Understanding Occupational & Environmental Medicine for the General Internist

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I have no financial disclosures to reveal.
Presentation Objectives

What is Occupational & Environmental Medicine?
American College of Occupational & Environmental Medicine
10 Core Competencies
American Board of Preventive Medicine
6 Core Competencies

Federal Laws & Regulations
Impacts on Occupational Medicine Clinical Services

Typical Clinical Care Occupational Medicine Services
Comprehensive Medical Evaluations
Medical Compliance/Surveillance Evaluations
Worker’s Compensation Injury/Illness Care
Travel Medicine
Drug & Alcohol Testing
Ancillary Services

*I Will Probably Generate More Questions than Answers*
Attention Grabbing Facts

I No Longer Need to Maintain Hospital Privileges
My Practice is Entirely Out-Patient
I Maintain Membership with Pertinent Parish/State/National Organizations

I Deal With No Insurance Carriers Except Workers’ Compensation
State Specific/Established/Non-Negotiable Fee Schedules
Reimbursement Rates Re-Established Every Several Years
May Have Specific State/Insurance Clinical Practice Guidelines
Potential Impact on Services & Diagnostic Testing Requests

Typical Occupational Medicine Services Are Direct Billing to the Company/TPA
Collection Rates Should be 98%+ OR ELSE….
The Client is No Longer Serviced!

I Rarely Get Called Out at Night Anymore
“And Away We Go…”
1952 - 1970
American College of Occupational & Environmental Medicine
Established 1916 as the “American Association of Industrial Physicians & Surgeons”
Current Name Designated in 1992

“The medical specialty devoted to prevention & management of occupational &
environmental injury, illness, and disability, and promotion of health &
productivity of workers, their families, and communities.”

2017 Membership Statistics
4205 Total Members Nationally
Multiple Medical Degree Providers Represented

3062 Physician Members (72% of Membership)
600 Board Certified in Internal Medicine (19.6% of Physician Membership)
Family Practice also Well Represented

17 Physician Members in Louisiana (0.6% of Physician Membership)
acoem.org

Annual American Occupational Health Conference (AOHC)
April 29 – May 2, 2018
Hilton Riverside; New Orleans, LA
ACOEM Seeks to Better Integrate Occupational & Environmental Medicine with Primary Care and Public Health

Creating a True Culture of Health

ACOEM's advocacy agenda seeks a better alignment of health initiatives in homes, communities, and the workplace.
ACOEM 10 Core Competencies
(JOEM; Volume 56, Number 5, May 2014)

Clinical Occupational & Environmental Medicine
Occupational & Environmental Medicine – Related Law & Regulations
  Environmental Medicine
  Work Fitness & Disability Management
  Toxicology
  Hazard Recognition, Evaluation, & Control
  Disaster Preparedness
  Health & Productivity
Public Health, Surveillance, & Disease Prevention
Occupational & Environmental Medicine – Related Management & Administration
Scope of Occupational & Environmental Health Programs & Practice

(ACOEM Position Statement 3/3/2011)

Leadership & Management

Healthy Workers

Healthy Environment

Healthy Organizations
Leadership & Management

Organization & Management

Health Information Systems

Evaluation & Quality Improvement
Healthy Workers

Healthy Evaluation of Workers
- Pre-Assignment/Pre-Placement
- Medical Surveillance
- Infection Control

Occupational Injury & Illness Management
- Post-Illness or Injury Evaluations
- Fitness for Duty Evaluations
- Termination of Assignment
- Independent Medical Examinations

Traveler Health

Mental & Behavioral Health/Misuse of Substances
Healthy Environment

Workplace Health Hazard Evaluations, Inspection, & Abatement

Education Regarding Environmental Hazards

Personal Protective Equipment

Toxicology Assessment & Planning

Environmental Protection Programs

Emergency Preparedness, Continuity Planning, & Disruption Prevention
Healthy Organizations

Health Promotion & Wellness
Including Non-Occupational Injury and Illness Management

Absence and Disability Management

Health Benefits Management

Integrated Health and Productivity Management
Practice Activities of ACOEM Members

- Administration: 18%
- **Clinical Practice**: 65%
- Consulting: 12%
- Research: 2%
- Teaching: 2%
- Other: 1%
Multiple Regional Components

**Mid-South Component**
Louisiana/Mississippi/Alabama/Arkansas

Total Membership = 120
(Annual Meeting Attendance 30 – 50 Members)

