

# The Central Line

*A NorthStar Publication*

## Back and Spine help.....

More and more we hear about those around us hurting backs. But why? Why the rash of newer injuries? Why the constant back problems? What can we do?

Ok, sorry too many questions! I think back pain has become an accepted way of life for EMS providers, and we are looking at the wrong reasons. While lifting is a serious risk factor in our job, how about sitting in the car seat sometimes 15 hours in a 24 hour shift? How about Strength? Flexibility? Ergonomics? Posture?

Cardio Endurance? Diet? Stress? How do these all play a role in back pain, discomfort, injury? WHY IS 710 ASKING SO MANY QUESTIONS????? Back pain is often time a manifestation of so many other issues. The body is a kinetic chain. Movement and stresses start at the bottom of the feet, the most frequent point of impact, and travel up thru the body out to the tips of the fingers and up the neck out thru the top of the scalp. It's the kinetic chain that affects how we function. When there is a dysfunction in the kinetic chain, the

## A Letter Home.

To my NorthStar friends, In the time surrounding my move out of state I was a bit out of the loop in regards to keeping up with what was going on in the larger world of EMS. And so it was mid February when I picked

*By Matt Smith*  
up a back issue of EMS to see the name NorthStar and see pictures of my friends & coworkers in glossy print in a major trade magazine. Naturally it was with pride I showed my new coworkers at Peter's Township Ambulance saying "This

*By Ed Strapp*

body can't move properly, and can't function efficiently. The root of a majority of back problems comes from core strength deficiencies, and muscular tightness.

I know we all think about proper lifting techniques, whether we are lifting a patient to the stretcher or the ER Bed, or lifting the cot into the ambulance, most of us think about proper lifting. But what is the functional plane of movement. How does that impact our lifting and moving of a patient. If you stand or sit upright, put your elbows at

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is where I'm from!" Though it may not always seem like it to you, you really do have a first class ambulance service and for me it took stepping away to see that NorthStar really is a great ser-

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### March/April Birthdays

- Brad Gilbert
- Carl Blondell
- Mark Rousseau
- Brett Roberts
- Billye Senecal
- Steve Grant Sr.
- Ed Strapp
- Eric Baker
- Gini Swam
- Earle Albert

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## Notes from the Director

A couple of weeks ago, a professional colleague related a story to me about her trip to Washington DC for a conference. She had rented a car and got involved in a 10-55 on the way down in Maryland. Highway patrol, local police, local fire department, the local ambulance service were all involved in extrication, boarding, transporting to the emergency room. Not a particularly remarkable event on the face of it.

What made it memorable was the attitude and demeanor of the crews. Her sole exposure to these services was disastrous. From the PD, to the fire crew, to the ambulance EMTs, she was treated poorly. As she told it, they were condescending, non-communicative, abrupt, harsh, not careful, and uncaring. Even in the ED, this attitude continued. And this is a very upbeat person. Hard to say why the response was so dismal. Maybe late at night?

## Operations Manager's Corner

*By Michael Senecal*

Over the month you will see and hear more about the NorthStar House Call program. So for those of you who do not know about the House Call program or may have forgotten this will be a quick refresher. House Call is an NorthStar outreach program where you may be called to visit homes in our communities on a scheduled basis to offer health screening opportunities, blood pressure checks, minimal home safety checks, and

### What a Difference...

*By Dave Robie*

Maybe the 10<sup>th</sup> or 30<sup>th</sup> call of the day? Maybe bad weather? Maybe troubles at home?

Whatever the reason, this patient's only contact with the services in this town were, to say the least, negative. Even weeks later, she is still angry. Probably not enough to sue but she is telling everyone she knows about the poor service she received.

That, of course, got me thinking about all the single contacts we make with the public. In the majority of cases, the residents and visitors to our communities only get, at most, one ride in an ambulance in their lifetime. (Of course we know who the exceptions are!) We usually get only one opportunity to show our professionalism, our skills, and our attitude. And, of course, we want that to be favorable. No matter what time of the day or night, what you had for lunch, the first call or the last call

most importantly, a willing ear and a pleasant visit. We are in the process of increasing our marketing of this valuable public service to the citizens of our communities. Below you will find an overview of the program.

### How does the program work?

Two on duty EMTs will perform the initial visit. They will complete a short informational questionnaire (similar to a medical history for future reference). The client will

of the day. Every patient is important, every patient needs to feel important. Whether a local resident or from away. You are the person, the sole representative of your profession and of NorthStar, that this patient will be talking about for years.

