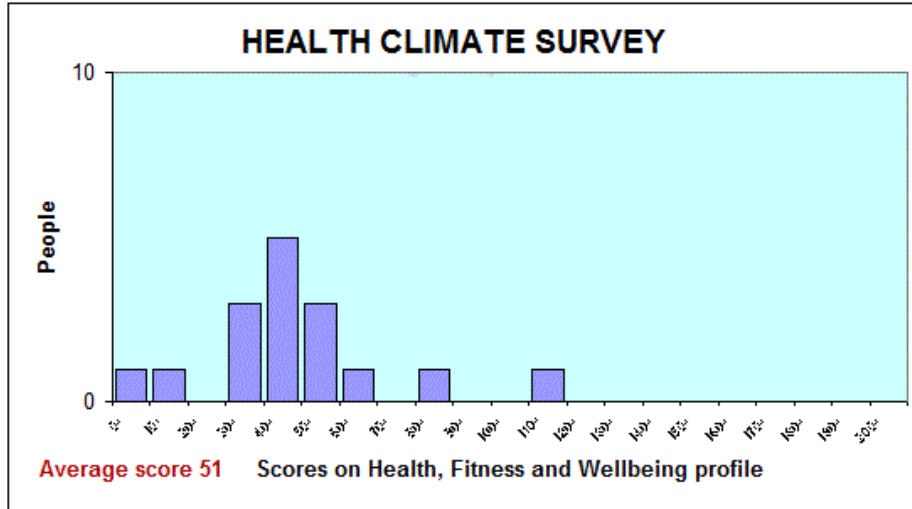
Symptoms/issues/concerns	% of people scoring over 5
Poor sleep	63
Lack of energy	54
Wrong job	54
Musculo-skeletal dysfunction	51
Fitness	51
Overweight – by more than 10Kg	46
Under appreciated at work	46
Snoring	43
Under appreciated at home	37
Smoking	34
Crook gut	31
Too much alcohol	31
Anxious	31
Insecure	31
Depressed	31
Unhappy family	29
Colds and flu	20
Irritable bowel	20
Headaches	17
Grinding teeth	17
Caffeine	17
Shakes	14
Candida	11
Chest pain	11

4 people were on anti-depressant medication and 2 people were on blood pressure medication.

4.3

ENTERPRISE UNIT HEALTH CLIMATE SURVEY RESULTS

A good score is a low score.



HEALTH CLIMATE SURVEY

Based on scores received in the Health, Fitness and Wellbeing profile we've compiled a Health Climate Survey. Scores on each item have ranked - the higher the score the worse the problem. We added the scores for each item. The results appear in the table below.

Symptoms/issues/concerns	% of people scoring over 5
Overweight – by more than 10Kg	44
Low level of fitness	31
Crook back, sore shoulders	25
Headaches	19
Poor sleep	19
Snoring, sleep apnoea	19
Shortness of breath from asthma	19
Lack of energy	13
Elevated blood pressure	13
Elevated cholesterol	13

The person scoring over 100, 'fessed up' voluntarily, admitted he had let himself go, and was pleased to announce that his wife had organised a personal trainer as a birthday present.

Discipline is doing what needs to be done, even if you don't want to do it.

4.4 STRESS RISK PROFILE

This profile is based on the habits of unstressed people.

1. Rate your ability to manage the stress of your life. The more stressed you are the lower the score

Low			Medium				High			
0	1	2	3	4	5	6	7	8	9	10

2. Do you get a good night's **sleep**? Do you get enough sleep, do you get to sleep quickly, do you sleep like a log and wake up refreshed in the morning?

No						Yes				
0	1	2	3	4	5	6	7	8	9	10

3. What was the longest number of **consecutive days holiday** you had away from home in the last 12 months?

			7			14				21
0	1	2	3	4	5	6	7	8	9	10

4. Are you keeping yourself **fit and healthy** to the best of your ability?

No						Yes				
0	1	2	3	4	5	6	7	8	9	10

5. Is there **balance** in your life? Do you have good **distractors** that switch you off from being busy and miserable and which give you great pleasure?

No						Yes				
0	1	2	3	4	5	6	7	8	9	10

6. Do you **take time off** at lunch time to get away from your desk and get some fresh air? Score high if you exercise with vigour at lunch time.

No						Yes				
0	1	2	3	4	5	6	7	8	9	10

7. What is the average number of **hours you work** each week - if you have young children, include work-work and domestic work?

	65		60		55		50			<45
0	1	2	3	4	5	6	7	8	9	10

8. Are you good at giving back to your **Self**? Do you spend time thinking about your **Self**? Do you give your **Self** the time and attention it is craving?

No						Yes				
0	1	2	3	4	5	6	7	8	9	10

9. How many times a week do you **meditate**, for 10 minutes or more?

0		1		2		3		4		5
0	1	2	3	4	5	6	7	8	9	10

10. Are you happy with your **family** (and romantic) **life**?

Not at all						Very				
0	1	2	3	4	5	6	7	8	9	10

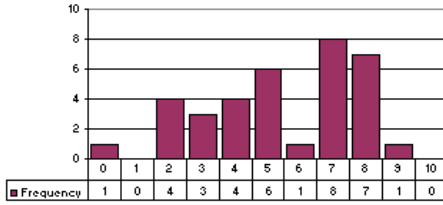
To better manage your stress, do the things that unstressed people do!