**Multiple Professional Sections**

Occupational Medicine Physician

Medical Review Officer

Transportation
USA Physician Workforce
(American Board of Medical Specialties – 2016/17 Report)

Board Certified Internal Medicine Physicians Produced from 2007 - 2016

USA – 72,216          Louisiana – 2,926

Board Certified Occupational Medicine Physicians Produced from 2007 - 2016

USA – 780          Louisiana – 28

*MOST Occupational Medicine Providers are NOT Board Certified in Occupational Medicine*

Limitation of Residency Training Program Production
Demand/Need for Occupational Medicine Clinical Services

Requirements of Residency Training Programs
2 Year Residency with MPH (or Equivalent) Graduate Training
Alternate Pathway (Grandfather) Only for Those who Graduated from Medical School Prior to 1/1/84
American Board of Preventive Medicine

theabpm.org

Established in Delaware 1948

Specialties

Aerospace Medicine

Occupational Medicine – Began Certifying in 1955

Public Health & General Preventive Medicine

Subspecialties

Addiction Medicine

Clinical Informatics

Medical Toxicology

Undersea & Hyperbaric Medicine
Accreditation Council for Graduate Medical Education

Only 26 Occupational Medicine Residencies Nationwide!! Less as Time Proceeds due to Decreased Funding

6 Core Competencies

- Patient Care
- Medical Knowledge
- Practice-Based Learning & Improvement
- Interpersonal & Communication Skills
- Professionalism
- System-Based Practice
“And the Beat Goes On…”
1971 – 1974
1976 – 1977
Federal Laws & Regulations

OSHA Act (1970)

Drug Free Workplace Act (1988)

Americans with Disabilities Act (1990)

Family & Medical Leave Act (1993)
Occupational Safety & Health Act of 1970

US Labor Law – President Richard Nixon
To ensure that employers provide employees with an environment free from recognized hazards

OSHA.GOV
CDC.GOV/NIOSH

Law = Occupational Safety & Health Administration (OSHA)
Research = National Institute of Safety & Health (NIOSH)

General Duty Clause
Employers are required to provide their employees with a place of employment that "is free from recognizable hazards that are causing or likely to cause death or serious harm to employees."

Many Medical Records are Kept for 30 YEARS After the Employee Leaves Employment
Top 10 OSHA Violations from 2016

- Fall Protection
- Hazard Communication
- Scaffolds
- Respiratory Protection
- Lockout/Tag-Out
- Powered Industrial Trucks
- Ladders
- Machine Guarding
- Electrical Wiring
- Electrical & General Requirements

OSHA Fines for 2017

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<th>Type of Violation</th>
<th>Penalty</th>
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<td>Serious</td>
<td>$12,934/Violation</td>
</tr>
<tr>
<td>Failure to Abate</td>
<td>$12,934/Day Beyond the Abatement Date</td>
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<tr>
<td>Willful or Repeated</td>
<td>$129,336/Violation</td>
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Drug Free Workplace Act of 1988

President Ronald Reagan

Requires Federal Contractors and All Federal Grantees to Agree that they will Provide a Drug-Free Workplace as a Precondition of Receiving a Contract or Grant from a Federal Agency

Drug/Alcohol Testing NOT Considered a Medical Test!!

Federal Agencies

HHS – Health & Human Services
NRC – Nuclear Regulatory Commission
DOT – Department of Transportation
FMCSA – Federal Motor Carriers Safety Administration
FAA – Federal Aviation Administration
FRA – Federal Railroad Administration
FTA – Federal Transit Administration
PHMSA – Pipeline & Hazardous Materials Safety Administration
USCG – United States Coast Guard (Homeland Security)
Federal Drug & Alcohol Testing

Urine Drug Testing with “NIDA 5”
Marijuana/Cocaine/Amphetamines/Opiates (Codeine & Morphine Only)/Phencyclidine
Screening (Immunoassay) & Confirmation (GC/MS) Cut-Off Levels
Requires “Split” Sample Collection with Certified Collectors
Only Federally Certified Laboratories can Perform Testing
Mandates Medical Review Officer Review of All Non-Negative Results

Breath Alcohol Testing
Screening & Confirmation using Evidential Breath Testing Device
Requires Certified Breath Alcohol Technicians
>.04 % Requires Substance Abuse Professional (SAP) Evaluation
Americans with Disabilities (ADA) Act of 1990

Extension of Civil Rights Act of 1964 – President George H. W. Bush

“Prohibits discrimination against individuals with disabilities in all areas of public life including jobs, schools, transportation, and all public & private places that are open to the general public.”

