



MAY, 2008

# UNDERGROUND

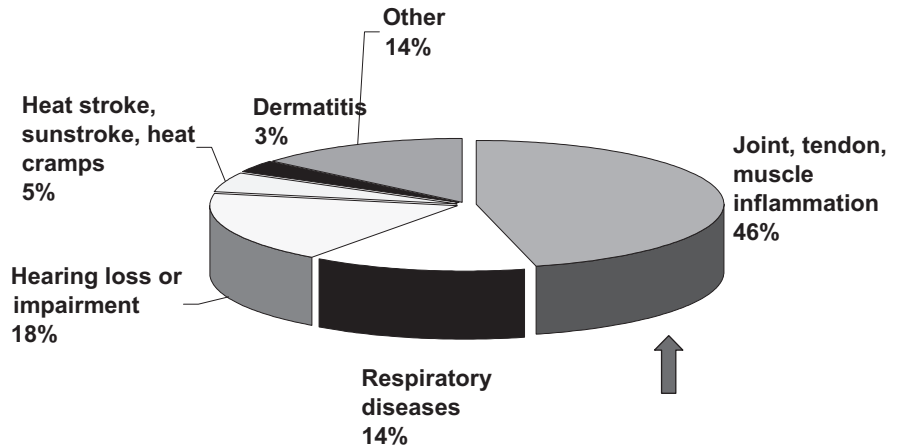
## MUSCULOSKELETAL INJURIES & DISORDERS: A COMMON PROBLEM FOR MINERS

According to the National Institute for Occupational Safety and Health (NIOSH), musculoskeletal disorders include a group of conditions that involve the nerves, tendons, muscles, and supporting structures such as intervertebral disks. Musculoskeletal disorders represent a wide range of conditions that can differ in severity from mild, periodic symptoms to severe, chronic, and debilitating conditions. Work-related musculoskeletal disorders arise from such risk factors as frequent or heavy lifting; pushing or pulling heavy objects; prolonged awkward postures; vibrations; and repetitive, forceful, or prolonged exertion of the hands. Examples of musculoskeletal disorder include low back pain, tendonitis, and carpal tunnel syndrome.

NIOSH Facts, <http://www.cdc.gov/niosh/muskdsfs.html>

### DISTRIBUTION OF ILLNESSES & DISEASES

Reported to MSHA in 2004



Data Source: MSHA (Excludes office workers)



University Health Care  
Miners Hospital

50 N Medical Drive  
Salt Lake City, Utah 84132

Telephone: 801-581-2251

Toll-free: 866-UMINERS (866-864-6377)

Fax: 801-585-0452

E-mail: [miners.hospital@hsc.utah.edu](mailto:miners.hospital@hsc.utah.edu)

Website: [http://uuhsc.utah.edu/miners\\_hospital](http://uuhsc.utah.edu/miners_hospital)

Editor: Dana Hughes, RN, PhD

### WORK-RELATED LOW BACK DISORDERS AFFECT MINE WORKERS TO A GREATER DEGREE THAN WORKERS IN OTHER INDUSTRIES\*

Low back disorders are the single leading cause of lost-time injuries in U. S. coal mines.

Miners, compared with workers in other industries, experience

- More disability from back pain, disk degeneration & osteoarthritis
- Higher rate of worker's compensation claims (1.5 claims/100 workers)

## RISK FACTORS FOR LOW-BACK PAIN

- Occupational activities such as prolonged standing, sitting, kneeling, or stooping, lifting heavy objects, and working with vibrating tools
- Poor posture and alignment
- Increased age, particularly ages 45 – 65
- Low level of activity & poor physical fitness
- Smoking
- Alcohol and drug abuse
- Psychological factors such as anxiety, depression, high levels of stress, job dissatisfaction
- Obesity
- Family history of low back pain
- Previous back injury and/or sports injuries

## CONSEQUENCES OF LOW-BACK PAIN (LBP)

- Total cost of LBP exceeds \$100 billion per year (direct & indirect)
- Five % of Americans miss at least 1 day of work annually for low-back pain
- Eighty % of workers with episode of LBP return to work within 1 month; more than 90% return within 3 months; 5% never return.
- 70 % lumbar strain or sprain



**Types of  
low-back pain  
(% of U.S.  
cases of  
mechanical  
LBP)\*\***

- 10 % age-related degenerative changes in disks and facets
- 4 % herniated disks
- 4 % osteoporotic compression fractures
- 3 % spinal stenosis
- Less than 1% all other causes

\* NIOSH Mining Safety and Health topic Musculoskeletal Diseases and Disorders

<http://www.cdc.gov/niosh/mining/topics/ergonomics/msd.htm>. Accessed 06/27/2006

\*\* Hills, EC. Mechanical Low Back Pain.