TOTAL

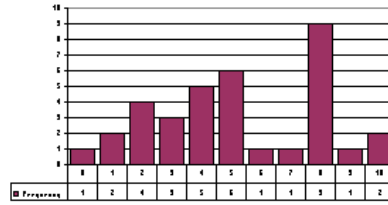
4.5

CALL CENTRE STRESS RESULTS

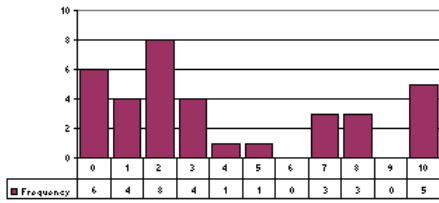
Q1. Ability to manage stress



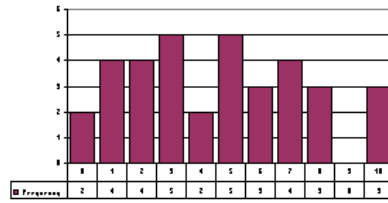
Q2. Sleep behaviour



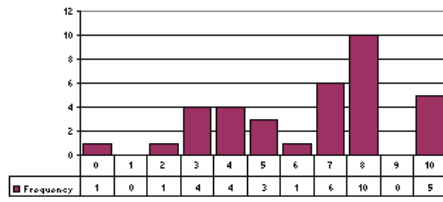
Q3. Vacation-taking behaviour



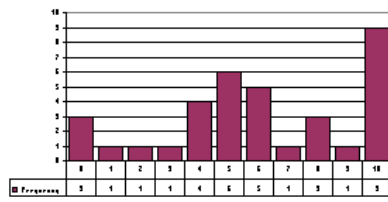
Q4. Keeping fit and healthy



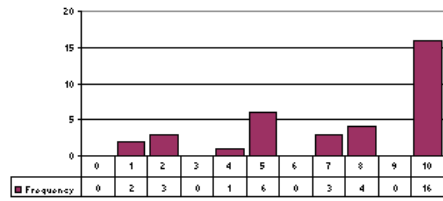
Q5. Living a balanced Life



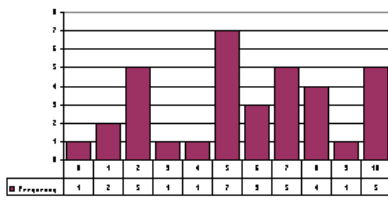
Q6. Lunch-time behaviour



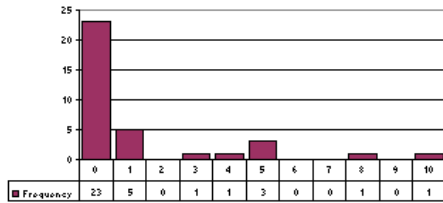
Q7. Working hours



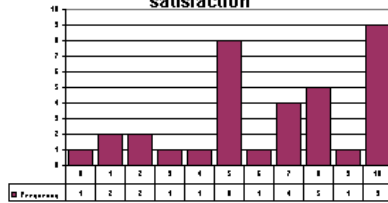
Q8. Ability to give back to Self



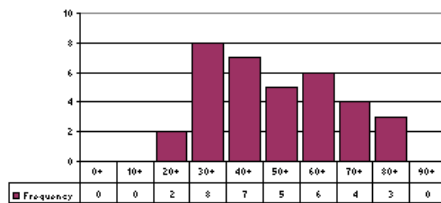
Q9. Meditation behaviour



Q10. Family and romantic life satisfaction

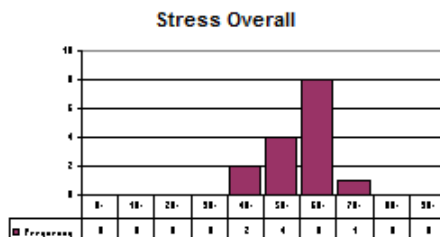
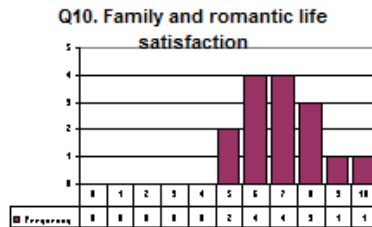
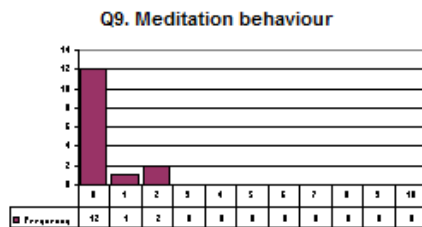
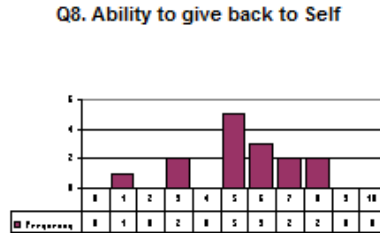
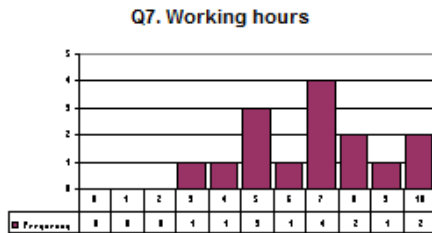
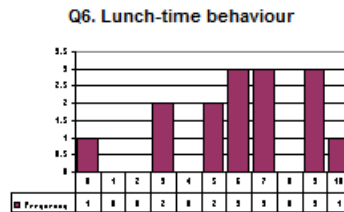
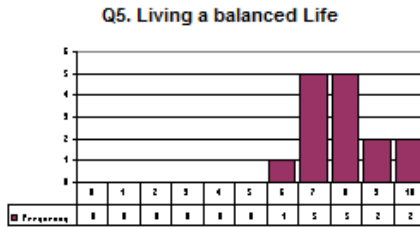
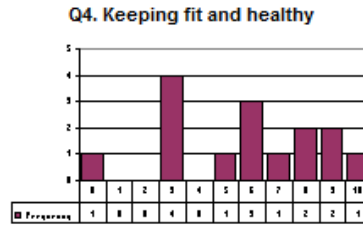
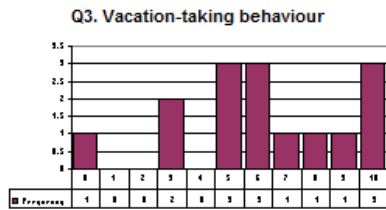
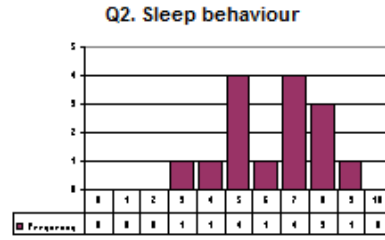
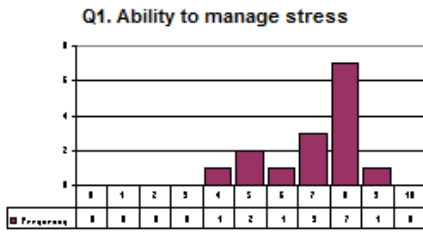