Employers Must Provide “Reasonable Accommodations” if it does not cause “Undue Hardship”

Amended by President George W. Bush in 2008

A Response to a Number of Decisions by the Supreme Court that had Interpreted the Original Text of the ADA
Congress Viewed those Decisions as Limiting the Rights of Persons with Disabilities
Makes Changes to the Definition of the Term “Disability“ – Clarifying & Broadening that Definition
Designed to Strike a Balance Between Employer and Employee Interests
ADA & Medical Evaluations

Pre-Placement Exams Allowed – NOT Pre-Employment Exams
Can the Applicant Safely Perform the Essential Functions of the His/Her Job
Without Undue Risk to Themselves or Others?

Importance Written Job Descriptions

Remember… Drug & Alcohol Testing NOT Considered a Medical Test
Can be Done Prior to Pre-Placement Medical Evaluations!!

No Employee Medical Information Allowed in the Personnel File
Separate File/Locked File/Limited Access
DER = “Designated Employee Representative”
“Need to Know” Confidential Medical Information
Family & Medical Leave Act of 1993

USA Labor Law – President Bill Clinton

“to balance the demands of the workplace with the needs of families”

12 Weeks of Unpaid Leave/Year – Job Protected
Must Maintain Health Benefits

“Serious Heath Condition”
Employee/Parent/Spouse/Child/Pregnancy/Care of Newborn/Adoption/Foster Care
“Are You With Me So Far…”
December 8, 1976
Typical Clinical Occupational Medicine Services

Comprehensive Medical Evaluations

Medical Compliance/Surveillance Evaluations

Worker’s Compensation Injury/Illness Care

Travel Medicine

Drug & Alcohol Testing

Ancillary Services
Comprehensive Medical Evaluation

Comprehensive Past Medical History

- Past Medical History/Current Treatment
- Medications – Prescription & Non-Prescription Drugs
- Past Surgical History – In & Out Patient Procedures
- Hospitalizations
- Previous Injury Care – Only Medical Provider Care
- Right/Left Handedness

**Patient has Already Completed – Usually Incomplete & Inaccurate**

Physical Examination

- Usually NOT including Breasts/Genitals/Rectal Exam with Females
- Usually NOT including Rectal Exam with Males
- Hernia Check Important to Clarify Potential Work Category Restrictions
- Sedentary/Light/Medium/Heavy/Very Heavy Work Categories
- Vision Testing – Acuity/Depth Perception/ Peripheral Vision/Color Discrimination
- Hearing – Audiogram or “Whisper Test”
- Urine Dipstick Testing
- Ancillary Testing
Comprehensive Medical Evaluations

General Fitness for Duty Evaluations
Pre-Placement NOT Pre-Employment Examinations
Annual/Periodic
Pre-Access/Travel
Return to Work
Job/Division Transfer

Important Considerations
Specific Job Title & Essential Functions of the Job
Safety Sensitive Job Tasks and/or Location
Availability of Immediately Available Medical Support Services if Needed
Ability to Perform Any Required Emergency Procedures
Heights/Water/Long Hours/Rotating Shifts
Personal Protective Equipment
Daily Clinical Services

Audiogram/Spirometry/Urine & Hair Drug Testing/Breath Alcohol Testing
X-Rays – Chest/Lumbar & Cervical Spine/Extremity
Blood Testing – CMP/CBC/Lipid/CBG/HgbA1c/TB Gold
Antibody Titers – Hepatitis B & C/Varicella/Rubella/Rubeola/Mumps
Urine Testing – Dipstick & Send-Out Urine Analysis
Skin Testing – PPD
Respirator Qualitative Fit Testing
Functional Skills Assessment Testing

Should be Based on the Essential Physical Tasks of the Specific Job
Specifics Should be Determined by the Company

Occasional Services

OSHA Medical Compliance/Surveillance Evaluation Specific Blood & Urine Testing
B-Reader Interpretation of Chest X-ray for Multiple Pneumoconioses/EKG
Specialty Examinations

Multiple Federal Agencies
Separate/Varying Protocols & Qualifications which are NOT Medically Consistent across Agencies

