

Approved March 22, 1991
Date

MINUTES OF THE House COMMITTEE ON Labor and Industry

The meeting was called to order by Representative Anthony Hensley
Chairperson

9:10 a.m./~~p.m.~~ on February 27th, 1991 in room 526-S of the Capitol

All members were present except:

Rep. Douville - excused
Rep. Edlund - excused
Committee staff present:
Jim Wilson, Revisor of Statutes
Jerry Donaldson, Research Assistant
Barbara Dudney, Committee Secretary

Conferees appearing before the committee:

Rep. Diane Gjerstad	Kelly Kimble, Topeka, Kansas
Debbie Schauf	Dr. Timothy Bolz, Ks. Chiropractic Assn.
John Ostrowski, AFL-CIO	Tom Hammond, attorney-at-law, Wichita, Ks.

The meeting was called to order at 9:10 a.m. by the chairman, Rep. Anthony Hensley.

Chairman Hensley announced the hearings open on House Bill No. 2207, the bilateral carpal tunnel syndrome bill. He introduced conferees as proponents of the bill:

Rep. Diane Gjerstad, primary sponsor of House Bill No. 2207, stated that when the Legislature emphasizes workforce training for economic development purposes, it must also emphasize a safe work environment. She pointed out that the 1987 Legislature "carved out a special exception" when it changed bilateral carpal tunnel syndrome from a whole body injury to a schedule injury. She said that this injury changes people's lives and destroys their ability to retain a job. She urged the committee to pass House Bill No. 2207, to return the law to the way it was prior to the 1987 amendments (attachment #1).

Debbie Schauf, former member of the Legislature, explained that while she was in the Legislature she was deeply concerned about how the law was changed on bilateral carpal tunnel syndrome. She pointed out that this injury occurs most frequently in women. She stated that the injury was rarely temporary and very often required surgery that could disable a worker for life.

Ms. Schauf recalled testimony given in 1987 which implied that changing bilateral carpal tunnel syndrome to scheduled injury would help economic development. She questioned whether "the quest for economic development has surpassed the concern" for injured workers? She also questioned whether proper effort had been given to provide a safer environment for workers? She stated that, based on information she had received, the 1987 amendment had reduced costs to employers because many injured workers could not afford to take the scheduled workers' compensation benefits and they "just kept on working, or changed jobs." She concluded by stating that the current law could not be justified "unless it is the public policy of this state that the unsafe working conditions of a very few industries are to encouraged." (attachment #2).

John Ostrowski, representing the Kansas AFL-CIO, presented several reasons why he supported House Bill No. 2207: (1) bilateral carpal tunnel syndrome is a highly debilitating injury, (2) because bilateral carpal tunnel syndrome is compensated as a scheduled injury, employers pay the same amount of compensation whether or not the employee is returned to employment, (3) workers with this injury are routinely fired and vocational rehabilitation is routinely contested, (4) bilateral carpal tunnel cannot be compared to other scheduled injuries because it results in more severe limitations on work activities, (5) bilateral carpal tunnel impacts women more than men, and (6) the problem of this injury in the work force is solved by education and ergonomics, not by simple making it cheaper to injure workers.

CONTINUATION SHEET

MINUTES OF THE House COMMITTEE ON Labor and Industry,
room 526-S, Statehouse, at 9:10 a.m./p.m. on February 27, 1991

Mr. Ostrowski went on to point out that, prior to 1987, workers who had bilateral carpal tunnel syndrome almost automatically received a 100% permanent partial disability rating, resulting in a \$75,000 award. He said that this would no longer be the base, since the 1987 amendments changed the definition of "work disability." He said that the policy change in House Bill No. 2207 was not a "money" issue, rather it is an issue of safety in the workplace (attachment #3).

Kelly Kimble, Topeka, Kansas. explained how in her job as a apprentice pressman for a local printing company she became afflicted with bilateral carpal tunnel syndrome. She described medical treatment she has underwent and how difficult it is for her to complete routine daily tasks, such as holding the steering wheel of her car to drive or holding a baby bottle to feed her son (attachment #4).

Dr. Timothy Bolz, representing the Kansas Chiropractic Association, described his personal and professional involvement with clients afflicted with bilateral carpal tunnel syndrome. He stated that he believes many people could be protected from this injury by going through pre-employment screening. He said workers afflicted by bilateral carpal tunnel syndrome often have disabilities far more severe than those with "whole body" injuries (attachment #5). Dr. Bolz answered questions from several committee members.