Stress Overall



4.6

ENTERPRISE UNIT STRESS RESULTS



4.7 CAREER SATISFACTION PROFILE

This profile is based on the habits of people who are in the right job and love their work

1. How close are you to doing **the job you'd really love to be doing**? This is the job you'd love to do so much you'd do it for nothing, but which you did so well you'd be paid handsomely.

Miles away. I'm there

0	1	2	3	4	5	6	7	8	9	10

2. **Are you in the right job for now?** Do you enjoy your work?

No Absolutely

0	1	2	3	4	5	6	7	8	9	10

3. How stressful do you find your job. Is it giving you life or sucking life out of you?

Sucking Giving

0	1	2	3	4	5	6	7	8	9	10

4. Are you focused on your **career options** or are you leaving them to chance?

Unfocused Focused

0	1	2	3	4	5	6	7	8	9	10

5. Do you get good feedback from your manager?

No Yes

0	1	2	3	4	5	6	7	8	9	10

6. Do you receive an appropriate **financial reward** for the work you do?

No Yes

0	1	2	3	4	5	6	7	8	9	10

7. Do you feel that you and your work are **valued** and **appreciated**?

No Yes

0	1	2	3	4	5	6	7	8	9	10

8. Do you work for an organisation that **cares** about people, including yourself?

No Yes

0	1	2	3	4	5	6	7	8	9	10

9. Do you **enjoy the company** of the people with whom you work?

No Yes

0	1	2	3	4	5	6	7	8	9	10

10. What's the level of **morale** like in your work group?

Dreadful Fantastic

0	1	2	3	4	5	6	7	8	9	10

If you want to enjoy your work, do what people who enjoy their work do.

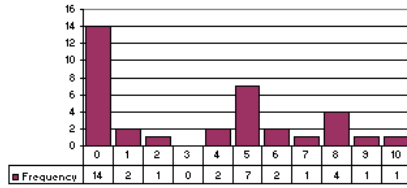
TOTAL

4.8

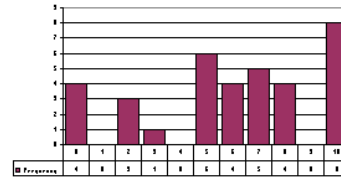
CALL CENTRE CAREER SATISFACTION RESULTS

A good score is a high score.