HHS – Health & Human Services
NRC – Nuclear Regulatory Center

FMCSA – Federal Motor Carriers Safety Administration
National Registry of Certified Medical Examiners
FAA – Federal Aviation Administration
(Certification Required/Examiner Supply Restricted)
FRA – Federal Railroad Administration
FTA – Federal Transit Administration
PHMSA – Pipeline & Hazardous Materials Safety Administration

USCG – United States Coast Guard
No Examiner Certification Required
FMCSA & USCG

FMCSA


On-Site OR On-Line Course Material

2 Hour/120 Question Test @ On-Line Testing Center

Re-Training Every 5 Years & Re-Certification Every 10 Years

About 3.5 Million Interstate Commercial Drivers in the USA
About 50,000 Medical Examiners Nationwide

Commercial Driver Medical Examination Depends Upon…

Weight of Vehicle & Trailer/Passengers/Hazardous Placards… NOT License Type

USCG/Merchant Mariner


Navigation & Vessel Inspection Circular (NVIC) 04-08

Non-Directive = NOT LAW = No Penalty, BUT…

Implies a Violation if Not in Compliance!!

Medical Waivers for 202 Reviewable Medical Conditions
Specialty Examinations

Diver Medical Evaluations
Commercial Diver – American & International Standards
Typically Requires Examiner Certification
Undersea & Hyperbaric Medical Society – UHMS.org
1101 US Physician Members
Only 15 in Louisiana – Most Practice Wound Care
Recreational/Scientific/Public Safety Diver Protocols

Crane Operator
OSHA 29 CFR 1915.117(c)
American National Standards Institute (ANSI)
American Society of Mechanical Engineers (ASME) B30.5
Crane Institute Certification (CIC) – Strict Vision Criterion
Examiner Certification NOT Required
Safety Sensitive Job with Several Medical Condition & Medication Considerations
Specialty Examinations

Pre-Travel/International Regulatory Agencies

Oil & Gas United Kingdom – Aberdeen

Becoming a Gold Standard for Medical Fitness for the Oil & Gas Industry Internationally

Less than 5 Dozen Active Physician Examiners in the USA

International Labor Standards on Seafarers

Multiple Other Protocols Depending on Specific Parts of the World

Danish Maritime/Saudi Arabia/Norwegian/New Zealand/Liberian/Mexico/ Marshall Islands

Most **DO NOT** Require Examiner Certification

**DO** Require an Understanding of Working Abroad in Potentially Remote Locations!!
Public Safety Officers

Law Enforcement Officer (LEO)
ACOEM Guidance for the Medical Evaluation of LEOs
Work in Progress – New Chapters Every Few Months
Firearms/High Speed Driving/Physical Confrontation with Suspects or Inmates

Firefighters
National Fire Protection Association (NFPA) Code 1582
Standard on Comprehensive Occupational Medicine Program
Usually Requires Self-Contained Breathing Apparatus & Victim Rescue
Very Heavy Category Work
Multiple Other & Varied Non-Binding Protocols/Guidance Documents
Specialty Examinations

Independent Medical Evaluations/Second Opinion

Patient is Still Typically Involved in Ongoing Medical Care
Patient has **NOT** Reached Maximal Medical Improvement
Recommendations for Further Care and/or Procedures
Specific Questions to be Addressed by Requester of Evaluation

**Substance Abuse Professional**

Determination of Use, Abuse, or Dependence
Recommendations for Further Education and/or Treatment
Required for Federal Programs with Positive Urine or Breath Alcohol Results **Prior** to RTW
Medical Compliance/Surveillance Evaluations

Examples of Required OSHA Medical Surveillance Protocols

Acrylonitrile  
*Asbestos*  
*Blood-Borne Pathogens*  
*Cadmium*  
Coke Oven Emissions  
Cotton Dust  
Ethylene Oxide  
*HAZWOPER*  
*Lead*  
Methylenedianiline  
*Respiratory Protection*

Arsenic (Inorganic)  
*Benzene*  
1,3Butadiene  
*Hexavalent Chromium*  
Compressed Air Environments  
1,2 Dibromo 3 Chloropropane  
Formaldehyde  
Hazardous Chemicals in Laboratories  
Methylene Chloride  
*Noise*  
Vinyl Chloride

There are MANY MORE!!

