Dear Colleagues, Friends, and Guests:

AOHC 2016 will be our 101st annual meeting, and 2016 marks ACOEM’s 100th anniversary—our Centennial Year! For over a century ACOEM has set the standard of excellence in worker and workplace health and safety.

Some of you are longtime participants in the conference who have witnessed the evolution of our specialty and shared in advancements and challenges over the course of your career. For others this may be your first year attending AOHC and you’re hoping to absorb as much as you can. No matter where you are in your career, attending this conference will support your commitment to staying informed, sharpening your skills and continuing to deliver the best care to your patients.

Our AOHC 2016 Planning Committee, chaired by Natalie Hartenbaum, MD, MPH, FACOEM, has developed an excellent program featuring a wide variety of educational options and activities. The committee works hard to offer topics that are important in everyday occupation medicine practice, ensuring that you can gain very practical clinical knowledge. Choose the sessions most beneficial to you, those that will be of most use to enhance your practice. I also urge you to step outside your comfort zone a time or two! Be open-minded about other areas – you never know what might be important to you tomorrow!

Here are just a few conference highlights:

- **Timely education.** In addition to all of the great educational offerings you have come to expect at AOHC, we’re especially excited about a 4-part session on the history of occupational medicine. It’s important to understand where we were, how we got there, and where we’re going.

- **Outstanding location.** Chicago! There is so much do to here and such wonderful culture. Amazing restaurants, easy walkability, world-renown architecture and museums, shopping, sight-seeing and so much more. The location at the Sheraton Grand Chicago couldn’t be better. We’ll be perfectly located right on the Chicago River just off famous Michigan Avenue. Of note, Chicago’s industrial history is especially relevant to occupational medicine.

- **Networking.** Take part in every activity you can to maximize your opportunities! Time after time I hear the leaders in our field say that the connections they made over the years were key factors in their professional success.

- **Centennial Celebration.** While we’ll observe our 100th anniversary all year long and throughout AOHC, our special evening on Tuesday, April 12, is a must-attend. We’ll be at nearby Navy Pier which it happens is also celebrating its 100th year in 2016! More details will be shared as the planning unfolds.

In summary, please don’t miss AOHC 2016 in Chicago. I’m looking forward to YOU being there and together, we’ll celebrate 100 years of occupational and environmental medicine and kick off the next 100!

Mark A. Roberts, MD, PhD, MPH, FACOEM
President, ACOEM

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**SCHEDULE AT-A-GLANCE**

**SATURDAY, APRIL 9, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:00am-12:00pm</td>
<td>House of Delegates Meeting</td>
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</table>

**FRIDAY-SATURDAY, APRIL 8-9, 2016**

**PRE-CONFERENCE COURSE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Course</th>
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<tbody>
<tr>
<td>8:00am-5:00pm</td>
<td>Medical Review Officer (MRO) Comprehensive</td>
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<tr>
<td></td>
<td>Foundations of Occupational Medicine, Segment 2</td>
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<td></td>
<td>Occupational Medicine Board Review</td>
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<td>AMA Guides to the Evaluation of Permanent Impairment, 6th Edition (ends at 12:00pm on Saturday)</td>
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<td>Time</td>
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<tr>
<td>7:00am-8:00am</td>
<td>New Member Orientation</td>
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<tr>
<td>9:00am-10:00am</td>
<td>Session 102 Becoming an ACOEM Fellow</td>
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<tr>
<td>9:00am-10:00am</td>
<td>Session 101 Introduction to OEM (for newcomers to OEM only)</td>
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<tr>
<td>10:00am-11:00am</td>
<td>Session 104 ACOEM’s Maintenance of Cert. Part IV</td>
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<td>11:00am-12:00pm</td>
<td>Session 103 Leadership for Physicians: Necessary Knowledge Not Taught in Medical School</td>
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<td>12:00pm-1:30pm</td>
<td>Lunch on Own</td>
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<td>1:30pm-2:30pm</td>
<td>Session 112 TED2: OEM’s Top Ten Contributions to the World</td>
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<td>1:30pm-2:30pm</td>
<td>Session 108 ACOEM Jeopardy</td>
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<td>1:30pm-2:30pm</td>
<td>Session 109 Occupational Spirometry Highlights: Pitfalls and Interpretation</td>
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<td>1:30pm-2:30pm</td>
<td>Session 111 Accident Detectives: Medical Issues in Occupational Incident Investigations</td>
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<td>2:30pm-2:45pm</td>
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<td>2:45pm-3:45pm</td>
<td>Session 112, Continued</td>
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<td>2:45pm-3:45pm</td>
<td>Session 113 Mindfulness for Physicians</td>
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<td>Session 114 Electronic Medical Records: Ethical Access and Use in OEM</td>
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<td>2:45pm-3:45pm</td>
<td>Session 115 Standardized Model for Weight Management at Work: The CDC Diabetes Prevention Program</td>
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<td>2:45pm-3:45pm</td>
<td>Session 117 Head Trauma: Best Practices for Complex Cases and Fitness-for-Duty in Safety Sensitive Populations</td>
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<td>2:45pm-3:45pm</td>
<td>Session 118 Returning to Work and Staying at Home with Chronic Musculoskeletal Pain</td>
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<td>2:45pm-3:45pm</td>
<td>Session 119 Merging Clinical Decision Support and Electronic Health Record Systems</td>
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<td>2:45pm-3:45pm</td>
<td>Session 120 Why Invest in Community Health: What’s Working and How to Take Action</td>
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<td>2:45pm-3:45pm</td>
<td>Session 121 NIOSH Occupational Research Agenda</td>
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<td>3:45pm-4:00pm</td>
<td>Break</td>
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<tr>
<td>4:00pm-5:00pm</td>
<td>Session 117 Head Trauma: Best Practices for Complex Cases and Fitness-for-Duty in Safety Sensitive Populations</td>
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<td>4:00pm-5:00pm</td>
<td>Session 121 NIOSH Occupational Research Agenda</td>
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<tr>
<td>5:00pm-6:45pm</td>
<td>Exhibit Hall Opening Reception and Resident Abstract Poster Presentations</td>
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<tr>
<td>7:00pm-8:30pm</td>
<td>Session 100 AOHC Opening Session: CO Sappington Lecture and Induction of New Fellows</td>
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</tbody>
</table>

**TRACK KEY**
- Other
- Environmental Health and Risk Management
- OEM Clinical Practice
- Management and Administration in OEM
- OEM Education and Scientific Research
- Regulatory, Legal, Military, and Governmental OEM
- * Separate registration required; additional fee applies
- ** Advanced registration required; additional fee applies
## Session 201
**Benchmarking Best Practices Towards a Global Culture of Health**

## Session 202
**Health of the Physician Workforce: Unique Needs of an Aging Workforce**

## Session 203
**Case Studies in Environmental Health: ATSDR Experience**

## Session 205
**The Determination of Causation in OEM: Where Law and Logic Often Conflict**

## Session 206
**Leading Employer Tackles COPD... Evidence Base for Mgmt**

## Session 207
**The History of OEM: OM Becomes a Specialty - Part I**

## Session 208
**Commercial Driver Medical Examination: What's New**

## Session 209
**OSHA-NIOSH Workplace Investigations**

## Session 210
**The Independent Medical Evaluation**

## Session 211
**Resident Research Abstract Presentations**

## Session 212
**Break (Exhibit Hall)**

## Session 213
**The History of OEM: OM Becomes a Specialty - Part II**

## Session 214
**Low Back Surgery and Workers' Comp: Role of the OM Provider in Helping Patients Make Better Informed Decisions**

## Session 215
**Essentials of OEM Prgrm. Accreditation: Joint Commission and NCQAA Accreditation Processes**

## Session 216
**Knee, Shoulder, Spine - Part I: The Basics, Exam and Imaging**

## Session 217
**Critical Skills: Assessing Your OEM Competencies**

## Session 218
**Service Animals in the Workplace: What You Need to Know**

## Session 220
**Issues Affecting the Health of Underserved Occ. Populations**

## Session 221
**Reproductive Developmental Hazard Management**

## Session 222
**Knee, Shoulder, Spine - Part II: Treatment, Return-to-Work and Permanency**

## Session 223
**Facilitating Integrated Health and Safety Management in the Workplace**

## Session 224
**Respirators: Emerging Issues and Practical Implications**

## Session 225
**Legislation and Administration in OEM Management and Administration in OEM**

### TRACK KEY
- **Other**
- **Environmental Health and Risk Management**
- **OEM Clinical Practice**
- **OEM Education and Scientific Research**
- **Regulatory, Legal, Military, and Governmental OEM**