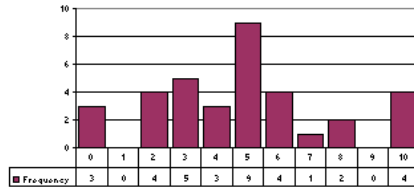
Q1. Closeness to ideal job



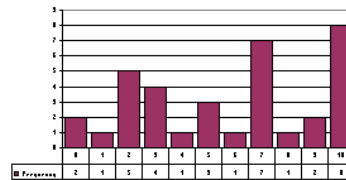
Q2. Current job satisfaction



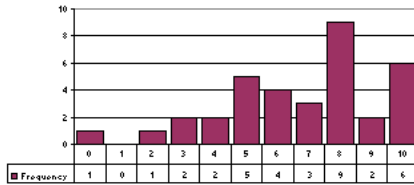
Q3. Work stress



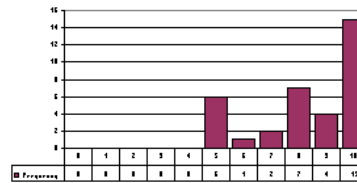
Q4. Focus on career Options



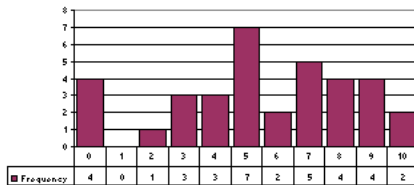
Q5. Feedback from manager



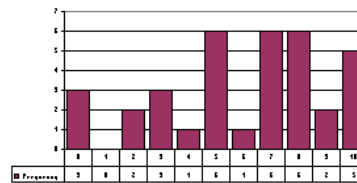
Q6. Financial reward satisfaction



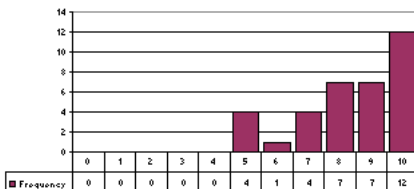
Q7. Feel valued and appreciated



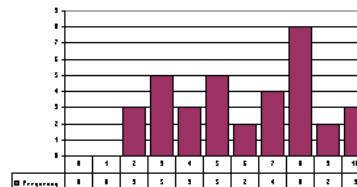
Q8. Work for a caring organisation



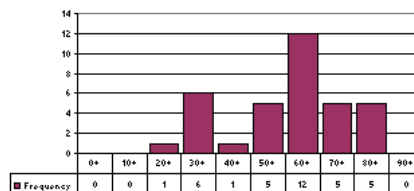
Q9. Enjoy company of workmates



Q10. Morale of workgroup

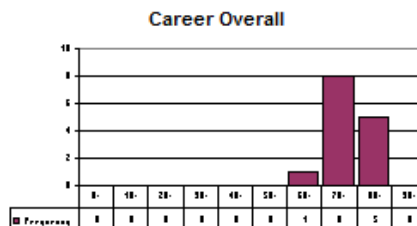
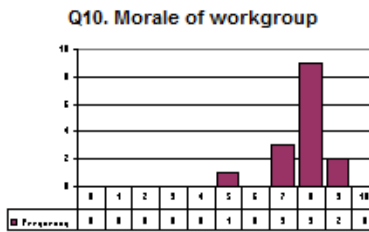
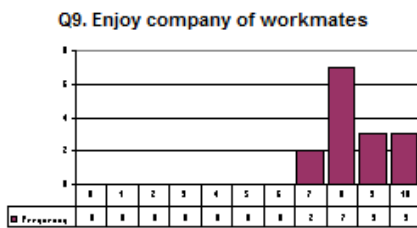
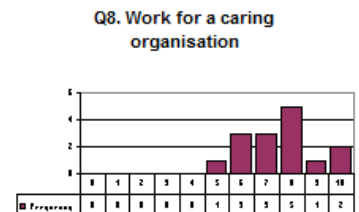
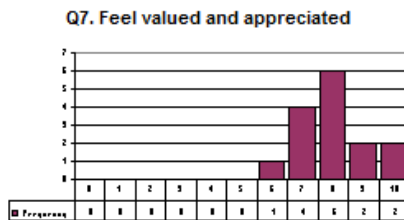
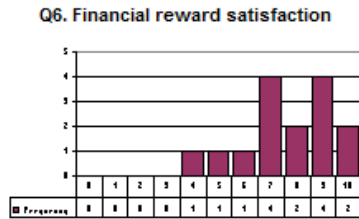
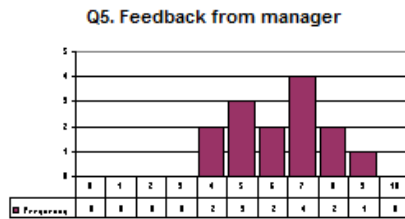
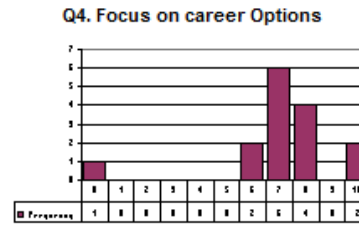
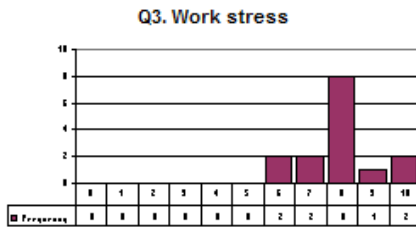
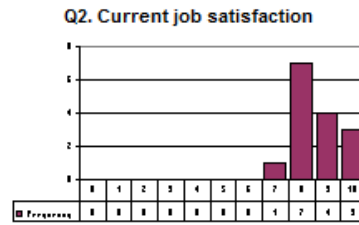
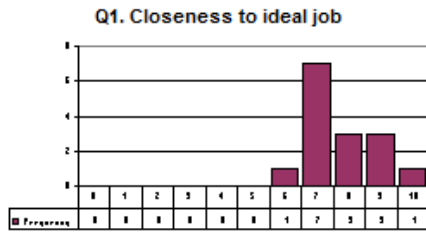


Career Overall



4.9 ENTERPRISE UNIT CAREER SATISFACTION RESULTS

A good score is a high score.



4.10

FITNESS PROFILE

1. Are you keeping yourself **fit and healthy** to the best of your ability?

No Yes

0	1	2	3	4	5	6	7	8	9	10

2. The body is an ecosystem. What was your score on the **Health, Climate Survey?**

>120	110	90	80	70	60	50	40	30	20	<20
0	1	2	3	4	5	6	7	8	9	10

3. **Fatness.** How close are you to being your **ideal weight**? Scores based on the number of kilos of body fat over what you consider to be your ideal weight.

Current weight Ideal weight Percent body fat

Kg over ideal wt	<5	<10	<15	<20	<25	<30	<35	<40	<45	>45
% fat men	<15	<20	<25	<30	<35	<40	<45	<50	<55	>55
% fat women	<20	<25	<30	<35	<40	<45	<50	<55	<60	>60
	3	4	5	6	7	8	9	10		



4. **Lower body strength – squat**

How many full squats can you do. Bottom must get as close to your heels as possible. Use a heel raise if you need to.

<7	7	10	15	20	25	30
0	4	5	6	7	8	9



5. **Abdominal strength – sit-ups – feet held**

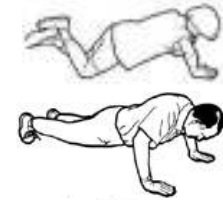
<7	7	10	15	20	25	30
0	4	5	6	7	8	9



6. **Upper body strength – press-ups.**

Men on toes, women on front of thighs.

<7	7	10	15	20	25	30
0	4	5	6	7	8	9



7. **Flexibility – sit and reach**

In a sitting position, with feet outstretched in front of you, see how far down past your toes you can reach with your fingers. Keep your knees straight.

Can't touch	Fingers	Palm	Wrist
0	4	5	6



8. **Ability to sit up straight**

With legs crossed and hands clasped behind your back, see if you can sit up straight. Falling backwards on one or both sides scores 0. If you can only just sit up without falling over score 5.

Fall over	Barely	Just	Perfect
0	5	6	7



9. **Aerobic fitness – how many 20m laps can you run in 5 minutes.**

<22	22	24	26	28	30	32	34	36	38	40
0	1	2	3	4	5	6	7	8	9	10



10. **Aerobic Training sessions per week – of at least 30 minutes with heart rate over 120.**

		1		2		3		4		5
0	1	2	3	4	5	6	7	8	9	10

Total

4.11 METABOLIC HEATH PROFILE

The metabolic health profile targets the symptoms of metabolic dysfunction.