* Most Commonly Encountered Medical Evaluations*
Daily OSHA Compliance/Surveillance Evaluations

**Noise – OSHA 1910.95**
Baseline/Initial & Annual Audiograms
Calculate Standard Threshold Shift (STS) with Annuals
30 Decibel Change Over 2000/3000/4000 Hertz (Cycles/Second)
Compared to Baseline Audiogram

Council for Accreditation in Occupational Hearing Conversation (CAOHC)
Professional Supervisor/Technician Training
*Use of Rifle Firearms Typically Causes Asymmetric Hearing Loss (STS) – Non-Work Related*
*No Need to Order CT/MRI of the Head/Brain to R/O Acoustic Neuroma*

**Respiratory Protection – OSHA 1910.134**
OSHA Questionnaire 1910.134 Only Required Component for Respirator Medical Clearance
Spirometry Usually Required for Self-Contained Breathing Apparatus Medical Clearance
Technicians MUST be NIOSH Trained for OSHA Compliance Programs
Individuals MUST be Medically Cleared Prior to Specific Respirator Fit Testing
Qualitative vs Quantitative Fit Testing
Worker’s Compensation Injury/Illness Care
(US Department of Labor 2016 Statistics)

5,190 Workers Killed on the Job in 2016
More than 14.7 Deaths Every Day!!
21.1% of ALL Private Industry Fatalities in Construction

Construction Industry “Fatal Four” (63.7%)
Falls (38.7%)
Struck by Object (9.4%)
Electrocutions (8.3%)
Caught-In/Between (7.3%)

OSHA Record Injuries & Illnesses
Medical Care vs First Aid
Lost Time & Restricted Duty Days
Impact on Insurance Premiums & Corporate Contracting
Non-Fatal Workers’ Compensation Injuries 2016

Median days away from work and incidence rates of nonfatal occupational injuries and illnesses by nature, all ownerships, 2016

In 2016, fractures and multiple injuries with fractures were the most severe types of nonfatal injuries or illnesses resulting in medians of 32 and 43 days away from work, respectively. Sprains, strains, and tears occurred at a rate of 36.3 cases per 10,000 full-time equivalent workers in 2016, down from 38.0 cases in 2015.
Travel Medicine

Pre-Access Medical Evaluations
Varied/Specific Examination Previously Outlined
Land-Based vs Offshore Assignments
Domestic vs International Assignments
Immediately Available Medical Support vs Remote Locations (Land & Offshore)

Immunizations
- Yellow Fever
- Hepatitis A & B or Twin-Rix
- Typhoid
- Meningococcal
- Japanese Encephalitis
- Polio
- Tdap
- Influenza
- MMR

Malaria Prophylaxis
Almost Always Malarone (250 mg Atovaquone/100 mg Proguanil Hydrochloride)
Offers Prophylaxis & Treatment
Chloroquine/Doxycycline/Mefloquine/Primaquine Alternatives
Multiple Side Effects Typical
Drug & Alcohol Testing

Certified Medical Review Officer (MRO)
Must Review All “Non-Negative” Urine & Hair Drug Testing Results
Verified Positive/Rejected/Adulterated/Substituted/Invalid
If Negated – Requires Notification of Employer of Potential Safety Sensitive Concerns
Fitness for Duty Evaluation Usually Recommended

2 Certifying Organizations

Medical Review Officer Certification Council – MROCC
Affiliated with ACOEM; Founded in 1992
MROCC.org

American Association of Medical Review Officers – AAMRO
Affiliated with DATIA (Drug & Alcohol Testing Industry Association)
Third Party Administrator; Founded in 1991
“to provide education, resources, and advocacy to those involved in and interested in drug and alcohol testing”
AAMRO.com
Drug & Alcohol Testing

**Federal Urine Drug Testing**
Currently the Gold Standard for Drug Testing
Split Collection/Screening & Confirmation Testing with Cut-Off Levels
Requires Collector/Laboratory/MRO Certifications
Urine Collections Typically **NOT** Observed without Specific Reasons
Rapid Testing Techniques **NOT** Allowed for Federal Programs
“NIDA 5” Expanded in 2017 to Include:
Hydrocodone/Oxycodone & Metabolites

**FYI – Total Deaths in US**

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<tr>
<th>Year</th>
<th>MVA’s</th>
<th>Overdose</th>
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<tr>
<td>1999</td>
<td>40,965</td>
<td>19,102</td>
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<tr>
<td>2017</td>
<td>64,070</td>
<td>37,360</td>
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**Non-Federal Urine Drug Testing**
ALL Rapid “Positive” Test Results Should be Confirmed
Many False Positive Results/Cross Reactants with Immunoassay Screening
Allows Expanded Panels
Benzodiazepines/Barbiturates/Tri-Cyclic Anti-Depressants/Synthetic Narcotics & Hallucinogens
Alternative Specimen Drug Testing