Tom Hammond, attorney-at-law, Wichita, Kansas, said that House Bill No. 2207 would accomplish two goals: put people back to work, and encourage employers to make the job place safer. Mr. Hammond answered questions.

The chairman announced that opponents of House Bill No. 2207 would be heard in the committee meeting tomorrow.

The meeting was adjourned at 9:55 a.m.

DIANE A. GJERSTAD
 REPRESENTATIVE, NINETY-EIGHTH DISTRICT
 SEDGWICK COUNTY
 2701 LULU
 WICHITA, KANSAS 67216-1237



TOPEKA

HOUSE OF
 REPRESENTATIVES

COMMITTEE ASSIGNMENTS
 CHAIR: ECONOMIC DEVELOPMENT
 JOINT COMMITTEE ON ECONOMIC
 DEVELOPMENT
 MEMBER: FEDERAL AND STATE AFFAIRS
 LABOR AND INDUSTRY
 SPECIAL CLAIMS AGAINST THE
 STATE

February 28, 1991

Chairman Hensley, members of the committee:

Thank you for the opportunity to appear on H.B. 2207. As you all are aware, I serve on the Economic Development committee and spend a great deal of time on issues which affect the environment in which Kansas businesses work. This year we are specifically keying in on workforce training and all the related catch words...adult basic education...retraining...upgrading skills. Employers tell us that workers are scarce and skilled workers are becoming a premium which brings me to the bill before you today. A by-product which I have gained from rejoining...The labor committee has been a heightening of my awareness of the acute problems which face injured workers. Why is it so important to make the workplace "user friendly"? Very simply, demographics, the dramatic increase in female and minority workers coupled with a shortfall in the total number of available workers. It is increasingly important that we give workers a safe environment -- free of debilitating injury, simply because we do not have adequate replacement workers entering the labor force. A fact to remember is that 75 percent of the workforce for the year 2000 has already graduated from high school. For the next two days you will be hearing conferees discuss a change made by the '87 Legislature which substantially altered how we treat bi-lateral carpel tunnel.

We have an opportunity to look back and examine the implications of the '87 Legislature's dramatic change in the treatment of bi-lateral carpel tunnel victims.

I believe you will find that the results of the '87 change have carved out a special exception which is contrary to the philosophy underpinning workers compensation in Kansas. You will also find that this is an especially debilitating injury. Bi-lateral carpel tunnel dramatically changes people's lives and destroys their marketability. The harsh reality is that many who succumb to bi-lateral carpel tunnel are high school graduates who are severly limited in the jobs they can perform without the use of their hands.

I would like to thank you, Mr. Chairman, for holding these extensive hearings on H.B. 2207.

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 Attachment #1
 1-(

TESTIMONY TO HOUSE LABOR AND INDUSTRY
ON HOUSE BILL 2207

BY
DEBBIE SCHAUF
FEBRUARY 27, 1991

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

THANK YOU FOR THE OPPORTUNITY TO TESTIFY BEFORE YOU TODAY REGARDING THE PROPOSED LEGISLATION. THOSE OF YOU WHO KNEW ME AS A LEGISLATOR THE PAST 4 YEARS KNOW I HAVE A DEEP INTEREST AND CONCERN IN THE ISSUE OF CARPAL TUNNEL SYNDROME. WHEN I LEARNED YOU WERE HAVING HEARINGS ON THIS BILL I ASKED YOUR CHAIRMAN IF HE WOULD ALLOW ME TO APPEAR IN SUPPORT OF THIS NECESSARY CHANGE.

I ADDRESS YOU TODAY, NOT AS AN ATTORNEY, NOR AN EXPERT IN THE MEDICAL FIELD, BUT AS A CITIZEN OF THE STATE OF KANSAS WHO HAS DEEP CONCERN FOR THOSE AFFECTED BY THIS CONDITION.

CARPAL TUNNEL SYNDROME OCCURS MOST FREQUENTLY, AS I AM SURE YOU ARE AWARE, IN WOMEN. IT IS MOST OFTEN CAUSED BY A REPETITIVE ACTION USING YOUR HANDS AND WRISTS IN A POSITION OR MOTION WITH THE PRIMARY OBJECTIVE OF PRODUCING RESULTS IN THE LEAST COSTLY AND EFFICIENT MANNER, NOT WITH THE CAPABILITIES OF THE HUMAN BODY AND THE HEALTH OF THE WORKERS IN MIND. AS THE DISORDER PROGRESSES IT CAN COMPRESS THE NERVE AND DETERIORATE THE MUSCLES OF THE HAND AND WRIST TO THE POINT THAT THE WORKER LOOSES HIS OR HER GRIP. IT BECOMES DIFFICULT, IF NOT IMPOSSIBLE TO HOLD ANYTHING, EVEN A PENCIL IN SOME CASES.

