



## “Ask Dr. J”



The “Ask Dr. J” columns are authored monthly by Jennifer Christian, MD, MPH, President of Webility Corporation. See previous columns at [www.webility.md](http://www.webility.md).

Dr. J’s columns also appear in the monthly Bulletin of the Disability Management Employer Coalition (DMEC). To purchase a book of Dr. J’s collected columns, go to [www.dmec.org](http://www.dmec.org).

The columns often summarize issues discussed by the Work Fitness and Disability Roundtable, a free, multi-disciplinary e-mail discussion group moderated by Dr. Christian. Apply to join the Roundtable at [www.webility.md](http://www.webility.md).

### August 2005 – Disability Prevention vs. Injury Prevention

Dear Dr. J:

You talk a lot about “disability prevention”. Could you explain what you mean by that? We have a very effective injury prevention program here at our company. Is that the same thing?

Rafael in Richmond

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Dear Rafael:

Thanks for asking this question – the term “disability prevention” is new to many people.

Truly, the most powerful way to reduce the high cost of lost productivity due to disability episodes and workers’ compensation claims is to run such effective safety and wellness programs that you don’t have any illnesses or injuries! These approaches – illness and injury prevention – are examples of **primary prevention**. The focus is on avoiding the problem entirely.

Injury and disease prevention are not the same as disability prevention, which is an example of **secondary prevention**. The focus is now on nipping little problems in the bud so they don’t become bigger. Once an injury or illness occurs, the disability prevention approach is to minimize its disruptive effects by avoiding needless, medically-related absence altogether – or keeping it really brief.

Incidentally, **tertiary prevention** is managing big problems so they don’t turn into complete catastrophes. Traditional case management for high cost claims or catastrophic injuries, and traditional vocational rehabilitation services are examples of tertiary prevention programs.

If you’re still unclear about the different levels of prevention, here’s a table with some other examples of primary, secondary and tertiary prevention programs.

Examples of Prevention at Three Levels			
Outcome to Avoid	Primary	Secondary	Tertiary
Permanent work disability in workers who have filed workers' compensation or disability benefits claims	Prevent injuries / illnesses: Develop effective workplace safety and health promotion programs.	Prevent needless disability and facilitate rapid healing: Early detection of symptoms. Treat illness/injuries promptly with effective methods. Encourage maintenance or rapid return to normal routine.	Provide case management and /or vocational rehabilitation services to those who fail to recover and return to normal function.
Motor-vehicle crashes and deaths	Prevent crashes: Re-engineer highways and intersections.	Minimize destructive results of crashes: Modify car design, wear seat belts.	Invest in emergency rescue services and trauma centers.
Deaths due to house fires	Prevent fires from starting: Teach fire safety; establish standards for electrical equipment, discourage smoking in bed.	Minimize damage from fires: Install smoke detectors; Position fire houses within a few minutes of every house; Make clothing fire resistant.	Build and staff high quality burn units in hospitals; provide burn rehabilitation services.
Deaths due to heart disease	Prevent heart disease: Population-based programs to improve nutrition and increase exercise.	Avoid progression: Early detection and treatment of high blood pressure and abnormal blood lipids (cholesterol / fats).	Cardiac rehabilitation programs; heart transplants.

Please remember this important caveat: ***the lost workdays you are out to prevent are not the ones that are medically-required.*** According to surveys of doctors, it is actually rare for complete work avoidance to be medically necessary for more than a few days. It is usually not harmful for convalescing people to be out in the world doing something useful, as long as they are appropriately protected and doing things within their current capabilities.

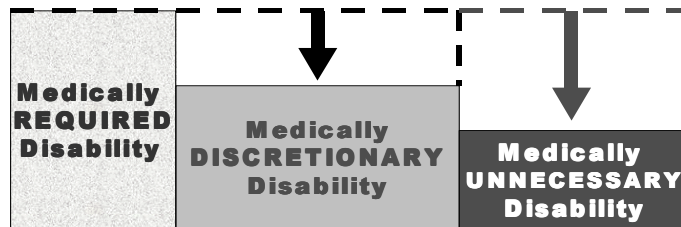
Preventable disability is sitting in two other buckets, both of which can be fixed by deciding to take charge of the process and apply good basic management skills.

1. ***Discretionary disability***, which occurs whenever someone makes the decision not to make use of whatever productive capacity an ill or injured worker has during their recuperation, for whatever reason. Sometimes those discretionary decisions are

appropriate and make good business sense; often times they do not. Taking a disability prevention approach means making sure good decisions are consistently being made.

2. **Unnecessary disability**, which occurs whenever the bureaucratic wheels grind too slowly with the result that someone remains off work who could be doing something productive. Sometimes it is impossible to make the “system” work better or faster; but often times it just takes commitment and follow-through. Taking a disability prevention approach requires deciding ahead of time how you DO want things to go, then doing the pre-planning and systematic development and training and performance until it does go like that.

## PREVENT DISABILITY Reduce Needless Absence



Rafael, I hope you now see clearly the difference between injury and disability prevention, and are fired up to expand and improve your company’s risk management and loss control program even further! Please let me know how it turns out.

Smiling,  
Dr. J

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