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# TUESDAY, APRIL 12, 2016 ~ CME: 6.5

<table>
<thead>
<tr>
<th>Time</th>
<th>Session 300</th>
<th>Session 301</th>
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<th>Session 303</th>
<th>Session 304</th>
<th>Session 305</th>
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<tr>
<td>7:00am - 8:00am</td>
<td>Preparing</td>
<td>So, You Want to</td>
<td>Advances in</td>
<td>Musculoskeletal</td>
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<td>8:30am - 10:00am</td>
<td>Health Risk</td>
<td>Session 307</td>
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<td>Session 309</td>
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<td>Assessment</td>
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<td>and ACOEM</td>
<td>Sleep Medicine</td>
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<td>Medical Devices and</td>
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<td>Electromagnetic</td>
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<td>Interference</td>
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<td>Session 310</td>
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<td>Session 314</td>
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<td>What Constitutes</td>
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<td>The History</td>
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<td>Session 317</td>
<td>Session 318</td>
<td>Session 319</td>
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<td>Violence</td>
<td>The Occupational</td>
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<td>Prevention:</td>
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<td>Library of</td>
<td>Shooter in</td>
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<td>Where Are We</td>
<td>Toolkit for</td>
<td>Medicine’s</td>
<td>Medicine:</td>
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<td>Fitness for</td>
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<td>Environmental</td>
<td>OEM Clinician</td>
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<td>Duty</td>
<td>Environmental</td>
<td>Health</td>
<td>Roles in Three</td>
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<td>Evaluations</td>
<td>Health</td>
<td>Information</td>
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<td>4:30pm - 7:30pm</td>
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<td>Centennial Event: Session and Reception at Navy Pier</td>
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<td>(Transportation provided from the Sheraton Grand Chicago beginning at 3:30pm)</td>
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**TRACK KEY**
- **Other**
- **Management and Administration in OEM**
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- **Regulatory, Legal, Military, and Governmental OEM**
- **OEM Clinical Practice**

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<table>
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<tr>
<th>Time</th>
<th>Session 401</th>
<th>Session 402</th>
<th>Session 403</th>
<th>Session 404</th>
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</thead>
<tbody>
<tr>
<td>7:00am-8:00am</td>
<td>Advances in Clinical Medicine, Part II</td>
<td>When You Make the Front Page: DoD Response to a Media Blitz Associated with Personnel Exposed to Chemical Warfare Agents</td>
<td>Global Health and Productivity Management</td>
<td>Evidence-based Diagnosis and Treatment of Back and Neck Complaints: New ACOEM Back and Neck Guidelines</td>
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<td>8:00am-8:30am</td>
<td>Breakfast</td>
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<tr>
<td>8:30am-9:30am</td>
<td>Session 405</td>
<td>Session 406</td>
<td>Session 402, Continued</td>
<td>Session 403, Continued</td>
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<td>Marijuana: The Science, The Law, and The Experience</td>
<td>Current Issues and Updates in Medical Center Occupational Health</td>
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<tr>
<td>9:30am-9:45am</td>
<td>Breakfast</td>
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<td>9:45am-10:45am</td>
<td>Session 405, Continued</td>
<td>Session 406, Continued</td>
<td>Session 407 Past, Present, and Future of Gizmos and Gadgets: The History and Advancement of OEM and Industrial Hygiene Technologies</td>
<td>Session 408 Communicable Disease Preparedness and Business Response</td>
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<td>10:45am-11:00am</td>
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<td>Session 407, Continued</td>
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**Track Key**

- Other
- Environmental Health and Risk Management
- OEM Clinical Practice
- Management and Administration in OEM
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ACOEM LEADERSHIP

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Vice President
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Tanisha K. Taylor, MD, MPH, FACOEM
Amanda C. Trimpey, MD, MPH, FACOEM

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Paul J. Papanek, MD, MPH, FACOEM
Daniel G. Samo, MD, FACOEM

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Speaker
Philip Adamo, MD, MPH, FACOEM
Speaker-Elect
Nelson S. Haas, MD, MPH, MA, FACOEM
Recorder
Douglas W. Martin, MD, FACOEM

2016 AOHC Program Planning Committee

Chair
Natalie Hartenbaum, MD, MPH, FACOEM

Committee Members
Mark J. Boquet, MD, MPH, MS, FACOEM
Robert M. Bourgeois, MD, MPH, FACOEM
Catherine Champi, CRNP, MSN, BC
Marianne Cloeren, MD, MPH, FACOEM, FACP
David L. DeRegis, MD, MPH
Michael L. Fischman, MD, MPH, FACOEM
Tifani Lowe Gleeson, MD, MPH, FACOEM
Pamela A. Hymel, MD, MPH, FACOEM
Ted Niemiec, MD, MRO, CIME
Peter Orris, MD, MPH, FACP, FACOEM
John D. Piacentino, MD, MPH, FACOEM
Daniel G. Samo, MD, FACOEM
Mark C. Taylor, MD, MPH, FACOEM
Craig D. Thorne, MD, MPH, FACOEM

Advisory Panel
Patrick Laraby, MD, MPH, MS, MBA, FACOEM
Mark A. Roberts, MD, PhD, MPH, FACOEM
PRE-CONFERENCE COURSES

FRIDAY-SATURDAY,
APRIL 8-9, 2015

9:00am - 5:00pm

Medical Review Officer Comprehensive
Kent Peterson*, MD, FACOEM (Course Director)

This course offers current and aspiring medical review offices (MROs) an excellent opportunity to increase and update their knowledge and familiarity with changes in substance abuse testing and federal regulations affecting the role of MROs. ACOEM has been the educational provider of choice for MROs since 1990. More than 14,000 physicians have completed ACOEM’s highly acclaimed training.

Foundations of Occupational Medicine — Segment 2
Robin F. Griffiths*, MBCHB, FAFOM, FFOM, MPP, FACOEM (Course Director)
John W. Burress*, MD, MPH, FACOEM (Course Director)

For physicians and health professionals interested in—but not particularly familiar with—occupational medicine (OM), ACOEM’s Foundations of Occupational Medicine courses provide an excellent and comprehensive introduction. You will obtain practical information that will be useful in managing the clinical, regulatory, and administrative functions of an OM practice—at a primary care level. Topics for Segment 2 include: Industrial Hygiene; Cardiology; Hematology; Biological Monitoring; Infectious Diseases; Neurotoxicity; Reproductive Health; Fibrotic Lung Diseases; Metals; Airway Disorders; Legal Issues; and Chronic Pain.

Occupational Medicine Board Review
John Meyer*, MD, MPH, FACOEM (Course Director)

If you are striving to reach—or maintain—the definitive credential in your profession—occupational medicine certification by the American Board of Preventive Medicine (ABPM)—look no further for expert assistance and instruction. Now you can prepare confidently for the certifying or recertifying examination. By taking the ACOEM Occupational Medicine Board Review course, you can refresh your knowledge of the exam’s content, identify strengths and weaknesses in your preparation, and learn how to concentrate on areas for which you need more review. ABPM will hold the MOC examination immediately following the course on Sunday afternoon. For registration and exam details, please contact them at www.theabpm.org.

9:00am-5:00pm
(ends at 12:00pm on Saturday)

AMA Guides to the Evaluation of Permanent Impairment 6th Edition and Other IME Skills (presented by ABIME)
Mohammed Ranavaya, MD, JD, MS, FRCP, FFOM, CIME (Course Director)

AMA guides to the evaluation of permanent impairment 6th edition is the global benchmark for the evaluation of permanent impairment in the workers comp claims both in the US and internationally. This course is specifically designed to educate and prepare physicians and other Occupational health professionals in the use of the AMA Guides to the Evaluation of Permanent Impairment 6th ed. and meets (among other) the educational prerequisite to qualify for the CIME/CICE CERTIFICATION examination through American Board of independent Medical Examiners (ABIME). The program is suitable for a multi-disciplinary audience, particularly for those who are intending to sit for the ABIME’s AMA guides proficiency certification exam available for Non-physician. Anyone involved in performing, reviewing or managing impairment ratings or disability evaluations, should to attend this educational program. The American Board of Independent Medical Examiners (ABIME) will hold an examination in Chicago, IL on Saturday afternoon, April 9. For information or to register for the examination, call ABIME at 304-733-0095 or visit www.abime.org

* = ACOEM Member
CONCURRENT SESSIONS

SUNDAY, APRIL 10, 2016

7:00am - 8:00am

Session 099: New Member Orientation .......... CME/MOC: 0.0
TRACK(S): Other
Are you a potential or new member of ACOEM? Are you a current member who would like to become more involved? Then come to this informal event and network with component, section, and national leaders of the College. Discover ways to get involved and reach the maximum potential of your membership. Continental breakfast will be provided. This session may be of particular interest to residents and recent graduates.