So, how are we doing? Based on the letters and calls I get, we are doing **Excellently!** Universally the calls and cards and letters talk about not only your skills but your "caring attitude", "the friendly staff", "professionalism". No one ever compliments the "pretty LifePak12"! It is a one-on-one people business. And you are the "one". Take a minute to look over the Praises listed on our website. And many stories go untold. Get your story added to the list!

We should be very proud of our system. Every day I am reminded of good things done. How proud I am of our staff! I hope (and I assume you do too) that we never have to respond to a story like that of my colleague. So far I don't have that worry!

Well done. Thank you and be safe.

be offered simple health screenings such as blood pressure, glucose level checks, as well as home safety checks. The initial visit will last approximately 30 minutes and the crews will establish a schedule for future visits if needed. All information collected will be confidential and held in the strictest confidence.

### Who is eligible for the program?

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It's been nine months since I became involved with reading the run reports and I've got to say that the documentation in general is good. Providers have documented well their signoffs as well as the explanation of the NEMB form. Your educating the hospital and nursing home staff about the PCS forms, though painful in the beginning, has paid off with less and less conflict happening. There are those, Wade tells me, that still forget to get (or fax) the forms. This results in Wade calling the next crew asking them to look for the PCS and fax it. I am pleased that people are willing to help in locat-

ing the fax, but wish it didn't have to be so!

Lately, the CQI committee has been looking closely at pain levels and how we are doing at managing our patient's pain. Interestingly, many providers are not documenting (either in the narrative or the vitals section) initial pain levels on a 1/10 scale nor subsequent pain levels after splinting, cold application of pharmaceutical pain control.

We have also noticed that there have been some that forget or neglect to put in times for their vitals, procedures or medication admini-

strations. It is important that we include this data or document why it isn't in the report.

When we review run report and ask questions, please do not take what we ask personally. Not having the benefit of being on the call leaves us with your documentation left to "paint the picture" of what you saw, what you did and what the results of your therapies was. If we cannot tell by reading your report, we ask. Most people are good about promptly replying, others ignore the message completely. Please reply as soon as you can. It helps Wade, Tom and I immensely.

## Letter (cont)

vice. Though I've been gone for a couple of months now I still check in to see what Dave has posted on the director's page and what Cory & company have whipped up for the Central Line and of course Carol still keeps me in the loop, though I've had to reply to a couple of her emails saying that I wasn't going to make it to the skills days this year.

As for what is going on with me, I've just recently taken over education at my new job, though unlike Carol I only have to keep track of 18 people. It is a fun service to work at, its nice & slow they only did about 1700 calls last year, but the best thing of all is that in my time here I have only done three transfers! The call volume is nice for one daylight truck and one 24 hour truck. Our protocols are a bit different here, not

better, not worse, just different although I must say that I absolutely hate the fact that I can't do a spinal rule-out here. Despite a small bout of homesickness this week I still like it here and I'm still glad that I moved, but the more I think about things the more I realize that I will someday find myself at home again at NorthStar.

Be well & be safe!

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"Speak clearly, if you speak at all; carve every word before you let it fall." -Oliver Wendall Holmes Sr.

## Ops Mgr. (cont)

Anyone is eligible and the program is free of charge. If you are interested in the program or know of someone who maybe interested in the program call the House Call hotline at 779-2025 and a House Call representative will contact you.

At the crew meetings House Call committee members will be providing training on the goals of the program and completing the small amount of paperwork involved. I would like to encourage everyone to review NorthStar procedure House Call 5.18 and read a House Call brochure for more information. In the future we would like to see this program focus on management and education of chronic illnesses in the rural setting. This program is a great way to connect with the people we serve and will be the future of rural EMS.



## Back (cont)

your side, and bend 90 degrees at the elbow. This position of your hand right out in front of you, is your functional plane of movement. If you twist your shoulders bringing your hands in and out in semi-circles, this is your full movement pattern. It is in this plane of movement that lifting, and work should occur. Its here that we minimize the stresses on our body, and our ergonomics are most effective. When we type a run sheet, our mouse and keyboard should remain in this plane of movement. However, our eyes need to have a higher gaze, so the lap tops should not be used regularly. If they are, they should be up on a desk, at the right height. More and more things need to be in this position, don't over extend yourself even with repetitive tasks, and sitting around, each movement puts more stress on your back, and every time you lean over, reach out, or have to change your position, it requires movement over the kinetic chain, and stresses are applied through out. When you lift, your arms should be in that functional position. Knees bent, back straight, all those normal thoughts, but also think about your every day activities.