I ASK YOU TO CONSIDER YOUR OWN DAILY ROUTINES, AND IMAGINE WITH ME A MOMENT HOW DIFFICULT IT WOULD BE TO FUNCTION IF YOU HAD NO PRODUCTIVE USE OF ONE OR BOTH HANDS. ADDITIONALLY, THIS IS RARELY A CONDITION WHICH IS TEMPORARY AS SOME TRY TO CONVINCIE US. SOMETIMES THE CONDITION WILL IMPROVE TEMPORARILY IF THE AFFECTED PERSON REFRAINS FROM USE OF THE HAND AND WRIST, HOWEVER ANYTIME YOU RETURN TO NORMAL USE IT WILL RE-OCCUR. THERE HAVE BEEN SURGICAL PROCEDURES DESIGNED TO LESSEN THE COMPRESSION ON THE NERVES, THEREBY ALLEVIATING SOME OF THE PAIN, BUT THAT DOES LITTLE TO RESTORE THE NORMAL FUNCTION UNLESS YOUR ACTIVITIES ARE ALTERED CORRESPONDINGLY.

ALTHOUGH THIS DISABILITY HAS BEEN CREDITED MANY TIMES TO THE PROCESSING ENVIRONMENT OF A MEAT PROCESSING PLANT, PACKING HOUSE, OR FACTORY JOB, MORE AND MORE WE SEE OCCURRENCES IN OFFICE WORKERS, CLERICAL POSITIONS, ETC.

IT SEEMS SO UNFAIR THAT THIS TYPE OF DISABILITY HAS BEEN ALLOWED TO CONTINUE WITH LITTLE OR NO EFFORT MADE TO ADDRESS THE REAL PROBLEM, WHICH I BELIEVE CENTERS AROUND AN INCENTIVE TO THE WORK PLACE TO ADJUST THE POSITION OF THE WORKER OR THE JOB TO ACCOMMODATE THE NORMAL CAPABILITIES OF THE HUMAN BODY.

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IN 1987 THE KANSAS LEGISLATURE AMENDED SECTIONS OF THEIR LAW TO PROVIDE THAT THE DISABILITY COMPENSATION FOR CARPAL TUNNEL WOULD BE A SCHEDULED INJURY, AND REGARDLESS OF THE DEGREE OF DISABILITY OR INABILITY TO WORK THE CLAIMANT WOULD RECEIVE A MAXIMUM FIXED AMOUNT OF COMPENSATION. IN PREPARATION FOR MY TESTIMONY TODAY I REVIEWED THE COMMENTS HEARD BY THE LEGISLATIVE COMMITTEES AT THE TIME THE LAW WAS CHANGED. I FOUND IT ALMOST INCREDIBLE THAT ORGANIZATIONS SUCH AS THE EMPORIA CHAMBER OF COMMERCE TESTIFIED IN FAVOR OF THE CHANGE WITH THE COMMENT "OUR AREA HAS NUMEROUS EMPLOYERS WHO HAVE REPEATEDLY BEEN THE SUBJECT OF GENERAL BODILY DISABILITY AWARDS AS A RESULT OF CONDITIONS SUCH AS BI-LATERAL CARPAL TUNNEL." IS THEIR CHAMBER SO INSENSITIVE TO THE WELFARE OF THE CITIZENS OF THEIR COMMUNITY AND THEIR ABILITY TO BE PRODUCTIVE IN THE WORK PLACE THAT THE QUEST FOR "ECONOMIC DEVELOPMENT" HAS SURPASSED THE CONCERN FOR ITS CONSTITUENCY? I WONDER WHAT EFFORTS THE CHAMBER EXPENDED IN PUSHING FOR REFORMS IN THE WORK PLACE TO PROVIDE A SAFER ENVIRONMENT FOR THE PEOPLE THEY REPRESENT?