FOR NEWCOMERS TO OCC MED ONLY
Session 101: Introduction to OEM ................. CME/MOC: 3
TRACK: Other
Robert M. Bourgeois*, MD, MPH, FACOEM, Bourgeois Medical Clinic, Morgan City, LA
Natalie Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA
Douglas W. Martin*, MD, FACOEM, FAADEP, FAAFP, UnityPoint Clinic, Sioux City, IA
Mark A. Roberts*, MD, PhD, FACOEM, Exponent, Inc., Chicago, IL
Chris Stewart-Patterson*, MD, CCBOM, FACOEM, Khatsahlano Corporate Medical Services, Vancouver, BC

Are you aware of family, urgent care, or internal medicine physicians, nurse practitioners, or physician assistants who are not trained in OEM but are interested in adding some OEM competencies to their “tool kits”? If so, let them know about this great opportunity to learn more about OEM! Are you seeing patients with occupational illnesses or injuries such as musculoskeletal injuries with impairment for joints and the spine or opioid-related issues in the workplace? Are you asked to develop return-to-work plans for your patients? This session will provide a brief introduction on the ways that primary care physicians and other practitioners can benefit from the many resources of OEM. This session may be of particular interest to residents and recent graduates.

9:00am - 12:00pm

Session 102: Becoming an ACOEM Fellow ... CME/MOC: 1.0
TRACK: Other
Natalie P. Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA

Fellow is the highest classification of membership in ACOEM. Fellowship distinguishes and recognizes members of the College for their training, accomplishments, and experience in occupational medicine at the national, component, and local levels, as well as the member’s academic and scientific contributions. The Committee of Fellowship Examiners feels passionately that the College needs more Fellows and that those who are making significant contributions to the College and the field of occupational and environmental medicine deserve special recognition. Come to this session to learn about the Fellowship application process.

Session 103: Business Leadership for Physicians: Necessary Knowledge Not Taught in Medical School.......... CME/MOC: 3.0
TRACK: Management and Administration in OEM
Catherine M. Baase*, MD, FAAFP, FACOEM, Dow Chemical Company, Midland, MI
Roger L. Chaufournier, MHSA, CSI Solutions, LLC, Bethesda, MD
Pamela A. Hymel*, MD, MPH, FACOEM, Walt Disney Parks and Resorts, Anaheim, CA
Craig D. Thorne*, MD, MPH, FACOEM, Erickson Living, Washington, DC

Health care is complex and fast-moving and occupational health physicians recognize that providing excellent care is not enough. They know that it is critical to develop exceptional leadership skills and business acumen as well. This interactive workshop is designed to include succinct presentations on advanced leadership and management tools and case examples about how they have already positively impacted clinical care and program development within several companies. The lead speaker is a renowned healthcare business professor and other faculty members are innovative occupational health physicians, they have mastered leadership and management skills to present business cases for new or improved services with measurable return on investment and process improvement techniques and tools to improve the delivery of occupational health services and demonstrate value. Specific case reports will highlight best practices in demonstrating business case and return-on-investment, collaboration with multiple stakeholders, and measuring and managing work. Attendees will have the opportunity to present their own management challenges they are faced with to the faculty in advance and during the interactive workshop to maximize this learning opportunity. This session may be of particular interest to residents and recent graduates.

10:00am - 11:00am

Session 104: ACOEM’s Maintenance of Certification Part IV Program ......................................... CME/MOC: 1.0
TRACK: Other
Clare Bonnema, American Board of Preventive Medicine, Chicago, IL
William W. Greaves*, MD, MSPH, FACOEM, American Board of Preventive Medicine, Chicago, IL
Denece O. Kesler*, MD, MPH, FACOEM, University of New Mexico, Albuquerque, NM

As one of the four parts required for recertification under Maintenance of Certification, ABPM diplomates are required to complete a practice performance assessment – also known as Part IV. This component utilizes a quality improvement model with opportunities for assessment of practice performance and improvement activities available in clinical practice, teaching, research, and administration. This session will cover ACOEM’s Part IV program.

* = ACOEM Member
CONCURRENT SESSIONS

SUNDAY, APRIL 10, 2016

10:00am – 12:00pm

Session 105:
Individual Abstract Presentations........................ CME/MOC: 2.0
TRACK: OEM Education and Scientific Research

The objective of this session is to present important research findings on current occupational and environmental medicine topics. All presentations were selected through a peer-review process of submitted abstracts to ensure the highest quality of science and relevance. This session may be of particular interest to residents and recent graduates.

Session 106: International Panel Discussion... CME/MOC: 1
TRACK: Other

Representatives of various international occupational groups will discuss issues of common concerns, challenges, and opportunities facing occupational medicine across the world. Audience participation is a key part of the program and session participants will be encouraged to raise questions and offer additional insights.

11:00am - 12:00pm

Session 107: Becoming Board Certified and Maintaining Board Certification in Occupational Medicine ....................... CME/MOC: 1.0
TRACK: Other

Clare Bonnema, American Board of Preventive Medicine, Chicago, IL
William W. Greaves*, MD, MSPH, FACOEM, American Board of Preventive Medicine, Chicago, IL

Members of the American Board of Preventive Medicine will be on hand to discuss specifics regarding the rules for acceptance as a candidate to sit for the initial certification examination, as well as for the four parts required for recertification under Maintenance of Certification: professionalism, lifelong learning, cognitive examination, and practice performance. Extensive Q&A with attendees has been a hallmark of this session. Additional information is available on the ABPM web site at www.theabpm.org. This session may be of particular interest to residents and recent graduates.

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1:30pm - 2:30pm

Session 108: ACOEM Jeopardy ..................... CME/MOC: 1.0
TRACK: Other

Natalie P. Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA
Douglas W. Martin*, MD, FACOEM, FAADEP, FAAFP, Unity Point Clinic - Occupational Medicine, Sioux City, IA

Join in a round of ACOEM Jeopardy. Watch surprise contestants compete to see how much they know about the history of ACOEM and Occupational Medicine. Do you know more than the “experts”? The session coordinators are looking for teams of 3, representing a component, section, committee, university, workplace or just a rag-tag group that wants to have fun (and compete for prizes). Audition tapes are not requested but we do need the name of your team and the team members by March 1, 2016. Selected teams will be notified in advance. Send your team information to Dr. Hartenbaum at ocorumexd@comcast.net and put ACOEM/OM Jeopardy in the subject line.

Session 109: Occupational Spirometry Highlights: Pitfalls and Interpretation............................. CME/MOC: 1.0
TRACK: OEM Clinical Practice

Mary C. Townsend*, DrPh, M. C. Townsend Associates, LLC, Pittsburgh, PA

Occupational spirometry testing is often performed to comply with federal regulations and industry requirements. However, the technical quality of such testing is often mediocre, producing inaccurate results and leading to incorrect inferences about a worker’s health. To increase practitioners’ awareness of the impact of spirometry’s many parts, this one hour session will draw on requirements and best practice guidelines for occupational testing. Recommendations for training, major spirometer issues, and requirements for valid tests will be reviewed. Volume-time and flow-volume curves and their importance to the technician and the practitioner will be reviewed, testing errors will be demonstrated, and interpretation of test results will be reviewed. Prior to the session, participants are encouraged to print out “OSHA 3637-03 2013: Spirometry Testing in Occupational Health Programs: Best Practices for Healthcare Professionals” from https://www.osha.gov/Publications/OSHA3637.pdf so it can be referred to it in the class. This session may be of particular interest to residents and recent graduates.

Session 110: Respectful Feedback and Organizational Effectiveness ....................... CME/MOC: 1.0
TRACK: Management and Administration in OEM

David Frances*, PhD, Quadrant Health Strategies, Inc., Beverly, MA

There is a huge educational gap in the management and communication skills of OEM professionals. Graduate education, technical competence and professional licensure often ignore totally the interpersonal skills required of all effective relationships. This session is designed to address difficult conversations in a straightforward manner that has been successfully employed in every type of organizational environment, including OEM.
CONCURRENT SESSIONS

SUNDAY, APRIL 10, 2016

1:30pm - 2:30pm

Session 111: Accident Detectives: Medical Issues in Occupational Incident Investigations .......... CME/MOC: 1.0
TRACK: Environmental Health and Risk Management


When an incident occurs in the workplace, it is critical to investigate and analyze the possible causes and contributing factors so that appropriate measures can be implemented to prevent similar incidents and improve safety. Investigators must often evaluate factors such as impairment or incapacitation, survivability, injury causation, physical control, sensory ability, and medical certification. Unfortunately, the individuals and organizations conducting the investigation sometimes lack the experience and training required to fully understand all of the relevant medical issues. In addition to other evidence gathered during an investigation, medical personnel should actively advocate for the collection of medical data, both at the time of the incident and from pre-existing records. These data may include photographs, voice or video recordings, toxicology testing, interviews, medical records and/or autopsy reports. Analysis of this information can be critical to fully understanding the role that medical issues may have played in an occupational incident. Using real-world examples, the presenter will outline many of the medical tools, resources, and evaluations that can yield important insights during an investigation.