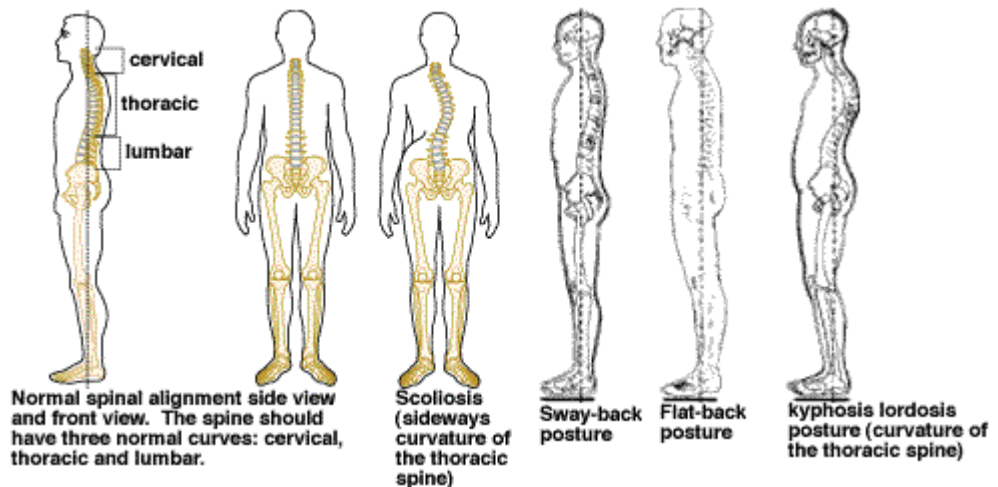
Also critically important is how we are in the trucks. How often do you think about your posture while sitting stand by for hours? It's our body position in the sitting position that often times increases

strain on our backs. It's our body position that shortens the hip flexors, and this pulls on our pelvis. When we set as long as we do, it's critical to keep our muscles stretched. It's critical to think about what is on our belts and how a radio, pager, scissors, etc affect our ability to sit in a normal position. Your wallet has an impact on your sitting posture, and adds a lot to back pain. So where is your wallet? When you have time, get out of the truck, allow your muscles to stretch, return to a non strained position, and allow the normal movements of the spine. When you have time, how often do you stretch? Quad tightness pulls the pelvis forward, increasing the lumbar Lordosis. Hamstring tightness pulls the pelvis backwards, decreasing the lumbar lordosis and creating a flat back posture.

straight down, it does not work. But think about how arches are used in support structures like bridges to increase stability and strength. Hip flexors are often shortened while sitting, and pull the pelvis forward changing the normal alignment. Spinal rotation helps to lubricate spinal joints, and is very beneficial in movement.

So what can we do? I have talked about ergonomics while doing daily tasks. We have hounded lifting posture previously, and I will leave stress, diet, Cardio endurance for futures articles. What can we do now?

I would first encourage you to think about sitting posture. Lumbar support, standing during standby, stretching when you first stand up, think about how you



The spinal curves are critical in increasing stability. If you think about the strength of a straight piece of wood, unless the stress is

put on your own, and cross your leg, put your left foot on your right knee or vice versa, then pull your bottom leg towards your chest, you will feel

this in your buttocks. 3a) then just cross your legs all the way over, and feel that stretch in your back. 4) Standing up, lunge forward onto one knee keeping your feet and knees and hips facing forward, now lean forward keeping your back knee on the ground.

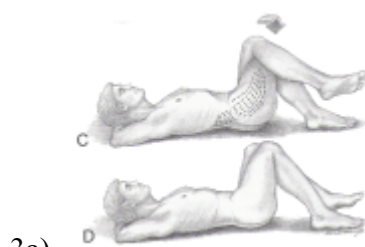
### Prevention Tips

The following tips may be helpful in preventing low back pain associated with strain and sprain:

- Do crunches and other abdominal-muscle strengthening exercises to provide more spine stability. Swimming, stationary bicycling and brisk walking are good aerobic exercises that generally do not put extra stress on your back.
- Use correct lifting and moving techniques, such as squatting to lift a heavy object. Don't bend and lift. Get help if an object is too heavy or awkward.
- Maintain correct posture when you're sitting and standing.
- If you smoke, quit. Smoking is a risk factor for atherosclerosis (hardening of the arteries), which can cause lower back pain and degenerative disc disorders.
- Avoid stressful situations if possible, as this can cause muscle tension.

Maintain a healthy weight. Extra weight, especially around the midsection, can put strain on your lower back.

### Alternatives.....





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NorthStar is part of the Franklin Community Health  
Network



## The Back Page

Always Tongue in Cheek...

Welcome to the Secret Squirrel version of the Back Page. To read the secret message lightly rub a little water on the space to the left! Enjoy!

*I have never been hurt by what I have not said.*  
*-Calvin Coolidge*