1. What was your score on the **Health, Fitness and Wellbeing profile?**

High	>120	120	100	80	70	60	50	40	30	20	Low	<20
	0	1	2	3	4	5	6	7	8	9		10

2. **Body Composition.** Are you about your **ideal weight**? Scores based on number of kilos of body fat over what you consider to be your ideal weight.

No	>20	<20	<18	<16	<14	<12	<10	<8	<6	<4	Yes	<2
	0	1	2	3	4	5	6	7	8	9		10

Scores based on percent body fat

M	>40	<35	<30	<28	<26	<24	<22	<20	<18
W	<45	<45	<40	<38	<36	<34	<32	<30	<28
	0	3	4	5	6	7	8	9	10

Current weight Ideal weight Percent body fat
 A reasonable % body fat for men is less than 20 and for women less than 30.

3. **Blood Glucose level** - mmol/l Preferably fasted. Score 0 if on medication.

Poor	>10	<10	<9.0	<8.5	<8.0	<7.5	<7.0	<6.5	Good		Less than 6
	0	1	2	3	4	5	6	7			10

4. **Cholesterol level** (Preferably unfasted) - mmol/l

Poor	>8.5	<8.5	<8.0	<7.0	<6.5	<6.0	<5.5	<5.0	<4.6	<4.3	Good	<4
	0	1	2	3	4	5	6	7	8	9		10

5. **Blood pressure - systolic**/ (The higher figure.)
 Normal is 120 for men and 110 - 120 for women. Score 0 if on medication.

Poor	>160	<155	<150	<145	<140	<135	<130	<125	Good	<120
	0	3	4	5	6	7	8	9		10

6. **Blood pressure - diastolic**/ (The lower figure.)
 Normal is 80 for men and 70 - 80 for women. Score 0 if on medication

Poor	>100	<100	<97	<94	<90	<87	<84	Good	<80
	0	4	5	6	7	8	9		10

7. Do you **smoke**?

If 'yes' score zero. If 'no', score 10.

NO YES

8. **Aerobic fitness** 5 minute, 20m lap run. Laps

Poor	<22	22	24	26	28	30	32	34	36	38	Good	>40
	0	1	2	3	4	5	6	7	8	9		10

 X 3

A score below 70 is an indication of risk of metabolic dysfunction.

TOTAL

Any score below 7 can be regarded as a 'strike' against you.

Your metabolic health risk factor score can be improved dramatically with regular, vigorous physical activity, eating from the top of the Hourglass and meditation. If you are at high risk we suggest you pay a visit to your fitness practitioner, naturopath or physician. Of course an estimate of low risk may not mean you are immune from metabolic dysfunction!

Your metabolic health risk is assessed as

- **Low:** over 70
- **Medium:** between 50 and 70
- **High:** less than 50

4.12

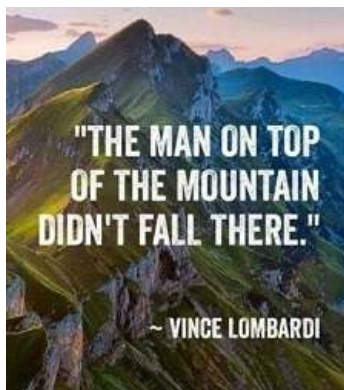
UNIVERSAL Fit-for-Work FITNESS TEST



Squat – maximum consecutive number of times you can squat down so your backside is midway between your knees and ankles and stand-up (straight).	Situps - maximum consecutive number - feet held, arms crossed, hands clasping opposite shoulders, coming up so elbows touch the knees, upper back (not head) 'hitting' the ground.	Pressups - maximum consecutive number - men on toes, women on front of thighs.	Arm Hang – number of seconds	20m run How many times can you run between two lines 20m apart in 5 minutes? One foot must go beyond the line at the end of each lap

Your award is based on the lowest score you achieve for any parameter.

Level	Award	20m run - laps		Pressups	Situps	Squats	Arm hang (secs)		% body fat		Award
		Men	Women				Men	Women	Men	Women	
10	Platinum	55	52	70	70	70	100	80	<14	<24	
9	Diamond	53	49	60	60	60	80	60	<16	<26	
8	Ruby	50	46	50	50	50	60	50	<18	<28	
7	Emerald	45	43	40	40	40	50	40	<20	<30	
6	Gold	40	38	30	30	30	40	35	<22	<32	
5	Silver	38	36	25	25	25	35	30	<24	<34	
4	Bronze	36	34	20	20	20	30	25	<26	<36	
3	Green	32	30	15	15	15	25	20	<28	<38	
2	Amber	26	24	10	10	10	20	15	<30	<40	
1	Red	22	20	<10	<10	<10	10	10	<35	>45	
0	Black	<22	<20	<5	<5	<5	<10	<10	>35	>45	



5. RESOURCES - programs - assessments - books – audios - videos



The typical 'have chat and grab a prescription' approach to managing workers compensation is last years.

Organisations need regular mandated courses, back up by resources that people can use to evaluate their current position and keep themselves in work-fit condition.

Miller Health has a wide range of resources to accompany its health, fitness and wellbeing programs.