1:30pm - 3:45pm

Session 112: TED2: OEM's Top Ten Contributions to the World ... CME/MOC: 2.0
TRACK: Other

Marianne Cloeren*, MD, MPH, FACOEM, Managed Care Advisors, Inc., Bethesda, MD
Constantine Gean*, MD, MS, MBA, FACOEM, Liberty Mutual, Glendale, CA
T. Warner Hudson*, MD, FACOEM, FAAFP, UCLA Health System and Campus, Los Angeles, CA
Bernyce Peploowski*, DO, FACOEM, US Health Works, Calabasas, CA
Kent W. Peterson*, MD, FACOEM, Occupational Health Strategies, Charlottesville, VA

TED1 in Baltimore focused on practical skills and tools for improving presentation effectiveness to take presenters from “good” to “outstanding.” TED2 speakers will apply these skills in short, dynamic presentations that succinctly communicate OEM’s top ten contributions to the world—to employers, workers and communities. The session will address the question: “what simple key lessons could employers and workers learn from a hundred years of OEM experience?” The top ten are selected based on dialogue, literature reviews and interaction with the speakers. The session will also showcase well-documented, evidence-based workplace policies, programs, practices skills and tools that give OEM professionals competitive advantage. As members of ACOEM’s Teaching Academy, TED1 speakers will coach bright, articulate future OEM leaders to summarize the best evidence of OEM’s top ten contributions to society. The goal is to showcase OEM’s powerful success on ACOEM’s 100th anniversary.

2:45pm-3:45pm

Session 113: Mindfulness for Physicians ..... CME/MOC: 1.0
TRACK: OEM Clinical Practice; Management and Administration in OEM

Daniel J. Conti, PhD, JP Morgan Chase, Chicago, IL
Roger Thomson, PhD, Chicago, IL

The session focuses on the use of mindfulness for both personal well-being as well as clinical practice opportunities. Dr. Roger Thomson is an expert in treating a wide-range of problems with special interests in helping people with anxiety, chronic pain and other medical problems. Personal and executive coaching is also one of his specialties.

Session 114: Electronic Medical Records: Ethical Access and Use in OEM .................... CME/MOC: 1.0
TRACK: OEM Clinical Practice; Management and Administration in OEM

William Judge, JD, LLM, Encompass Compliance, Corp., Cornelius, NC
Amir Mohammad, MD, MPH, Veterans Health Administration/ Yale University OEM Program, New Haven, CT
James A. Tacci*, MD, MPH, JD, FACOEM, Rochester Regional Health System, Rochester, NY

With the proliferation of electronic medical records and databases that contain private health information, there are unprecedented opportunities for obtaining useful information that can help OEM clinicians make important decisions, for example, fitness-for-duty, work causation, and legitimacy of controlled drug use. However, ability to access such information does not necessarily mean it is legal, and legality of access does not necessarily mean it is ethical. In this session, panelists will address the legality, ethics, appropriateness and needed disclosures related to accessing electronic medical records and other health databases (e.g. state Prescription Drug Monitoring Programs – PDMPs) for OEM-relevant purposes other than providing direct patient care. Panelists include a workplace drug compliance expert, an occupational medicine physician working on related policies for the VA, and a JD/MD occupational medicine specialist. This session may be of particular interest to residents and recent graduates.
CONCURRENT SESSIONS

SUNDAY, APRIL 10, 2016

2:45pm-3:45pm

Session 115: Standardized Model for Weight Management at Work using the CDC Diabetes Prevention Program ........................................ CME/MOC: 1.0
TRACK: OEM Clinical Practice

Lisa R. Connor, RN, BSN, CDE, Vanderbilt Health Plus, Nashville, TN
Lori A. Rolando*, MD, MPH, FACOEM, Vanderbilt University and Medical Center, Nashville, TN
Mary Yarbrough*, MD, MPH, FACOEM, FACPM, Vanderbilt University and Medical Center, Nashville, TN

According to the CDC, diabetes is an epidemic that is significantly affecting the health and future of the U.S. It is estimated that 29.1 million Americans have diabetes, and another 86 million Americans have pre-diabetes. Diabetes is a problem that impacts employers and employees alike. In addition to the obvious direct costs associated with diabetes (i.e. cost of medical care, treatments, etc.) employers should also consider the indirect costs. These range from loss of production in relation to quality of work, absence, sickness, etc. to intangible costs such as pain, anxiety and an elevation in stress. From a financial and productivity perspective, employers should consider implementing effective preventive programs that will not only support their employees in seeking a healthy lifestyle, but will also invest into their long-term health. Vanderbilt Health and Wellness has implemented a workplace, lifestyle change program based on a CDC-led National Diabetes Prevention Program that is proven to prevent or delay type 2 diabetes. Their tailored program has been integrated into an already-existing program, addresses leadership support, and targets employee and provider buy-in.

Session 116: Public Safety: 20/20 Hindsight Makes Great Regulations ....................... CME/MOC: 1.0
TRACK: Regulatory, Legal, Military, and Governmental OEM

Natalie P. Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA

Many of the regulations that impact public safety and affect the practice of occupational medicine are the result of significant events. This session will highlight the events that led to regulations in medical fitness, drug testing, hours of duty and others and discuss whether they have made a difference.

TRACK: OEM Clinical Practice

Jonathan S. Rutchik*, MD, MPH, FACOEM, University of California, San Francisco, CA

This session will introduce cases of complex head trauma and discuss the best practices. Clinical examination pearls, referral strategies and diagnostic testing will be discussed. Furthermore, issues surrounding fitness for duty for patients with post-concussion headaches, dizziness and vertigo, seizures, cognitive challenges, and post traumatic stroke will be discussed for those in safety sensitive positions such as commercial drivers, firefighters, police and aviation professions.

Session 118: Returning to Work and Staying at Work with Chronic Musculoskeletal Pain .......... CME/MOC: 1.0
TRACK: OEM Clinical Practice

Russell Gelfman*, MD, MS, Mayo Clinic, Rochester, MN

Chronic musculoskeletal pain is prevalent in the population and the costs associated with the resultant absenteeism and losses of productivity are high. While past research has often focused on individuals who are disabled from work, there have been several more recent studies examining the factors associated with staying at work despite the presence of chronic musculoskeletal pain. This session will review the evidence regarding these factors and provide insights for clinicians in occupational medicine and rehabilitation to help support and promote strategies that help workers with chronic musculoskeletal pain not only return to work, but also to stay at work.

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Empowering electronic health record (EHR) systems by embedding clinical decision support systems (CDS) will automatically provide just-in-time occupational health expertise, monitor clinician and patient use of recommended standards, and facilitate workflow. NIOSH requested input about potential systems for primary care from groups convened by ACOEM, AOEC, and ATS. This session summarizes recommendations for 3 common problems: back pain (unrelated to a work-related injury) return to work, diabetes, and work-related asthma. Presenters will discuss potential obstacles and future innovative approaches such as AI and natural language processing. CDS systems can scan the information in the EHR and automatically generate recommendations, provide necessary knowledge, monitor compliance with recommendations, and encourage occupational medicine specialty referral when appropriate. The session will also illustrate potential benefits of merging CDS and RHT systems in occupational clinics. CDS-EHR approaches will have immediate and long-term implications for both OM clinics and for delivering occupational health services in non-specialty clinics. Attendees will gain both immediately useful and longer-term insights.

Workplace health promotion programs are offered by almost 80% of employers in the U.S., yet the majority of those programs fail to address community-level drivers of workforce health (The Vitality Institute, 2015). American businesses have the unique ability to impact the health of the communities around them, while improving business performance. To advance population health in a community requires not only business engagement but that of multiple stakeholders across various sectors. This session will provide an overview of the Healthy Workplaces, Healthy Communities (HWHC) initiative that aims to build the business case and disseminate tools and resources for employers to engage in the health of the communities around them. Several reasons for business involvement in population health efforts will be presented. Participants will understand the results of an executive convening that begins to reveal the underlying business case for employers to invest intentionally in the health of the community.