ADDITIONALLY, ABOUT TWO YEARS AGO WHILE I WAS STILL IN THE LEGISLATURE I HAD THE OPPORTUNITY TO VISIT ONE EVENING WITH A LOBBYIST FOR A MAJOR AIRCRAFT MANUFACTURING COMPANY IN THE WICHITA AREA. HE WAS TRYING TO EXPLAIN WHY LEGISLATION TO "UN-SCHEDULE" CARPAL TUNNEL WAS NOT IN MY BEST INTEREST OR THAT OF MY CONSTITUENTS. HE TOLD ME THAT WITH THE DISABILITY AS A SCHEDULED INJURY THEY COULD PLAN FOR THE COST TO COMPENSATE WORKERS BETTER AND IN A MORE EFFICIENT MANNER THAN THE COST TO RE-WORK ALL OF THE WORK STATIONS IN THEIR FACILITY. ANOTHER ACQUAINTANCE OF MINE HANDLED THE WORKERS COMPENSATION CLAIMS FOR A MEAT PROCESSING FACILITY IN HARPER COUNTY. WHEN I INQUIRED AS TO THE INCIDENCE OF CLAIMS FOR CARPAL TUNNEL SYNDROME, SHE TOLD ME THAT IT WASN'T AS BAD SINCE THEY CHANGED TO LAW TO BE A SCHEDULED INJURY BECAUSE MANY OF THEIR WORKERS JUST COULDN'T AFFORD TO TAKE THE ALLOWABLE AMOUNT SO THEY JUST KEPT ON WORKING, OR CHANGED JOBS.

I STRONGLY URGE YOUR SUPPORT OF THIS LEGISLATION WHICH WILL RETURN THE INCENTIVE TO COMBAT THE INCIDENCE OF THIS CONDITION BY ENCOURAGING THE EMPLOYERS TO REDUCE THE EXPOSURE OF THEIR WORK FORCE TO UNSAFE WORKING CONDITIONS. THE CURRENT SCHEDULED INJURY FOR CARPAL TUNNEL SURELY CANNOT BE JUSTIFIED, UNLESS IT IS THE PUBLIC POLICY OF THIS STATE THAT THE UNSAFE WORKING CONDITIONS OF A VERY FEW INDUSTRIES ARE TO BE ENCOURAGED.

THANK YOU, AND I WILL BE HAPPY TO STAND FOR QUESTIONS.

SUMMARY OF TESTIMONY
KANSAS AFL-CIO
H.B. 2207
JOHN M. OSTROWSKI

Mr. Chairman, and Ladies and Gentlemen of the Committee, the Kansas AFL-CIO supports and encourages the passage of H.B. 2207. There are several reasons which support the proposition that bilateral carpal tunnel should be treated as a general bodily disability under Kansas law, and not as a scheduled injury.

The first and most important reason is that we are dealing with an injury which is highly debilitating in terms of employment, and yet these workers do not receive the normal incentives to be returned to employment. **"Stick both hands in your pockets and now go find a job."** This is a quote that I originally heard from Tom Hammond, Esq., relative to the effect on workers of bilateral carpal tunnel. I believe it accurately describes the problems that most workers experience when afflicted by this injury (and I wish I had thought of it first).

Because bilateral carpal tunnel is treated as a scheduled injury employers will pay the same amount of compensation whether the worker is returned to employment or not, and whether or not the worker receives vocational rehabilitation or not. In the normal course of bodily disabilities the employer has incentives to bring the worker back to employment or have the worker returned to employment at regular wages. If the employer brings the worker back, there is a presumption of no work disability. If the worker is restored the ability to return to comparable wage, work disability is dramatically impacted.

In cases of bilateral carpal tunnel the worker is routinely kicked out of the work place and vocational rehabilitation is routinely contested. When the worker is likely to receive a high work disability, because of market place responses, the employer will accommodate and will cooperate in the vocational rehabilitation process.

A typical scheduled injury does not devastate the worker as much as a typical general bodily disability. Most workers can absorb a disability to one hand, one foot, one leg, or one arm. Most workers do not have readily transferable skills when limitations are placed on them such as lifting, overhead work, or prolonged standing. These injuries usually involve low backs, necks, or both legs and explains why these injuries are treated differently from scheduled injuries.

Bilateral carpal tunnel typically mandates severe limitations on work activities. Again, we are usually dealing with workers who do not have readily transferable skills. As with any scheduled injury, benefits are paid in a short number of weeks, and then the

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worker is separated from the workers' compensation system without employment, or work skills. **"Stick both hands in your pockets, now go find a job."** Most workers cannot, and end up disheartened, and as a burden to social welfare systems.

The second major reason for the repeal of bilateral carpal tunnel is that it represents "special legislation". At the time bilateral carpal tunnel became a scheduled injury, workers almost automatically received a hundred percent permanent partial disability, usually resulting in payment of \$75,000.00. Because of a change in the definition of work disability under the 1987 amendments, this would no longer be true. In fact, by returning bilateral carpal tunnel to a general bodily disability, as it always has been, some workers would actually receive less money than they would as a scheduled injury. Again, it is more important to have these workers receive benefits in terms of vocational rehabilitation or employer accommodation. Money payments relative to bilateral carpal tunnel is no longer the issue.