[www.emedicine.com/pmr/topic73.htm](http://www.emedicine.com/pmr/topic73.htm). Last updated 6/28/2006.

## MINERS HOSPITAL APPOINTMENT FAQs

### *How do I get an appointment at the Miners Hospital?*

As a new patient: Call our Toll Free number 1-866-864-6377 or 801-581-2251 to get an application; then send it back to us. Holly, our Assistant Case Manager, will then call you to set your appointment to come in to the Miners Clinic at the Parkway Clinic in Orem, or to the Miners Hospital at University Hospital in Salt Lake City (depending on where you live).

As a return patient: If you were seen at the Miners Clinic in Orem, you can either call Holly at our toll free number or call Parkway Clinic scheduling at (801) 234-8600. If you were seen at the Miners Hospital, call Holly and she will set a return appointment for you.

### *How long does it usually take to get an appointment?*

New patient appointments usually book anywhere from two to six weeks out, depending on new patient volume and the clinic schedule. Return patient appointments can usually be made for one to three weeks out, depending on the clinic schedule.

### *Where will my appointment be?*

Most appointments are scheduled for the Miners Clinic at the Parkway Clinic in Orem. If you live in a part of Utah closer to Salt Lake City, arrangements can be made to be seen there.

If you are seeing one of our many Specialists, your appointment will most likely be in Salt Lake City.

### *How long will the appointment last?*

New patient appointments usually last approximately one to one-and-a-half hours. Return patient appointments usually last approximately thirty minutes. It is important to remember that the reason for your visit can significantly affect your visit time. For example, a medication refill usually is a relatively short visit, where a re-evaluation for something or a referral to a specialist may take significantly longer.

*What if I need to see a Specialist?*

If you need to see a Specialist, you will usually be scheduled for that appointment before you leave the Miners Clinic. It is important to remember that most specialists usually have very busy clinics, and it can often take two to four months to get an appointment with them.

Holly Horton

**SUMMARY OF MINERS HOSPITAL ACTIVITIES**

Miners seen in

Miners Clinic:	227
Audiology Clinic only:	57

Cost of Patient care services

7/1/07-3/31/08	\$127, 275.00
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Current Scholarships awards to

University of Utah	4
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Selected Outreach Activities

Seminar: Musculoskeletal injuries and disorders related to mining by Joseph Webster, MD  
 October, 2007 Price, Utah  
 March, 2008 Magna, Utah

Presentations about Miners Hospital in several senior centers across the state in spring, 2008.

**COMMENTS FROM MINERS ATTENDING MINERS CLINIC**

I feel like the miners hospital has been a great help to me because I wouldn't have been able to receive all the benefits that I have received if it hadn't been for this organization.

When you work in a mine, you are not assured of any medical or any other benefits, for that matter, after your employment has ended. So because of the Miners Hospital, I have been able to receive my hearing aids and pulmonary exam which would otherwise have not happened and it seems like the doctors and nurses are genuinely concerned for my well being.