The National Institute for Occupational Safety and Health (NIOSH) creates new knowledge in the field of occupational safety and health and transfers it into practice globally. NIOSH accomplishes this mission through a variety of scientific activities, such as research, surveillance, field investigations and the development of guidance and recommendations. The purpose of this session is to describe recent advances in occupational safety and health, identify trends affecting the future of occupational safety and health research, and characterize the importance of prioritizing research according to burden, need and impact. Emphasis will be given to the National Occupational Research Agenda. The session will encourage discussion and feedback from participants.

**Session 120: Why Invest in Community Health: What’s Working and How to Take Action ...... CME/MOC: 1.0**

**Session 121: NIOSH Occupational Research Agenda ........ CME/MOC: 1.0***

Session 120: Why Invest in Community Health:
What’s Working and How to Take Action ...... CME/MOC: 1.0

**Session 121: NIOSH Occupational Research Agenda ........ CME/MOC: 1.0**

**Session 100: AOHC Opening Session:**
C. O. Sappington Memorial Lecture ............ CME/MOC: 1.5

**Session 100: AOHC Opening Session:**
C. O. Sappington Memorial Lecture ............ CME/MOC: 1.5

**Session 100: AOHC Opening Session:**
C. O. Sappington Memorial Lecture ............ CME/MOC: 1.5

The opening session of the 101st annual meeting of the American College of Occupational and Environmental Medicine will feature the induction of new Fellows and the C.O. Sappington Memorial Lecture. Named for Clarence Olds Sappington, MD, DrPH (1889-1949), a noted consultant in occupational diseases and industrial hygiene, this lecture is presented annually at AOHC to serve as a forum to address major issues in occupational and environmental medicine.
**CONCURRENT SESSIONS**

**MONDAY, APRIL 11, 2016**

7:00am - 8:00am

**Session 201: Benchmarking Best Practices**
**Towards a Global Culture of Health** .......................... CME/MOC: 1.0
**TRACK: OEM Education and Scientific Research**

Myles Druckman*, MD, International SOS, Trevose, PA
Robert L. Quigley, MD, D.Phil, International SOS, Trevose, PA
Charles Yarborough*, MD, MPH, FACOEM, CYHealth Associates, LLC, Bethesda, MD

The International Corporate Health Leadership Council is a first-of-its-kind, 501(c) non-profit think tank made up of the most senior leadership in corporate health-medical directors, corporate executives, thought leaders and researchers. The members of the Council represent a cross-section of global industries including manufacturing, finance, technology, automotive and energy/mining/infrastructure industries, with representation from both the CDC and WHO, and employing over two million people worldwide. The Council surveyed global organizations, reviewed recent literature, and canvassed leading global health experts. Six corporate health trends were identified and 10 key recommended actions were established to best protect an organization’s global assets (its employees). The actions are based on three pillars: people, place, and purpose. This presentation outlines the Council’s findings and recommended actions.

**Session 202: Health of the Physician Workforce:**
**Meeting the Unique Needs of an Aging Workforce and Increased Work Demands** .......................... CME/MOC: 1.0
**TRACK: Management and Administration in OEM**

William George Buchta*, MD, MPH, MS, FACOEM, Mayo Clinic, Rochester, MN
Philip T. Hagen*, MD, Mayo Clinic, Rochester, MN
Robin G. Moeller*, MD, MPH, Mayo Clinic, Rochester, MN
Tate D. Shanafelt, MD, Mayo Clinic, Rochester, MN

Approximately 40 percent of practicing physicians are over age 55 and almost 20 percent are over age 65. Yet demands for medical services are increasing faster than the work force is growing. The medical workplace is changing due to technology and the ongoing re-design of health care delivery. This session will profile the physician workforce, describe our research on physician’s perception of their own health needs and those of their colleagues. The session will highlight some of the unique occupational characteristics of the physician’s work force, and physicians as patients. The session will also present a physician care model that can manage preventive needs, acute health needs, and complex illness in the physician, while simultaneously addressing return to work, accommodation, and impairment.

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**Session 203: Case Studies in Environmental Health:**
**ATSDR Experience** ........................................... CME/MOC: 1.0
**TRACK: Environmental Health and Risk Management**

Michelle Watters, MD, PhD, MPH, Agency for Toxic Substances and Disease Registry (ATSDR), Chicago, IL

ATSDR, a federal public health agency, works with communities to address concerns related to environmental contamination. Using case examples from site and emergency response work, this session will cover health concerns, evaluation methods, findings, and recommendations from these examples and discuss the challenges related to addressing these issues.

**Session 205: The Determination of Causation in Occupational and Environmental Medicine:**
**Where Law and Logic Often Conflict** .......................... CME/MOC: 1.0
**TRACK: Regulatory, Legal, Military, and Governmental OEM**

Jason Mark Carlton, JD, Gitto & Niefer, LLP, Binghamton, NY
Theodore F. Them*, MD, MS, PhD, MPH, FACOEM, Guthrie Medical Group, PC, Sayre, PA

The determination of (occupational) causation is an essential component of routine workers’ compensation medical management in Independent Medical Examinations (IMEs), and very frequently in civil cases revolving around environmental toxicology/toxic tort. While the legal standard for such a professional, medical opinion is typically to a reasonable degree of medical certainty, that term is both concurrently vague and misguided. This presentation will focus on both didactic and exemplary case-history components, on the credible, logical, defensible, and evidence-based approach toward establishing medical causation and toward effectively deconstructing/rebutting faulty, established causation arguments.

**Session 206: A Leading Employer Tackles COPD to Refine its Evidence-base for Management** .......................... CME/MOC: 1.0
**TRACK: OEM Education and Scientific Research**

Harris Allen, PhD, Harris Allen Group, LLC, Dorchester, MA
William B. Bunn*, MD, MPH, JD, FACOEM, Medical University of South Carolina, Hilton Head Island, SC

While reporting huge, broad-based reductions in total costs from 2001-2009, Navistar employees also posted an anomaly: its direct costs linked to COPD rose sharply even as associated COPD indirect costs dropped. Prompted by this anomaly, this leading employer undertook a study (Allen et al, JOEM 9/13) for new evidence to strengthen its focus on high-cost, low-prevalent diseases. This study featured novel comparisons tracing the arc of COPD impact over time and found: disconnects between increases vs. decreases in direct costs and their drivers that raised unit price inflation concerns; increases in direct/indirect cost drivers from yet-to-be-diagnosed to diagnosed status that reaffirmed the need for screening; and increases in utilization from newly diagnosed to well-established disease status that underscored the need for continued monitoring. This panel will highlight the substantive concerns raised by these results (e.g., COPD-oriented unit price escalation, prevention, and medical management) concerns, discuss subsequent steps taken by Navistar to address these concerns, and detail methodological breakthroughs that have strengthened an already exemplary approach toward employee health and productivity.

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* = ACOEM Member
**CONCURRENT SESSIONS**

**MONDAY, APRIL 11, 2016**

**8:00am - 12:30pm**

**Session 800: Robert J. Quinn Fire Academy (Worksite Visit)**

CME/MOC: 3.0

TRACK: Other

Participants will experience components of the most widely used pre-placement functional evaluation - the Candidate Physical Abilities Test and will have the opportunity to climb stairs, drag hoses, carry equipment, force entry, raise ladders, drag dummies, breach ceilings and experience what firefighters should be able to do as part of their academy training. The tour of the training facilities will allow participants to learn more about the demands of a firefighting occupation and have an opportunity to discuss with expert trainers the policies, practices and procedures used to safely train effective firefighters, including NFPA 1582.

**8:30am - 10:00am**

**Session 207: The History of Occupational and Environmental Medicine: Occupational Medicine Becomes a Specialty - Part I**

CME/MOC: 1.5

TRACK: Management and Administration in OEM

Paul D. Blanc*, MD, MSPH, University of California, San Francisco, CA

Tee Guidotti*, MD, MPH, FRCPC, FACOEM, Medical Advisory Services, Rockville, MD

Robert K. McLellan*, MD, MPH, FAAFP, FACOEM, Dartmouth Hitchcock Medical Center, Lebanon, NH

The ACOEM Section on History and Archives is pleased to present a series of presentations on the history of occupational and environmental medicine (OEM), from the origins of occupational medicine over 300 years ago to the formation of a national organization of occupational health physicians in the U.S. 100 years ago, to the rapid evolution of the specialty over the past thirty years as modern programs and concepts have arisen in many areas of occupational medical practice, including transportation medicine, substance abuse and screening, and health and productivity management. Speakers include ACOEM leaders with a great deal of personal knowledge and experience, including some who have themselves been instrumental in developing the specialty of OEM in their areas of expertise. The first session, Occupational Medicine Becomes a Specialty, will review our history from the days of Bernardino Ramazzini and before through the industrial revolution to the early 1900s in the U.S., and will include the impact of industrialization and changing technology on occupational illness and injury, the emergence of new biomedical concepts concerning public health and toxicology, and the effects of changing sociopolitical forces on OEM. This session was organized by the History and Archives Special Interest Section. This session may be of particular interest to residents and recent graduates.