It furthermore flies in the face of all workers' compensation principles to have this legislation in our statute. This is the only place in the workers' compensation Act where it matters how the injury occurred. Workers with identical wages and identical injuries can now be compensated differently under our Act dependent upon how the injury occurred. This is irresponsible legislation and opens the door for other industries, or workers, to petition for their particular relief.

Admittedly, bilateral carpal tunnel is an epidemic problem. This treacherous problem is solved by education and ergonomics. It is not solved by changing the law to help the industries that have a problem. **By promoting a reduction in liability, we are promoting a reduction in responsibility.** So long as it is cheaper to injure the worker than to fix the problem, workers will be injured. If the employer promotes safety and avoids the occurrence of injury, everyone is better off. If the employer is not able to prevent the injury, it does not become a money issue for the employer if the goals of rehabilitation or reemployment are satisfied.

A return "to a level playing field" means the passage of H.B. 2207. It means telling certain industries that we will not make exceptions to our rules regardless of their political power. If we do not do this, what industry with their special class of injuries will be next?

This legislation is furthermore sexist legislation. It dramatically impacts women more than men. The result is compounded because of the significant number of women in the work force, and these employees are often no longer providing a "second income" for the family.

In conclusion, the Kansas AFL-CIO remains committed to the

repeal of bilateral carpal tunnel as a scheduled injury for the following reasons:

- ***The lack of employer incentive results in no effort to accommodate the injured worker in the work place.
- ***The lack of employer incentive results in the contesting of vocational rehabilitation intended to return the worker to comparable wage. This delay of benefits often results in hungry workers settling their cases without necessary transferable skills. **"If you give a man a fish, you feed him for one day; if you teach him to fish, you feed for a lifetime."**
- ***The problem of bilateral carpal tunnel in the work force is solved by education and ergonomics, not by simply making it cheaper to injure the worker.
- ***This is special legislation which has been carved out to appease one set of employers with a particular problem. We have opened the door by allowing this exception in the statute.
- ***This is sexist legislation which more dramatically impacts women than men.
- ***This is no longer a "money issue" as workers will only receive high work disabilities if their abilities to earn wages have been substantially destroyed. Again, under the previous definition of work disability, compensation was routinely and automatically awarded.

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TESTIMONY OF KELLY KIMBLE
BEFORE THE HOUSE LABOR AND INDUSTRY COMMITTEE
FEBRUARY 27, 1991

GOOD MORNING MEMBERS OF THE COMMITTEE. MY NAME IS KELLY KIMBLE. I HAVE BEEN EMPLOYED BY ADAMS BUSINESS FORMS HERE IN TOPEKA FOR THE LAST 7 YEARS. I HAVE BILATERAL CARPAL TUNNEL SYNDROME. I AM HERE TO SPEAK IN FAVOR OF H.B. 2207.

I HAVE HELD A STEADY JOB SINCE I WAS 14 YEARS OLD. THE JOB I HELD RIGHT BEFORE ADAMS WAS AS A BUS DRIVER. I AM USED TO WORKING AND MORE THAN ANYTHING ELSE, I HOPE I CAN GET BACK TO WORK. BUT I DON'T KNOW IF I WILL BE ABLE TO DO THAT FOR A LONG TIME.

MY JOB AT ADAMS BUSINESS FORMS WAS AN APPRENTICE PRESSMAN. IT INVOLVED REPETITIVE MOVEMENTS OF MY HANDS. I WAS CONSTANTLY HANDLING BOOKS. WHAT WE CALL BOOKS ON THE PRESS ARE SECTIONS OF PAPER BETWEEN 50 AND 250 PAGES. THERE ARE BETWEEN 5 AND 10 BOOKS INVOLVED IN EACH LIFT. YOU CAN SEE THAT BY DOING SEVERAL LIFTS EACH HOUR YOUR HANDS ARE CONSTANTLY MOVING. BY 1987 I KNEW THERE WAS SOMETHING WRONG WITH MY LEFT HAND. I WAS LOSING MY GRIP. THE HAND WAS GETTING NUMB EVEN WHEN I WASN'T USING IT LIKE AT NIGHT WHEN I WAS ASLEEP. I STARTED TO DROP THINGS AT HOME AND AT WORK.