Urine the Original Testing Specimen Based on Laboratory Technology in 1988
Ability to Test to NANO grams Reliably

Hair Drug Testing – Benefit of Direct Observation Collection
NOT Allowed Currently for Federal Drug Testing Programs
Potential Discrimination Issues Based on Race/Ethnicity – ADA Challenges!
1½” of Hair from the Crown of the Head Equates to Approximately 90 Days of Exposure
Those Who Decide to Shave Their Heads…

Arm/Leg/Chest Hairs Grow Slower than Head Hair = LONGER Exposure Record
Pubic Hair NOT Allowed Currently

Saliva Drug Testing – Benefit of Direct Observation Collection
Will be Seen BEFORE Hair Testing for Federal Programs

Ability for “Split Specimen” Collection – Right/Left Buccal Pouches
Ability to Test Now to the PICO grams Reliably
PICO gram = 1 Trillionth of a Gram = 1/1000th of NANO gram!!
Ancillary Services

Disability Evaluations

Patient Has Usually Attained “Maximal Medical Improvement”
AMA Guides to the Evaluation of Permanent Impairment
4th/5th/6th Editions Most Commonly Utilized
Rating Determines “% of Whole Body Impairment”
Definition of “Disability” Depends upon the Organization/Regulation/Payer
“Impairment” NOT Equal to “Disability”

Medical Evaluators Specify Impairments NOT Disability

Consultative Services
Site Visits/Walk Thru Evaluations
Review/Write Policies & Programs

Mobile Medical Services
Many Occupational Medicine Clinical Services can be Provided On-Site

Wellness Medical Services
Daily Clinical Occupational Medicine Issues

**Medical/Recreational Marijuana**
Marijuana **NOT** Legal for Federal Programs
Recreationally Available in 9 States
Medically Available in 29 States

**Safety Sensitive Medications**
Many Medications with Potential Adverse/Safety Sensitive Side Effects
Sedation/Drowsiness/Dizziness/Balance/Dehydration/Vision/Cognitive Impairment

**Mandatory Waiting Periods for RTW**
Depends upon Specific Regulations & Recommendations

**Medical Disqualifications**
Depends upon Specific Regulations & Recommendations

**Limited Time Frames for Certifications**
Depends upon Specific Regulations & Recommendations
Daily Medical Conditions/Issues Addressed

**Diabetes Mellitus** – Insulin Use/Control/Treatment Compliance/Hypoglycemic Events

**Cardiovascular Conditions**
- Coronary Artery Disease – Angioplasty/Stents/CABG/MI/Unstable Angina
- Anti-Coagulant & Anti-Platelet Medications – Many Irreversible Presently
- Arrhythmias/Pacemakers/Ablations/Defibrillators
- Cardiomyopathies/Heart Failure/Exercise Intolerance
- Blood Pressure/Hyperlipidemia/Valve Conditions

**Pulmonary Conditions** – COPD/Asthma/Interstitial Lung Disease/Sleep Apnea

**Neurologic Conditions**
- TIA/CVA/Seizures/Neuropathies/Traumatic Brain Injury/Fixed Deficits/Dementia/Vertigo
- Vision – Visual Acuity/Depth Perception/Color Discrimination/Peripheral Vision/Retinal Evaluations

**Psychiatric Conditions**
- Bipolar/Schizophrenia/Anxiety with Panic Attacks/Depression with Suicidal Issues/Psychosis
- Drug & Alcohol Use/Abuse/Addiction

**Orthopedic Conditions** – Spinal Surgery/Total Joint Replacements/Fractures & Hardware/Peripheral Neuropathies

**Miscellaneous Issues** – Renal Stones & Failure/Hernias/Cancer/Work Categories
“I’m so Glad We had This Time Together…”
Thank You for Your Attention

Questions?/Concerns?

I am Available for Anyone Who Wants/Needs to Contact Me.

I can Support Residents that would like to do an “Elective” Rotation
*Especially Pertinent to Close Lafayette Residents*

I will Assist You with an Answer to Any Question you might have…
IF an Absolute Answer is available…

&

If I don’t know… I Probably Know Someone Smarter Than Me to Assist You!