**Session 208: Billing Codes for Performance in Workers’ Compensation**

CME/MOC: 1.5

TRACK: Management and Administration in OEM

Robert C. Blink*, MD, MPH, FACOEM, Worksite Partners Medical Group, Inc., San Francisco, CA

Marianne Cloeren*, MD, MPH, FACOEM, Managed Care Advisers, Inc., Bethesda, MD

Kimberly George, Sedgwick Claims Management Services, Inc., Chicago, IL

Lee S. Glass*, MD, State of Washington, Department of Labor and Industries, Mercer Island, WA

There is a long-standing disconnect between required documentation in patient encounters in order to be paid, and what needs to be done in a clinical workers’ compensation encounter in order to practice evidence-based medicine and have good outcomes. A committee under the ACOEM Council on OEM Practice is developing a model for coding workers’ compensation care, which, if adopted, would incentivize clinicians to provide the kind of care needed to help patients recover more quickly, lose less time, and avoid unnecessary or harmful diagnostic testing and treatment. This panel discussion, featuring system stakeholders including OEM physicians, employers, and payers, will address efforts to change coding and payment arrangements that would reward critical OEM services and bypass irrelevancies of current compensation systems. Topics will include feasibility, precedent (Washington and Colorado examples), potential champions, synergy with other efforts, and potential obstacles. This session was organized by the Private Practice in Occupational Medicine Special Interest Section.

**Session 209: The Independent Medical Evaluation**

CME/MOC: 1.5

TRACK: Regulatory, Legal, Military, and Governmental OEM

Douglas W. Martin*, MD, FACOEM, FAADEP, FAAFP, Unity Point Clinic - Occupational Medicine, Sioux City, IA

The performance of an Independent Medical Evaluation is a skill set that some, but not all, occupational medicine physicians add to their menu of clinical services. IMEs are typically thought of in occupational medicine when there are unresolved issues of impairment, work capacity, treatment recommendations, and causation analysis. However, IMEs also performed in disability systems outside of workers compensation in the areas of personal injury, product liability, and long term disability. This session will instruct the learner on the basic components of the IME, how it differs from a typical doctor-patient encounter, and the critical importance of a well-craft ed report. Medico-legal tips will also be covered that will guide the IME physician into areas of confidence as opposed to criticism. The presenter has 22 years of IME experience in many legal arenas and has taught thousands of physicians in the basics of IME provision. This session was organized by the Private Practice in Occupational Medicine Special Interest Section.

* = ACOEM Member
**Session 210: Commercial Driver Medical Examinations: What’s New**

**CME/MOC: 3.0**

**TRACK: OEM Clinical Practice**

Natalie P. Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA
Kurt T. Hegmann*, MD, MPH, FACOEM, University of Utah Rocky Mountain Center, Salt Lake City, UT
Charles Horan, FMCSA, Washington, DC
Matthew S. Thiese*, PhD, MSPH, University of Utah Rocky Mountain Center, Salt Lake City, UT
Eric Wood*, MD, MPH, FACOEM, University of Utah, Salt Lake City, UT

This session will provide an update on the National Registry of Certified Medical Examiners and other issues that affect the commercial driver medical examiner. Recent research on medical issues and commercial drivers will be reviewed. A panel will provide an opportunity for attendees to question experienced examiners and a representative from FMCSA on issues important to the commercial driver medical examiner. This session was organized by the Transportation Special Interest Section. This session may be of particular interest to residents and recent graduates.

**Session 211: OSHA-NIOSH Workplace Investigations: Red Herrings or Canaries in the Coal Mine**

**CME/MOC: 3.0**

**TRACK: Regulatory, Legal, Military, and Governmental OEM**

Bruce P. Bernard, MD, MPH, CDC/NIOSH, Cincinnati, OH
Wendi Dick, MD, MSPH, MCRP, OSHA, Washington, DC
Kathleen Fagan*, MD, MPH, OSHA, Washington, DC
Elena Page, MD, MPH, CDC/NIOSH, Cincinnati, OH

OSHA and NIOSH medical officers will present findings of recent workplace investigations and health hazard evaluations. The presenters will describe the cases, the approaches to the investigations, the investigation results, and the recommendations to employers. Implications for occupational medicine practice, regulations, research, worker and employer education and public health will be explored, as relevant for each case. Time for questions and discussion will be included. This session may be of particular interest to residents and recent graduates.

**Session 212: Resident Research Abstract Presentations**

**CME/MOC: 3.0**

**TRACK: OEM Education and Scientific Research**

John D. Meyer*, MD, MPH, FACOEM, Mount Sinai School of Medicine, New York, NY

This session will provide residents in occupational and environmental medicine with a forum to present current and cutting-edge research in OEM. This session may be of particular interest to residents and recent graduates.

* = ACOEM Member
Low back pain is a major cause of lost work days and chronic disability. Approximately 10% of cases of work-related low back pain account for 80 to 90 percent of costs, with high costs attributable in part to poor surgical outcomes. This session will review the medical evidence that informs medical specialty evidence based guidelines on surgery for low back pain (including ACOEM, ODG and North American Spine Society) and then review recent studies that show actual trends in treatment of low back pain and low back surgery, along with information about pain and function outcomes, for conditions that do and don’t meet guideline indications. Typical surgical consent procedures review the risks of anesthesia and the actual procedure. True informed decision making would provide the patient with information - in language or graphical format at the patient’s level - about the probable short and long-term benefit, possible short and long-term risks, the alternatives to the proposed procedures, and the likely long-term outcomes of the alternatives. The informed decision making process then engages the patient in a discussion that addresses the patient’s goals, risk tolerance for surgery vs. benefits, and values. Preliminary research on structured informed decision making indicates that patients often make different decisions than anticipated by providers, and that patients engaging in informed decision making may have better clinical outcomes. Until informed decision making with standardized patient education becomes the clinical norm with widespread availability, OEM providers can play a more prominent role in patient education and shared decision making to assist patients with making informed choices. This session will present the evidence regarding non-surgical vs. surgical treatment of lumbar radiculopathy and chronic low back pain due to degenerative disc disease, results of outcomes studies, and evidence for using shared decision making in addition to presenting recommendations for implementing this in OEM practice.

Session 215: Essentials of OEM Program Accreditation to Standardize Quality: Case Examples from Joint Commission and National Committee for Quality Assurance Accreditation Processes

Tricia Barrett, MHSA, National Committee for Quality Assurance, Washington, DC
Geralyn Johnson, DDS, MPH, Federal Occupational Health, Bethesda, MD
Michael Kulczycki, MBA, FASAE, The Joint Commission, Oakbrook Terrace, IL
Robert K. McLellan*, MD, MPH, FAAFP, FACOEM, Dartmouth Hitchcock Medical Center, Lebanon, NH
Michelle Smith-Jefferies*, MD, MPH, FACOEM, Federal Occupational Health, Bethesda, MD

Most health care providers are familiar with the hospital accreditation process; however, few ambulatory care providers and even fewer occupational health care providers, consider improving their organization’s quality and safety of care services through a systems accreditation. Federal Occupational Health (FOH), a non-propriated entity within the U.S. Department of Health and Human Services and provider of health, wellness, and safety services to 1.8 million federal employees, chose to seek a systems accreditation by The Joint Commission (TJC). Accreditation is a process whereby healthcare providers invite an independent, outside evaluation of the organization’s health services and the supporting delivery systems. FOH’s journey, as the first and largest federal occupational health service provider, serves as a model of how a nearly 70 year old, expansive provider used this process to improve patient quality of care and safety. An organization, Dartmouth-Hitchcock (D-H) is committed to delivering high value health care, excellent health outcomes, and patient safety at low cost with a great patient experience. The patient centered medical home (PCMH) has been recognized as serving these goals. Because the relationship of the specialty “neighborhood” with a PCMH is crucial to achieving high value care, the National Committee for Quality Assurance (NCQA) established a Patient-Centered Specialty Practice recognition program to encourage specialty practices to work closely with primary care. D-H occupational medicine chose to pursue this certification to enhance the visibility and utility of occupational medicine to primary care and at the same time accelerate its path to achieving the healthiest workforce possible.