I WENT TO SEE THE DOCTOR. HE GAVE ME SOME PHYSICAL THERAPY. BY THEN BOTH HANDS WERE GIVING ME TROUBLE. EVENTUALLY I HAD CORTISONE

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INJECTIONS. THAT DIDN'T STOP THE PROCESS. I HAVE A 22 MONTH OLD LITTLE BOY AT HOME. HIS NAME IS TROY. IT GOT TO WHERE I COULDN'T HOLD TROY'S BABY BOTTLE. I COULDN'T GET THE LID OF THE BOTTLE ON OR OFF TO FEED HIM OR GIVE HIM A DRINK. OPERATING A ZIPPER OR A BUTTON BECAME A NIGHTMARE. AS A SINGLE MOTHER IT WAS ALL I COULD DO TO GET TROY AND MYSELF DRESSED. WORKING WAS SOON OUT OF THE QUESTION.

I FINALLY AGREED TO HAVE SURGERY FOR MY HANDS. BECAUSE OF THE RECOVERY PERIOD, YOU HAVE TO HAVE ONE SURGERY AT A TIME. THESE BEGAN IN JANUARY OF 1990. SINCE THE TWO CARPAL TUNNEL RELEASES I HAVE BEEN IN THERAPY AND OFF WORK. THIS LAST WEEK I WAS TOLD THAT I AM AS GOOD AS I CAN EXPECT TO BE. I HAVE MY GRIP STRENGTH BACK--ALMOST. THAT IS, ON A ONE TIME LIFT I CAN GRIP SOMETHING AS WELL AS I COULD BEFORE THE ONSET OF CARPAL TUNNEL. THE PROBLEM IS THAT IF I USE MY HANDS AT ALL I LOSE ALMOST ALL USE OF THEM.

BEFORE THIS HAPPENED I COULD GO ON VACATION AND DRIVE THE CAR LIKE MOST OF US. NOW IF I HOLD THE STEERING WHEEL FROM HERE TO LAWRENCE I DON'T KNOW IF I WILL BE ABLE TO UNZIP MY COAT. I CAN'T HOLD MY BABY IF HE WIGGLES OR SQUIRMS. AFTER ONLY A FEW MINUTES OF THAT MY HANDS GO WEAK AND NUMB AND I CAN'T HANG ON TO HIM OR ANYTHING ELSE. HE BECOMES STRONGER THAN ME AND HE IS ONLY 22 MONTHS OLD. SOMETIMES IT'S AS IF I DON'T HAVE ANY USE FOR MY ARMS AT ALL. WHEN THOSE THINGS HAPPEN I MIGHT AS WELL NOT HAVE THEM. THEY DON'T WORK.

I WAS RELEASED BY THE DOCTOR LAST WEEK. MY COMPANY HAS NO WORK FOR ME TO DO. I HAVE HAD TO GET A LAWYER AND NOW WILL HAVE TO GO THROUGH VOCATIONAL REHABILITATION. MAYBE I WILL BE ABLE TO FIND A JOB SOMETIME IN THE FUTURE THAT DOESN'T REQUIRE THE USE OF MY HANDS. EVEN IF I CAN FIND THAT KIND OF A JOB, IT WON'T TAKE CARE OF WHAT I HAVE TO DO AT HOME. I WILL STILL NOT BE ABLE TO TAKE CARE OF MYSELF OR MY SON THE WAY I SHOULD. I WON'T BE ABLE TO TRAVEL ON MY OWN OR DO WORK AROUND THE HOUSE. I WON'T HAVE THE FREEDOM TO LOOK FOR ANY OF THE JOBS THAT I HAVE HAD IN THE PAST BECAUSE I CAN'T DO THEM.

I REALIZE YOU ARE HERE TALKING ABOUT MONEY. MY LAWYER CAN GET OUT HIS CALCULATOR AND TELL YOU THAT THE AMOUNT OF MONEY THAT I AM ENTITLED TO IS THOUSANDS OF DOLLARS LESS THAN I WOULD HAVE RECEIVED BEFORE THE LAW CHANGED IN 1987. I AM SURE THE INSURANCE COMPANIES WILL TELL YOU HOW MUCH THEY THINK IT WILL COST THEM. BUT NEITHER OF THOSE NUMBERS IS VERY IMPORTANT TO ME OR TROY. I AM LOOKING AT THE TENS OF THOUSANDS OF DOLLARS HE AND I WILL HAVE TO DO WITHOUT WHILE HE GROWS UP.