OUR PROGRAMS

<http://www.millerhealth.com.au/programs/index.htm>

OUR ASSESSMENTS

<http://www.millerhealth.com.au/assessments/index.html>

OUR BOOKS

A selection of our ebooks and audio files can be found on these links

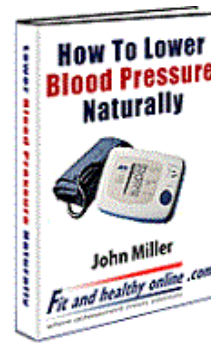
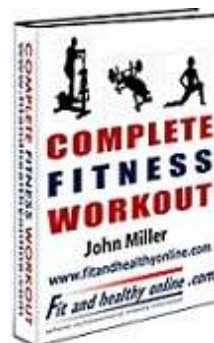
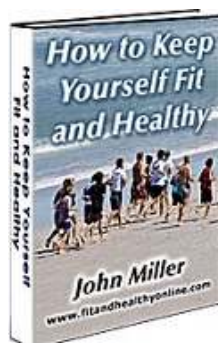
<http://www.fitandhealthyonline.com/ebook-shop>

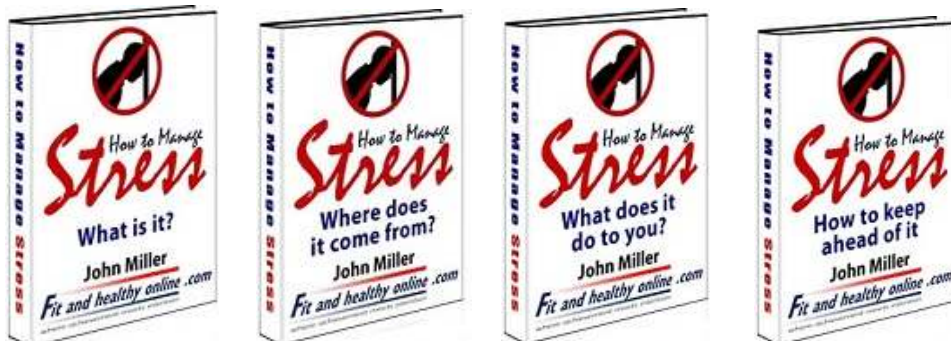
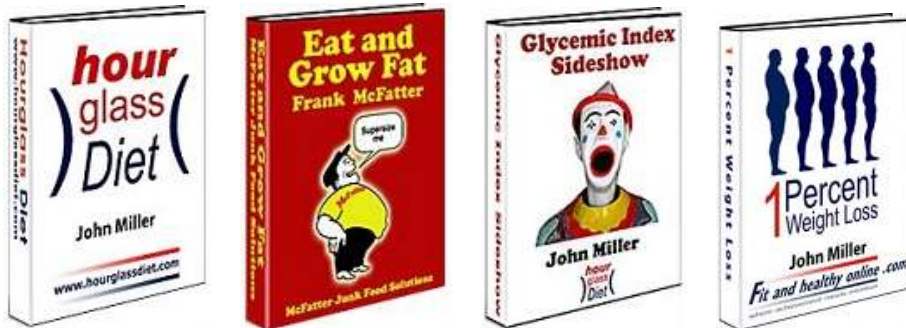
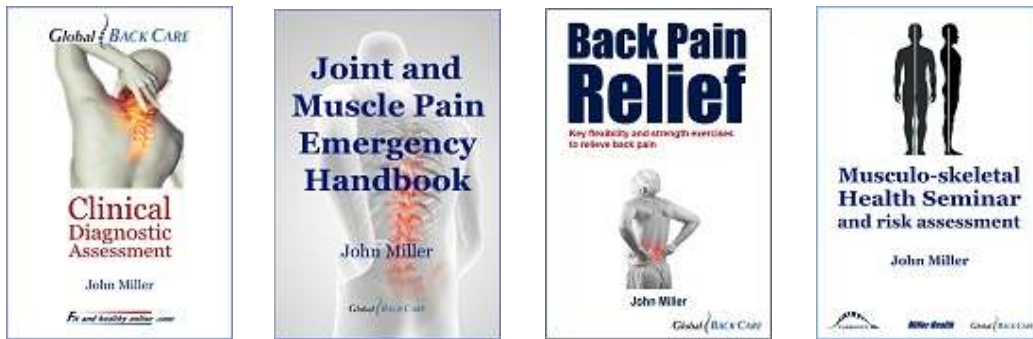
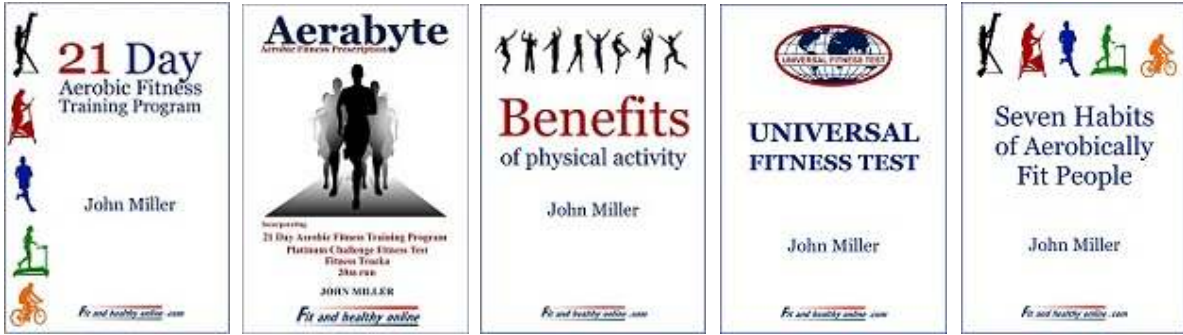
<http://www.globalbackcare.com/>