Session 801: Goodman Theatre Health Hazards

Tricia Barrett, MHSA, National Committee for Quality Assurance, Washington, DC
Geralyn Johnson, DDS, MPH, Federal Occupational Health, Bethesda, MD
Michael Kulczycki, MBA, FASAE, The Joint Commission, Oakbrook Terrace, IL
Robert K. McLellan*, MD, MPH, FAAFP, FACOEM, Dartmouth Hitchcock Medical Center, Lebanon, NH
Michelle Smith-Jefferies*, MD, MPH, FACOEM, Federal Occupational Health, Bethesda, MD

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Participants will get a behind-the-scenes tour of the theatre facilities with the managers of theatre safety and occupational medicine professionals who are at the forefront of health and safety efforts in the arts. Theatre professionals including actors, crew, props constructors and technical staff encounter many health hazards that are familiar to OH professionals. This tour will demonstrate some of the important health hazards of work in the theatre and help OH professionals learn about the hazards faced by arts professionals and amateurs in their own communities.

* = ACOEM Member
CONCURRENT SESSIONS

MONDAY, APRIL 11, 2016

1:30pm - 3:00pm

Session 216: Knee, Shoulder, Spine: - Part I:
The Basics, Exam and Imaging ................. CME/MOC: 1.5
TRACK: OEM Education and Scientific Research

Sam Biafora, MD, Hand to Shoulder Associates, Arlington Heights, IL
James A. Hill, MD, Northwestern University Feinberg School of Medicine, Chicago, IL
Daniel G. Samo*, MD, FACOEM, Northwest Medical Group, Chicago, IL
Kris Siemionow, MD, University of Illinois, Illinois Spine and Scoliosis Center, Homer Glen, IL

The shoulder, knee and spine are the most commonly injured areas in an occupational medicine practice. Our understanding of the types of injury, what anatomical structures are involved, and how to best image these injuries is constantly changing and improving. This session will cover the history, physical exam, anatomy, common injuries and mechanism of injury, and appropriate imaging of these three commonly injured areas. This session will be a wonderful review and a lead-in for the companion session – Knee, Shoulder, Spine – Treatment, Return to Work and Permanency. This session may be of particular interest to residents and recent graduates.

Session 217: Critical Skills:
Assessing Your OEM Competencies .......... CME/MOC: 1.5
TRACK: OEM Clinical Practice

Melissa Bean*, DO, MBA, MPH, FACOEM, Coventry, Hazelwood, MO
Marianne Cloeren*, MD, MPH, FACOEM, Managed Care Advisors, Inc., Bethesda, MD
Michael J. Levine*, MD, MPH, FACOEM, Private Practice, Williamsburg, VA

In 2014, ACOEM released a guidance statement on Occupational and Environmental Medicine Competencies. This document has the potential to guide individual members in self-assessment of their continuing education needs. It also has the potential to educate ACOEM about member priorities and guide it in setting priorities for CME and other educational activities. During this session the competencies will be reviewed and audience members will be introduced to some online prioritization tools to help them in self-assessment. The audience will be polled using smart phones and other web-enabled devices and results will be discussed in real-time. Data collected will be shared with ACOEM and the AOHC 2017 conference planning committee. Attendees should bring their smart phones or other web-enabled devices with them to the presentation in order to participate fully. This session was organized by the Council on OEM Practice. This session may be of particular interest to residents and recent graduates.

Session 218: Service Animals in the Workplace:
What You Need to Know ....................... CME/MOC: 1.5
TRACK: OEM Clinical Practice

Linda Carter Batiste, JD, Job Accommodations Network, Morgantown, WV
Joyce Edmondson, RN, Veterans Health Administration, Washington, DC
Anne M. Foreman, PhD, NIOSH, Morgantown, WV
Margaret K. Glenn, PhD, West Virginia University, Morgantown, WV
Barbara Jean Meade*, MD, DVM, MPH, PhD, West Virginia University, Morgantown, WV

The use of service animals by individuals with disabilities is expanding rapidly requiring that occupational medicine physicians, health and safety personnel and human resource managers become familiar with the laws governing public access for service animals as well as the risks and benefits associated with service animals in the workplace for both employees and employers. Research and regulations have not kept pace with the expanded use of service animals resulting in obstacles for individuals with disabilities and difficulties in maintaining compliance for employers. Topics covered will include laws relating to service animals as reasonable accommodations in the workplace and housing, and public access to transportation. Additionally, guidance will be provided for those counseling individuals contemplating service animals as an accommodation to facilitate return to work. Participants will be made aware of resources available through the Job Accommodation Network (JAN), a program of the U.S. Department of Labor. Considerations of animal-related workplace hazards and controls to mitigate these will be discussed. Case studies will be used as examples to illustrate these points.

1:30pm - 5:00pm

Session 219: MRO Controversies ............... CME/MOC: 3.0
TRACK: Regulatory, Legal, Military, and Governmental OEM

Karl Auerbach*, MD, MS, MBA, FACOEM, Pulse Occupational Medicine, Greece, NY
Natalie P. Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA
Douglas W. Martin*, MD, FACOEM, FAADEP, FAAFP, Unity Point Clinic - Occupational Medicine, Sioux City, IA
Kent W. Peterson*, MD, FACOEM, Occupational Health Strategies, Charlottesville, VA
R. H. Barry Sample, PhD, Quest Diagnostics, Seneca, SC
Donna Smith, EdD/PhD, EdDPM, Inc., Birmingham, AL
Margaret K. Glenn, PhD, West Virginia University, Morgantown, WV
Anne M. Foreman, PhD, NIOSH, Morgantown, WV
Karl Auerbach*, MD, MS, MBA, FACOEM, Pulse Occupational Medicine, Greece, NY
Natalie P. Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA
Douglas W. Martin*, MD, FACOEM, FAADEP, FAAFP, Unity Point Clinic - Occupational Medicine, Sioux City, IA
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R. H. Barry Sample, PhD, Quest Diagnostics, Seneca, SC
Donna Smith, EdD/PhD, EdDPM, Inc., Birmingham, AL
Margaret K. Glenn, PhD, West Virginia University, Morgantown, WV
Anne M. Foreman, PhD, NIOSH, Morgantown, WV

MRO Controversies is a staple session of AOHC where items of interest to Medical Review Officers are brought forward for insightful discussion that are not taught or addressed in standard MRO training courses. By definition, these issues are intended to raise controversy, as issues such as medical marijuana, alternative testing methodologies, and fitness for duty determinations affect MROs and their practices. In years past we have wrestled with international MRO issues, spousal use concerns and legal parameters. For 2016, given the proposed rule-making regarding the introduction of oral fluid testing as an alternative to urine testing in the federally regulated drug testing programs, there will be much controversy to discuss. Additionally, federal agencies have asked for comments regarding the possibility of considering hair testing. We also will again address the “creep” of incorporating fitness for duty determinations into MRO work. This session was organized by the Medical Review Officers Special Interest Section.

* = ACOEM Member
CONCURRENT SESSIONS
MONDAY, APRIL 11, 2016

1:30pm - 5:00pm

Session 220: Current Issues Affecting the Health and Safety of Underserved Occupational Populations ................................................... CME/MOC: 3.0
TRACK: OEM Clinical Practice

Linda S. Forst*, MD, MPH, MS, University of Illinois School of Public Health, Chicago, IL
Bruce Goldstein, JD, Farmworker Justice, Washington, DC
Gregory D. Kearney*, DrPH, MPH, East Carolina University, Department of Public Health, Brody School of Medicine, Greenville, NC
Scott D. Morris*, MD, MPH, FACOEM, Valley Medica Center, Renton, WA
Poune Saberi*, MD, MPH, University of Pennsylvania School of Medicine, Philadelphia, PA
Marc Schenker*, MD, MPH, University of California, Davis, CA
Molly K. Tran*, MD, MPH, MA, State University of New York-Downstate School of Public Health, New York, NY

This Session will explore current issues affecting the health and safety of different underserved occupational populations in the U.S and abroad. It will also review some of the relevant legal and regulatory changes faced by this marginalized group of workers. This session was organized by the Underserved Occupational Populations Special Interest Section.

