

# On-Site Chiropractic Care as an Employee Benefit: A Single-Location Case Study

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## ABSTRACT

**Objective:** The purpose of this report is to describe the role of on-site chiropractic care in one corporate environment.

**Methods:** A part-time chiropractic practice that provides services to a single company on site, 1 day per week, is described. Most care is oriented toward “wellness,” is paid for by the employer, and is limited only by the chiropractor’s few weekly hours of on-site availability. With approval from the company, the authors conducted an absenteeism analysis after obtaining ethics approval and consent from employee–patients who received care between 2012 and 2014. Comparisons of absenteeism rates of the sample were compared with lost worktime rates from the US Bureau of Labor Statistics’ Labor Force Statistics.

**Results:** Of 40 current employees, 35 used chiropractic services; 17 employee–patients met the inclusion criteria. The lost worktime rates of those using chiropractic services (0.72%, 0.55%, and 0.67%, for 2012, 2013, and 2014, respectively) were lower than corresponding rates from Labor Force Statistics (1.5%, 1.2%, and 1.1%).

**Conclusions:** Absenteeism for the employee–patients was lower than equivalent national figures in this sample of workers. Though these results may or may not be related to the chiropractic care, these findings prompt further investigation into this relationship. (*J Chiropr Med* 2017;xx:1-6)

**Key Indexing Terms:** *Chiropractic; Manipulation, Chiropractic; Health Promotion; Absenteeism; Secondary Prevention; Tertiary Prevention*

## INTRODUCTION

Although most doctors of chiropractic (DCs) practice in a health care office setting,<sup>1</sup> recently there has been heightened interest in the role of chiropractic care in corporate on-site health clinics. For example, the Foundation for Chiropractic Progress (F4CP) report<sup>2</sup> mentions 2 studies that found the inclusion of chiropractic care in on-site clinics resulted in lower utilization of some health care services, such as radiology, physical therapy, and emergency services; decreased overall health care costs; and improved neuro-musculoskeletal function.<sup>3,4</sup> Similarly, in another study comparing on-site and off-site treatment for occupational low-back injuries, it was found that on-site treatment was associated with lesser amounts of treatment, fewer modified workdays, lower treatment costs, better productivity, lower transportation costs, shorter duration-

of-injury claims, and lower total claim costs. Treatment included spinal manipulative therapy, electrotherapy, back care education, and an exercise program.<sup>5</sup> However, there seem to be few investigations of chiropractic care offered on site.

The owner and some longtime personnel of a company were interested in examining their employees’ absenteeism, which they speculated might be lower because their employees received chiropractic care. They had valid reasons to want a low absenteeism rate, as productivity losses resulting from health-related absences are expensive to employers,<sup>6-8</sup> totaling well above \$200 billion annually in the United States.<sup>9,10</sup> Much of the cost of care is related to low back pain and other common pain conditions.<sup>9,11,12</sup> One theoretical model of “white-collar” worker absenteeism estimated additional annual expenses for the employer of nearly \$10 000 (US) per employee.<sup>13</sup> Absenteeism is associated with a lower quality of life for employees.<sup>13</sup> Employer-implemented programs designed to improve employees’ health status have been reported to reduce medical costs and have positive impacts on absenteeism.<sup>14</sup> The purpose of this article is to describe the role of on-site chiropractic care in a specific corporate environment.

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## METHODS

### Corporate and Clinical Environment

This case study describes a single, small company with chiropractic care available on site 1 day per week, offered

primarily as wellness care (sometimes called “maintenance” care).<sup>15-17</sup> The company is a local law firm, currently with 40 employees. The principal author is the treating DC, and the owner of the firm is a business partner of the chiropractor’s main clinic. The wellness care provided in this setting is for similar purposes, as has previously been reported for chiropractors<sup>17</sup>: to minimize the recurrence or exacerbation of previous problems, primarily musculoskeletal; to provide palliative care for problems that cannot be eliminated (e.g., degeneration); to aiding in stress management; and to help maintain and optimize general health.