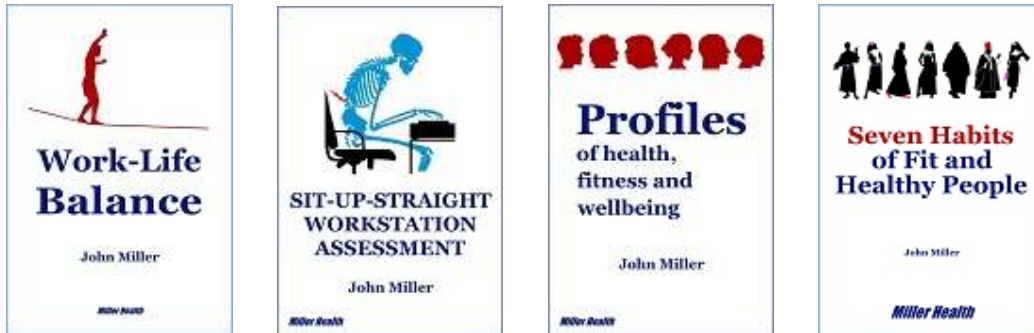
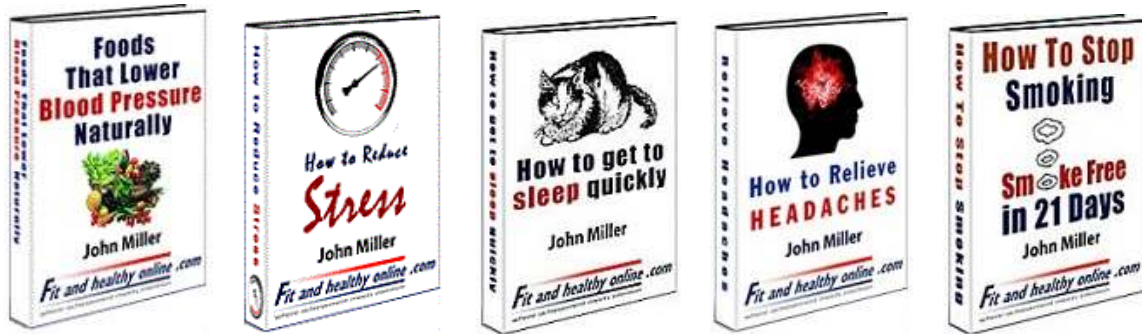
<http://www.hourglassdiet.com/>

<http://www.completefitnessworkout.com/>

<http://www.pro-activerehab.com/>



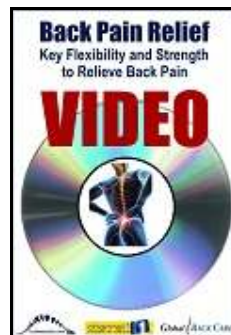




AUDIO FILES



VIDEO



6.**SUMMARY****PERSONALLY-GENERATED TWINGES AND PANGS**

Our thesis is that Australian workers compensation arrangements have segued from an insurance designed to cover the rehabilitation costs for people who have been accidentally injured at work into an open slather for anyone experiencing a twinges, or pangs that

- a. are personally generated
- b. which people in good physical and mental condition don't get
- c. which most people accept responsibility for themselves.

The basic fallacy underpinning many claims is

'I work.

I have a twinge or pang.

Therefore my work must be the cause of the twinge or pang.

Therefore my employer must pay for any rehabilitation treatment or financially compensate me.'

The logical extension of this argument is that if anyone has a twinge or pang – and works - they are welcome to put their hand out.

Most people put up with twinges and pangs and either treat themselves or pay from treatment administered by other people.

To cut a long story short, employers are exposed to huge risks to their bottom line by nefarious, dodgy and outrageous claims.

NOMENCLATURE

In its current form 'workers compensation' is inappropriately named. We believe 'workers compensation insurance' needs to be changed to 'workers accident insurance'.

The word 'compensation' fuels all manner of speculation on what sort of claims people can submit.

Simply put: if you're injured has the injury been cause by an accident or an incident or has it been personally-generated?

Strictly speaking, any insurance where premiums are not rated against risk is not a genuine insurance. Workers compensation insurers act more like escrow agents rather than insurers.

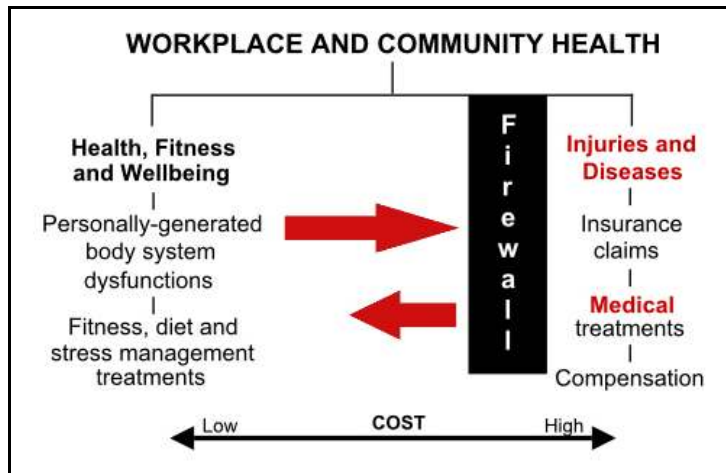
Because they're not betting with their own money it doesn't matter to insurance organisations which claims they accept.

Sooner or later it is the employer who ends up paying the bills. Next year's premiums and premiums into the future are increased to pay for last year's treatments.

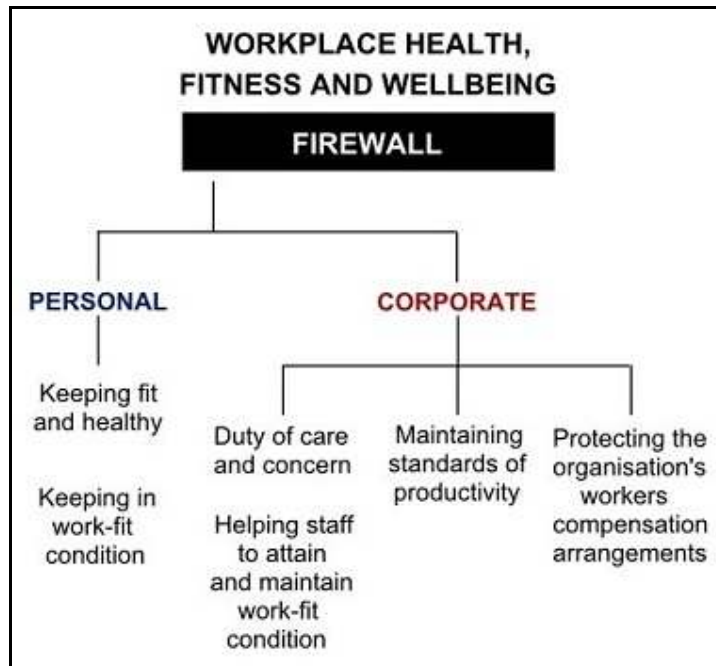
THE WORK HEALTH AND SAFETY FIREWALL – organizational management of risk

If workers compensation insurers are not rating premiums against risk, then organisations have to put in train a mechanism to manage risk themselves

They have to install a firewall that stops the personally-generated body system dysfunctions from entering the workers compensation arena.