MONEY THAT MIGHT HAVE BOUGHT HIM FOOD AND CLOTHES. MONEY THAT MIGHT HAVE ALLOWED HIM TO DO THE THINGS LITTLE BOYS NEED TO DO WHEN THEY ONLY HAVE MOM AT HOME. MONEY THAT MIGHT HAVE PROVIDED HIM AN EDUCATION SO THAT HE DOESN'T HAVE TO RISK LOSING THE USE OF HIS HANDS LIKE I LOST MINE. THAT MONEY ISN'T THERE NOW FOR ME OR MY LITTLE BOY. I HOPE YOU PROVIDE THAT ASSISTANCE TO OTHERS WHO MIGHT NEED IT. I URGE YOU TO PASS HOUSE BILL 2207.

TESTIMONY OF DR. TIMOTHY BOLZ
BEFORE THE HOUSE COMMITTEE ON LABOR AND INDUSTRY
FEBRUARY 27, 1991

GOOD MORNING MEMBERS OF THE COMMITTEE AND MR. CHAIRMAN. MY NAME IS DR. TIMOTHY BOLZ. I AM A CHIROPRACTIC PHYSICIAN LICENSED TO PRACTICE IN THE STATE OF KANSAS. I HAVE BEEN IN PRIVATE PRACTICE HERE IN THE CITY OF TOPEKA FOR THE LAST SEVERAL YEARS. I AM A MEMBER OF THE AMERICAN, KANSAS AND SHAWNEE COUNTY CHIROPRACTIC ASSOCIATIONS. I AM SERVING AS THE CHIROPRACTIC REPRESENTATIVE ON THE COMMITTEE WHICH IS ESTABLISHING A FEE SCHEDULE FOR WORKER'S COMPENSATION.

IN ADDITION TO MY PRIVATE PRACTICE I AM ALSO INVOLVED IN A REHABILITATION FACILITY HERE IN TOPEKA CALLED BACK IN ACTION. MY INTEREST FOR THE LAST SEVERAL YEARS HAS BEEN IN THE RESEARCH AND TREATMENT OF INDUSTRIAL RELATED INJURIES AND ERGONOMIC PROBLEMS IN THE WORKPLACE. IN ADDITION TO THE 150 HOURS OF CONTINUING MEDICAL EDUCATION WHICH IS REQUIRED OF MYSELF AND ALL PHYSICIANS BY THE STATE OF KANSAS OVER THE COURSE OF THREE YEARS, MY WORK IN INDUSTRIAL MEDICINE AND BACK IN ACTION HAS GIVEN ME THE OPPORTUNITY FOR HUNDREDS OF ADDITIONAL HOURS OF STUDY IN THE AREA OF INDUSTRIAL INJURIES AND REHABILITATION.

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BASED ON MY EDUCATION AND TRAINING AS WELL AS MY CLINICAL AND REHABILITATION EXPERIENCE I AM HERE TODAY TO SPEAK IN FAVOR OF HOUSE BILL 2207.

I TREAT PEOPLE WITH CARPAL TUNNEL SYNDROME IN MY OFFICE EVERY DAY. MANY PEOPLE DO NOT AUTOMATICALLY THINK OF CHIROPRACTIC FOR TREATMENT OF THIS PROBLEM. BUT THAT IS CHANGING. WE ARE ABLE TO SUCCESSFULLY TREAT MANY PEOPLE FOR THIS CONDITION. IN FACT IT IS THE NORM THAT EVERYONE WHO DEVELOPS THE SYMPTOMS OF CARPAL TUNNEL FIRST RECEIVE CONSERVATIVE THERAPY BEFORE AGGRESSIVE MEASURES LIKE SURGERY ARE PERFORMED.

IN MY PRACTICE I HAVE SEEN DOZENS AND DOZENS OF THESE PEOPLE. SOMETIMES I AM THE FIRST PHYSICIAN THEY SEE. SOMETIMES I SEE THEM ONLY AFTER ALL MEDICAL ATTEMPTS HAVE FAILED. I SEE THEM BEFORE SURGERY. SOMETIMES I RECOMMEND SURGERY FOR THE MOST SERIOUS CASES AS A LAST RESORT. I SEE MANY PATIENTS AFTER SURGERY FOR CARPAL TUNNEL. IT'S NOT A PRETTY SIGHT.

WHILE I HAVE THE OPPORTUNITY I WILL TELL YOU THAT MANY OF THESE INJURIES COULD BE AVOIDED AT LEAST IN PART WITH PROPER PRE-EMPLOYMENT SCREENING TECHNIQUES. A GOOD PRE-EMPLOYMENT EVALUATION LIKE WE PERFORM AT BACK IN ACTION WILL TELL THE EMPLOYER WHO IS SUSCEPTIBLE TO THIS CONDITION AND WHO IS NOT. UNFORTUNATELY, PRE-EMPLOYMENT SCREENING HAVE ONLY RECENTLY BEEN EXTENSIVELY UTILIZED. THEREFORE, THE RESULTS OF CARPAL TUNNEL WILL BE WITH US UNTIL THE

CURRENT WORK FORCE IS PHASED OUT.