Chicken-Coop

**WHY WE SHOULD BE CONCERNED ABOUT THE NON-MEDICAL USE OF PRESCRIPTION DRUGS**

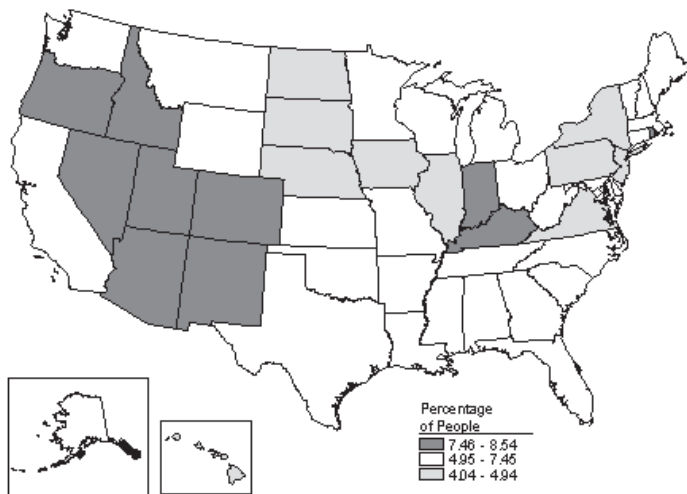


**(Pain relievers, tranquilizers, stimulants, sedatives)**

**1 The recreational or non-medical use of psychotherapeutic prescription drugs has reached epidemic proportions in the U.S.** More than 15 million people admit to abusing prescription drugs, more than the combined number who admit abusing cocaine (5.9 million), hallucinogens (4 million), inhalants (2.1 million), and heroin (0.3 million). Bollinger LC, et al.. Under the counter. The diversion and abuse of controlled prescription drugs in the U.S. 2005, July. The National Center on Addiction and Substance Abuse at Columbia University (CASA).

**2 The abuse of certain prescription drugs such as opioids, central nervous system (CNS) depressants, and stimulants can alter the brain's activity and lead to addiction.** Volkow, ND. NIDA Research Report - Prescription Drugs: Abuse and Addiction: NIH Publication No. 01-4881, Printed 2001. Rev Aug, 2005.

**3 The rate of past year non-medical use of psychotherapeutics among persons aged 12 or older was highest in the Western Region (7.3%) and lowest in the Northeast (5.2%).** Rates in the South (6.3%) and Midwest (5.8%) were in the mid-range. **Utah had one of the highest prevalence rates (7.8%). See map below.** SAMHSA. Office of Applied Studies. State variations in non-medical use of prescription psychotherapeutic drugs in Misuse of Prescription Drugs, Data from National Surveys on Drug Use and Health, 2002 – 2004. <http://www.oas.samhsa.gov/prescription/Ch7.htm>.



Kentucky	8.5%
Nevada	8.1%
Utah	7.8%
Colorado	7.8%
New Mexico	7.7%
Oregon	7.7%
Rhode Island	7.7%

**Past Year Non-medical Use of Prescription Psychotherapeutic Drugs among Persons Aged 12 or Older, by State: Percentages, Annual Averages, 2002-2004**

**4 Teens, our future workers, abuse prescription drugs more than any illicit street drug except marijuana. Prescription drugs are the drugs of choice for 12 and 13 year olds.\*** Seventy to 80 percent of youth obtained or took pain relievers from a friend or relative, most likely from the family medicine cabinet. Less than 5 percent (4.3%) purchased pain relievers from a drug dealer or stranger; only 0.8% reported buying the drug on the Internet. \*\*

\*SAMHSA. 2006. National Survey on Drug Use and Health, SAMHSA, September 2007.

\*\*Federal report shows new non-medical users of prescription pain relievers outnumbered new marijuana users between 2002 and 2004. SAMHSA, October 27, 2006.

**5 Non-medical use of prescription pain killers in past year ranks second, following marijuana, as the nation’s more prevalent illegal drug problem.** An annual average of 11.3 million persons aged 12 or older (4.8%) were non-medical users of

prescription pain relievers in the past year. However, there were differences across age groups. Young adults (18 – 25 years old) had the highest rates (11.8%), followed by youth ages 12 – 17 (7.5%).

**6 Addiction to pain killers is now viewed as a major problem in some mining communities.** Miners may become addicted while treating pain associated with years of hard labor or to numb fear associated with their job.\* About 20 percent of the patients suffering with chronic pain and receiving opioids, abuse prescription controlled substances; approximately the same percent also use illicit drugs. \*\*

\* Appalachia Besieged by Pain Killer Addiction. News Summary, 2008 (January 14). From <http://www.jointogether.org/news/headlines/inthenews/2008/appalachia-besieged-by.html>

\*\*Manchikanti, L. National Drug Control Policy and Prescription Drug Abuse: Facts and Fallacies, Pain Physician, 2007: 10:399-424.

**7 Individuals who misuse prescription psychotherapeutic drugs are more likely to use other types of illegal drugs including marijuana, cocaine, hallucinogens, and inhalants.\***

\*SAMHSA. Federal report shows new non-medical users of prescription pain relievers outnumbered new marijuana users between 2002 and 2004. 2006 (Oct 27).