At the time of this report, the principal author had been practicing on site for approximately 14 years and the owner and some long-time employees thought that the firm benefitted from having a part-time chiropractic practice on site. One morning each week, the DC brought in a portable chiropractic table and turned the company conference room into a temporary clinic. The employees are allowed to use work time for their visits; visit frequency is limited only by the DC’s hours of availability. The firm pays per-patient fees for the service. Chiropractic care is a benefit of employment for those who wish to make use of it. The type of care provided on site is primarily wellness care, as is discussed below. Occasional referrals have been made to the DC’s regular office, for forms of care that cannot be easily provided on site, and to outside providers for medical evaluation and diagnostic imaging.

Chiropractic services were available for whatever the employees want to consult, within the DC’s range of knowledge and scope of practice. In most visits, patients receive chiropractic adjustment (chiropractic manipulation) of the spine and pelvis, with either high-velocity, low-amplitude thrust by hand, with an impulse instrument (Neuromechanical Innovations, Chandler, Arizona) or an activator instrument (Activator Methods, Phoenix, Arizona). Depending on their needs, patients may receive adjustment of extremity joints, active isolated stretching, laser therapy (Multi Radiance Medical TQ Solo, Solon, Ohio), or guidance in therapeutic exercises. Employee–patients may ask for advice on computer workstation ergonomics or on exercise in general, nutrition, or whether they should put ice or heat on a recent strain. They may be referred to the DC’s nearby main office at no additional cost for therapies such as electrical muscle stimulation, activities emphasizing balance and neuromuscular education, or exercise instruction using a Rotex motion machine (Rotex, Opelousas, Louisiana). In all cases, adjustments, exercises, other therapies, and advice are directed toward individual needs.

The wellness-oriented care provided on site is consistent with what some DCs have called “maintenance” care, which uses the concepts of primary, secondary, or tertiary prevention. Primary prevention is directed at preventing diseases or conditions from developing. Secondary prevention identifies a condition early and prevents it from worsening. Tertiary prevention focuses on maximizing

function and preventing further deterioration.<sup>18-20</sup> In addition to chiropractic adjustment or manipulation, visits may include manual muscle therapy, discussion of nonmusculoskeletal or neurological health problems or other personal circumstances, instructions on how to perform exercises, analysis of work-related body mechanics, and examination of other lifestyle factors, such as nutrition, physical activity, and smoking.<sup>17-19,21</sup>

### Absence Analysis

A letter of agreement from the firm’s owner was obtained. This study was approved by the institutional review board of Life University. We contacted each employee who had received chiropractic care and requested permission to use their information; each signed a consent form. Employees were eligible for inclusion if they were currently working full-time for the firm and if they had received on-site chiropractic care during the previous 3 years, 2012 to 2014. Additionally, assuming that one attribute of wellness care would be some amount of ongoing care, we included only employee–patients whose care averaged at least 12 visits per year. Employee–patients were excluded if they had had some reason for prolonged absence from work unrelated to general health and wellness, including family leave (childbirth or death of a relative), surgery, or other unanticipated reasons. Given that the information could be sensitive, we gave assurances of privacy and confidentiality. We did not have contact information for non–employee–patients, nor did we have institutional review board approval to seek non–employee–patient information.

The firm’s human resources personnel provided numbers of absences from work for the years 2012–2014 for the employee–patients. Consistent with the Labor Force Statistics definition of absence, from the US Bureau of Labor Statistics, an “absence” was defined as an entire day out of the office for one’s own illness, injury, or medical problems; child care problems; other family or personal obligations; civic or military duty; or maternity or paternity leave.<sup>22</sup> We did not count absences for vacation or personal days, holidays, or any other reason not included above.<sup>22</sup> Health records were the source for other information, such as height, weight, age, gender, number of chiropractic visits, and number of years of care.

We compared the employee–patients’ rates of absenteeism with values provided by the Bureau of Labor Statistics, specifically the Labor Force Statistics (LFS), for the years 2012–2014 from the Current Population Survey, “Absences from work of employed full-time wage and salary workers by occupation and industry” (Table 1).<sup>22-24</sup> Two of the employee–patients are attorneys; the other 15 work in various administrative roles. Therefore, we extracted numbers for “lost worktime rates,” number of absences per employee per year, for “legal occupations” and

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