The key elements of the firewall look like this:



CONTRACTS

Individual employees need to receive a yearly workplace accident insurance contract that outlines the rights, responsibilities and expectations of the employer and the employees.

The contract needs to split the various components of the insurance:

- accident insurance
- travelling to and from work insurance
- health, fitness and wellbeing risk rating.

In the sit down professions the flag fall for accident insurance should be less than \$500.

Travelling to and from work insurance should cost \$100.

When the insurance per person for some of Australia's largest 'sit-down' organisations is in excess of \$2000, you can gauge how fit and healthy the staff are and the degree to which WHS staff have fallen asleep on the job.

Health, fitness and wellbeing risk needs to be measured on a yearly basis, in particular the risk of musculo-skeletal dysfunction.

Have your organisation draw up a workplace accident insurance policy contract to be signed each year by:

- a representative of your organisation,
- internal complaints tribunal representative
- your insurer and
- individual staff.



It's never too late
to start keeping
yourself fit and
healthy.

6.1

THE STRIKES

Most workers compensation schemes have a number of strikes against them.

1. If you're running a 'compensation scheme' people will expect to be compensated. Just the name 'compensation' has its own pull factor. Make it an 'accident insurance scheme'.
2. Most 'compensation schemes' are not restricted to accidents, they're open slather for people with twinges and pangs.
3. You could count on the non-opposable digits of one hand the number of 'compensation schemes' that require individual members of the scheme to undergo a health and fitness assessment prior to entering the scheme and at yearly intervals there-after.
4. Most pre-employment medical exams are inadequate - there needs to be a fitness and musculo-skeletal health assessment as well. Fitness needs to be measured every year.
5. Most insurers have no contractual agreement with any individual members of the scheme.
6. Insurers don't rate premiums against risk.
7. Insurers demand that employers carry all financial risks.
8. Employers don't know the risk they are carrying.
9. Employers who do know what risk they're carrying can't shift some of the premium onto high risk people.
10. Too few organisations manage the risk, even though they're paying the insurance premiums.
11. Too many organisations don't maintain water-tight documentation. When they're asked to stand up in court and defend themselves, they find they don't have a leg to stand on.

When a person trains once, nothing happens. When a person forces himself to do a thing a hundred or a thousand times, then he certainly has developed in more ways than physical. Is it raining? That doesn't matter. Am I tired? That doesn't matter either. Then willpower will be no problem.

Emil Zatopek

6.2

THE RULES

- Rule 1. Measure risk - regularly.
- Rule 2. Manage risk by implementing mandatory organisation-wide programs where people are taught how to protect themselves from incidents that bring to the foreground personally-generated dysfunctions lurking in the back ground.
- Rule 3. Monitor risk - regularly. You want to see improvement.
- Rule 4. Stay focused on minimizing risk.
- Rule 5. Get on the front foot. Conduct Pro-Active Rehab programs for people in poor metabolic, musculo-skeletal and psychological health.
- Rule 6. Make sure you only pay rehabilitation costs for people injured in accidents, the simplest definition of an accident being something that happens to a person external to themselves.
- Rule 7. Maintain a comprehensive data base of the work-fit condition of your staff, courses completed and day's sick leave.
- Rule 8. Make sure all employees enter into a signed workers accident insurance contract.
- Rule 9. Come to an agreement with your insurer about the sort of scheme you want to run. Put your insurance out to tender.
- Rule 0. Don't pay for treatment or compensate people who are in poor physical condition and who are likely to get better by improving their own strength, flexibility and skeletal alignment.
- Rule 11. Don't compensate people for the joint and muscle pain caused by incidents that people in good musculo-skeletal health take in their stride. Include exclusions in your insurance policy document.
- Rule 12. Don't compensate people for the sorts of joint and muscle pain people experience at home, in the shopping centre, on the sports field, in the gym or at the airport.
- Rule 13. Don't do stress.
- Rule 14. Don't do bullying.
- Rule 15. Don't do payouts unless it's for catastrophic accidents. Payouts pervert the course of rehab.
- Rule 16. Insist that all people on workers compensation attend daily Pro-Active Rehab sessions and they attend regular meetings with management about their progress.
- Rule 17. Measuring and managing risk is an organisation wide responsibility – it's all or nothing, from top to bottom.

7.**ABOUT US**

Miller Health has been in the corporate health management business for 35 years.

<http://www.millerhealth.com.au/>

In that time, Managing Director, John Miller has been an innovator, developing a wide range of health, fitness and wellbeing programs, designed to inspire and motivate people to keep themselves fit and healthy to the best of their ability.

The Pro-Active Rehab website also includes more information about measuring and managing risk.

<http://www.pro-activerehab.com>

Over the last few years Miller Health has been running musculo-skeletal health seminars for a wide range of corporate organisations some of who are listed on our website:

<http://www.millerhealth.com.au/clients.html>

Our aim is to help organisations

- make dramatic reductions in workers compensation costs
- reduce to ZERO, the workers compensation claims for personally generated body system dysfunctions, regardless of legislative guidelines and regardless of whether they are self insured or have an external insurer.

We do this through our seminar programs, assessments and reports.

John Miller

Director, Miller Health Pty Ltd

<http://www.millerhealth.com.au/>

7 Salvado Place Stirling ACT 2611

(02) 6288 7703

john.miller@millerhealth.com.au

MOTIVATION is what
get's you started.

HABIT is what keeps
you going.

Jim Ryun