**8 Unintentional deaths from prescription medications are an increasing problem in Utah.** The number of deaths from non-illicit drug poisoning increased from about 50 per year in 1999 to over 250 deaths in 2006. These deaths were mostly due to pain relievers —methadone, oxycodone, hydrocodone, and fentanyl. At least 1 death occurred in 24 of the 29 counties suggesting that the problem spans both the urban and rural populations. The average age of death due to overdose of non-illicit drugs was 42 years old.\*

\*Analysis of controlled substances database (CSDB) combined with medical examiner death certificate data in Utah from 1999-2004. From: [http://www.health.utah.gov/prescription/html/fact\\_sheet.html](http://www.health.utah.gov/prescription/html/fact_sheet.html). Accessed 03/2/2008.

**9 The non-medical or recreational use of prescription psychotherapeutic drugs is a serious and costly problem in Utah as well as the rest of the nation.** The 2007 total direct (health care costs) and indirect costs (includes law enforcement, criminal justice system, workforce lost productivity and wages) are unknown. However, in 2001 it was estimated that 8.6 billion dollars were spent for prescription opioid analgesic abuse in the U.S. Of this amount 2.6 billion was spent for healthcare costs, 1.4 billion for criminal justice, and 4.6 billion for workplace costs.\* These costs were for only one class of prescription drugs abused. Costs are likely to be much higher today given inflation and the increased prevalence of prescription drug abuse.

\*Birnbaum, et al. Estimated costs of prescription opioid analgesic abuse in the United States in 2001: a societal perspective. The Clinical Journal of Pain, 2006, Vol 22, pp 667-76.

## UPCOMING EVENT

**SAFETY FIRST:  
BE PART OF THE SOLUTION TO PREVENT  
SUBSTANCE ABUSE IN THE MINES.**

*2nd Annual Conference for the Mining Industry*

**Dates: June 17 & 18, 2008**

Location: University of Utah Campus,  
Salt Lake City, Utah

Registration Fee: \$200

Professional Development Points – 1.4  
By International Society of Mine Safety Professionals

**See website for complete details:**

<http://uuhsc.utah.edu/uac> OR

call Dana Hughes at 801-585-1326

## STROKE IS AN EMERGENCY

A stroke occurs when the blood supply to the brain is cut off (ischemic stroke) or when a blood vessel bursts (hemorrhagic stroke). Without oxygen, brain cells begin to die. Death or permanent disability can result. Risk factors increase a person's chances of having a stroke. With timely treatment, the risk of death and disability from stroke can be lowered. It is extremely important to know the symptoms of a stroke and to act immediately.

### FACTORS THAT MAY INCREASE YOUR CHANCE OF HAVING A STROKE:

- High blood pressure
- Heart disease
- Atrial fibrillation
- Diabetes
- Tobacco use
- Blood cholesterol levels
- Alcohol
- Genetic Risk Factors

### STROKE WARNING SIGNS:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing with one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

### TAKE IMMEDIATE ACTION

CALL 911 IMMEDIATELY!

WRITE DOWN THE TIME

so you'll know when the first symptoms began. A medicine called t-PA maybe available, but must be given within 3 hours from the time symptoms began.



**University Health Care**  
Rehabilitation Center

# MINERS HOSPITAL

The Miners Hospital was created using funds from Federal land grants provided to the State of Utah. In 2004, the Miners Hospital was created within the University of Utah Rehabilitation Center located in Salt Lake City, Utah.

## WHO IS ELIGIBLE FOR SERVICES?

Any miner who 1) has worked in a Utah coal, metal, or non-metal mine for at least 2 years, 2) has lived in Utah for at least 2 years immediately prior to applying for services, and 3) is experiencing symptoms associated with a mining related injury or illness.

To be seen at the Miners Clinic, an application for services must be completed and mailed to:

The Miners Hospital  
50 North Medical Drive  
Salt Lake City, Utah 84132

OR

Faxed to The Miners Hospital, 801-585-0452



## LOCATION OF MINERS CLINIC

The Miners Clinic is held at the University of Utah Parkway Community Clinic. The clinic is located at 145 West University Parkway in Orem, Utah.

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## THE MINERS HOSPITAL

50 N Medical Drive  
Salt Lake City, Utah 84132