I HAVE BEEN ASKED BY ATTORNEYS AND INSURANCE COMPANIES TO ASSIGN IMPAIRMENT OF FUNCTION RATINGS TO PEOPLE WITH CARPAL TUNNEL AND OTHER INDUSTRIAL RELATED INJURIES. I AM FAMILIAR WITH THE RATINGS GUIDES AND HAVE TESTIFIED BY DEPOSITION AND IN COURT CONCERNING THESE MATTERS. I CAN TELL YOU FROM MY EXPERIENCE THAT SOME OF THESE PEOPLE WITH CARPAL TUNNEL ARE FAR MORE DISABLED FROM A PRACTICAL STANDPOINT THAN MANY WHO HAVE SUFFERED A HERNIATED DISK IN THEIR BACK. MANY TIMES WE CAN MODIFY THE ACTIVITIES OF THE INDIVIDUAL WITH THE HERNIATED DISK SO THEY CAN STILL DO EVEN MODERATE LABOR. THIS IS OFTEN NOT POSSIBLE WITH THE VICTIM OF CARPAL TUNNEL.

IF SOMEONE IS INJURED BY LIFTING 100 POUNDS ON A ONE TIME BASIS AT HIS OR HER JOB PERFORMING AN ACTIVITY THAT IS REQUIRED ONLY ONCE A MONTH IT IS USUALLY POSSIBLE TO AVOID THAT ACTIVITY. BUT THE PERSON WITH CARPAL TUNNEL IS USUALLY THE VICTIM OF REPETITIVE MOVEMENTS, HUNDREDS AND HUNDREDS OF TIMES. IT IS USUALLY MUCH MORE DIFFICULT FOR THAT JOB TO BE MODIFIED TO ACCOMMODATE THE WORKER. IN ADDITION, EVERYDAY ACTIVITIES ARE MORE FREQUENTLY PRONE TO CAUSE AGGRAVATION OF THE INDUSTRIALLY ACQUIRED CARPAL TUNNEL CONDITION. HOLDING ON TO THE LAWNMOWER. HOLDING ON TO THE BROOM OR MOP HANDLE. GRABBING A HEAVY LOAD OF LAUNDRY. HOLDING THE STEERING WHEEL OF A CAR, MOTORCYCLE, TRUCK, OR RIDING LAWNMOWER. GRABBING AND LIFTING EVEN LIGHT CHAIRS OR OTHER FURNITURE. HOLDING ON TO

SMALL CHILDREN. WASHING DISHES. ALL OF THESE CAN AGGRAVATE THIS CONDITION.

THE PEOPLE WHO SUFFER FROM THIS CONDITION ARE NOT ONLY FREQUENTLY MORE DISABLED FROM A PRACTICAL STANDPOINT THAN SOME WITH BACK INJURIES, THEY ALSO REQUIRE MORE ATTENTION TO THEIR REHABILITATION AS WELL. THE TISSUES INVOLVED ARE SMALLER AND MORE DIFFICULT TO MEASURE. THE PROGRESS MAY BE DOCUMENTED ON A ONE TIME BASIS. HOWEVER, AFTER USE OR EXERCISE THE PROGRESS MAY ALL DISAPPEAR.

I AM NOT TELLING YOU ALL OF THESE CONDITIONS ARE THIS HARD TO TREAT. IN FACT WE HAVE HAD MANY OF THEM ACHIEVE GREAT SUCCESS. SOMETIMES EVEN COMPLETE RELIEF. BUT THE ONES WHO DO NOT RESPOND TO TREATMENT OFTEN HAVE DISABILITIES FAR GREATER THAN THOSE WITH SO CALLED "WHOLE BODY INJURIES". THEY SHOULD BE TREATED EQUALLY FROM A COMPENSATION AND REHABILITATION STANDPOINT.

I AM NOT AS FAMILIAR WITH THE STATUTE AS YOU AND OTHERS WHO WILL TESTIFY. BUT IF YOU HAVE ANY QUESTIONS FROM A TECHNICAL OR CLINICAL STANDPOINT I WOULD BE HAPPY TO ANSWER THEM. THANK YOU FOR ALLOWING ME TO SPEAK TO YOU TODAY.