Session 221: Reproductive and Developmental Hazard Management ................................................. CME/MOC: 3.0
TRACK: Environmental Health and Risk Management

Beth A. Baker*, MD, FACOEM, FACMT, Canadian Pacific Railway, Minneapolis, MN
Susan Buchanan*, MD, MPH, University of Illinois, Chicago, IL
James H. Diaz*, MD, MHA, MPH, DrPH, FACOEM, LSU Health Sciences Center, New Orleans, LA
Melissa A. McDiarmid*, MD, MPH, DABT, FACOEM, University of Maryland School of Medicine, Baltimore, MD
John D. Meyer*, MD, MPH, FACOEM, Mount Sinai School of Medicine, New York, NY

This session will present common reproductive and developmental hazards encountered through workplace and environmental exposure. It will review determinants of children’s health such as low versus high level lead exposure. And also discuss risks associated with exposure to other metals, solvents, infectious agents, physical agents and other hazards. Legal considerations such as the Pregnancy Disability Discrimination Act, ADA and related amendments, OSHA standards, and FMLA will be reviewed. The EEOC’s 2014 compliance guidelines for workplace accommodation of pregnant women, and also a framework for assessing and managing reproductive and development health risks in the workplace will be discussed. It will also describe web based resources for reproductive hazards. This session was organized by the Environmental Health Special Interest Section.

3:30pm - 5:00pm

Session 222: Knee, Shoulder, Spine – Part II: Treatment, Return-to-Work and Permanency CME/MOC: 1.5
TRACK: OEM Clinical Practice

Sam Biasfora, MD, Hand to Shoulder Associates, Arlington Heights, IL
James A. Hill, MD, Northwestern University Feinberg School of Medicine, Chicago, IL
Daniel G. Samo*, MD, FACOEM, Northwest Medical Group, Chicago, IL
Kris Siemionow, MD, University of Illinois, Illinois Spine and Scoliosis Center, Homer Glen, IL

For those of you who attended Knee, Shoulder, Spine – Exam and Imaging, or those who were already familiar with the information covered in that session, this session will go forward to address more advanced issues encountered in these common occupational orthopedic conditions.OM providers, in order to be able to guide and advise their patients, need to understand the types of treatments available. This session will include both surgical and non-surgical approaches and also address treatments that have been shown not to provide any clinical benefit. Next, the question of return to work will be addressed, including realistic restrictions and typical time frames until return to full duty can be expected. Lastly, there will be discussion about which conditions may lead to the need for permanent restrictions and what those restrictions may be. This session may be of particular interest to residents and recent graduates.

Session 223: Respirators: Emerging Issues and Practical Implications ..................................................... CME/MOC: 3.0
TRACK: OEM Clinical Practice

Barbara I. Braun, PhD, The Joint Commission, Oakbrook Terrace, IL
Philip Harber*, MD, MPH, FCCP, FACOEM, Harber, PLLC, Tucson, AZ
Debra Novak, PhD, RN, NIOSH/CDC, Pittsburgh, PA
Anita Patel, PharmD, CDC Division of Strategic National Stockpile, Atlanta, GA

This session will educate participants about evolving respirator applications in healthcare and for major epidemics. These situations do not follow the typical OSHA driven protocols. The session includes representatives of The Joint Commission, NIOSH, and the Assistant Secretary of HHS for Preparedness and Readiness. This session was organized by the Medical Center Occupational Health Special Interest Section.

* = ACOEM Member
MONDAY, APRIL 11, 2016

3:30pm - 5:00pm

Session 224: Facilitating Integrated Health and Safety Management in the Workplace ..................... CME/MOC: 1.5
TRACK: Management and Administration in OEM

Todd Hohn, CSP, UL Institute of Integrated Health and Safety, Northbrook, IL
Edward Andrew Kapp, PhD, CSP, CHMM, Underwriters Laboratories, Inc., Northbrook, IL

While separate programs in employee wellness, health benefits management and injury and illness prevention can improve employee health and build business value, the growing evidence indicates that an integrative approach can yield improved health outcomes for employees and greater financial returns for companies than multiple stand-alone programs. This session examines those organizational factors that have been demonstrated to facilitate or inhibit the integration of health, safety and wellness into singular unified programs. Synthesizing the results of a number of investigations that the UL Institute of Integrated Health and Safety has conducted on organizations at various locations along the continuum of integration, this session will explore the structural and cultural elements of organizations that underlie successful integrated health and safety program implementation, as well as identify the common pitfalls companies that fail to effectively integrate fall prey to.

TUESDAY, APRIL 12, 2015

7:00am – 8:00am

Session 300: Preventing Delayed Recovery in Injured Workers ........................................CME/MOC: 1.0
TRACK: OEM Clinical Practice

Marcos A. Iglesias*, MD, MMM, FAAFP, FACOEM, The Hartford, Hartford, CT

Bob and Joe are the same age, they work together doing the same job and suffered the same injury. Bob returned to work after a short course of treatment. Joe is still off work 2 years later. Many workers have simple musculoskeletal injuries. Some recover quickly without problems, yet others suffer from significant delays in their recovery. Why? What are the factors that predispose an injured worker to go down the path of delayed recovery? How can physicians quickly identify those at highest risk? And, most importantly, what measures can we take to help the injured worker recover their life speedily? This session will focus on practical tools and techniques to help minimize injured worker disability and delayed recovery.

Session 301: So You Want to Be an ACOEM Leader?............ CME/MOC: 1.0
TRACK: Management and Administration in OEM

Philip Adamo*, MD, MPH, FACOEM, Umass Memorial EH&OIC, Worcester, MA
Marianne Cloeren*, MD, MPH, FACOEM, Managed Care Advisors, Inc., Bethesda, MD
Barry S. Eisenberg*, CAE, American College of Occupational and Environmental Medicine (ACOEM), Elk Grove Village, IL
Stephen A. Frangos*, MD, MPH, FACOEM, Chevron Services Company, Houston, TX
Paul Papanek*, MD, MPH, FACOEM, CAL/OSHA, Torrance, CA
Tanisha K. Taylor*, MD, MPH, FACOEM, Barnabas Health Corporate Care, Lakewood, NJ

Have you ever wondered how ACOEM makes decisions? Thought about what you may be able to achieve if you were in a leadership role? Thinking about serving on a committee or running for office, but wondering about the time commitment? This session will explain how ACOEM leaders are developed, nominated, and selected or elected. Topics will include committees and councils, and Board of Directors and House of Delegates leadership roles, and Officers. Following an overview, there will be the opportunity to ask questions of ACOEM leaders. This session may be of particular interest to residents and recent graduates.
CONCURRENT SESSIONS

TUESDAY, APRIL 12, 2015

7:00am – 8:00am

Session 302: Advances in Clinical Medicine, Part I ......... CME/MOC: 1.0
TRACK: OEM Clinical Practice

Robert Cohen, MD, FACP, Northwestern University Feinberg School of Medicine, Chicago, IL
Johan Lane, MD, FACP, Rush University Medical Center, Oak Park, IL
Peter Orris*, MD, MPH, FACP, FACOEM, University of Illinois Hospital and Health Sciences System, Chicago, IL
Karen B. Weinstein, MD, FACP, Rush University Medical Center, Oak Park, IL

Brief presentations on current developments in clinical care by medical researchers from Chicago Institutions covering: Pulmonary Outpatient Medicine, Recent developments in Primary Care and new approaches to Hypertension Management.

Session 303: Journal Club for the Practicing OEM Physician ............................................. CME/MOC: 1.0
TRACK: OEM Education and Scientific Research

Ronda Brewer McCarthy*, MD, MPH, FACOEM, City of Waco Employee Health Services, Waco, TX
Judith Green McKenzie*, MD, MPH, FACP, FACPM, FACOEM, University of Pennsylvania, Philadelphia, PA

The purpose of this experiential learning session is to provide a forum where practicing OEM physicians and residents can participate in a guided critical appraisal of the OEM scientific literature. Assessing and integrating new scientific information into professional practice is an essential skill for physicians toward enhancing their medical knowledge and continuously improving professional practice. This session, using a journal club format, will allow physicians an opportunity to learn how, or refresh their ability to, critically appraise scientific evidence and discuss with their peers how it translates into professional practice. After a brief overview, a template will be provided and attendees will be guided through the structured steps, by experienced faculty using a round table discussion format. A current high impact article will be reviewed. The salient elements to be examined are study hypothesis, study design, selection of the study population, data collection methods, statistical analysis, the role of chance, bias and confounding on internal validity, external validity and context. Both article and template will be provided prior to the conference as well and paper copies distributed at the session. This session may be of particular interest to residents and recent graduates.

Session 304: Musculoskeletal Ultrasound in Occupational Medicine: Looking Into the Future ............ CME/MOC: 1.0
TRACK: OEM Clinical Practice

Yusef Sayeed*, MD, MPH, COHC, CPH, MEng, West Virginia University, Morgantown, WV
Michael P. Schaefer, MD, Cleveland Clinic, Cleveland, OH
Kate Sully, MD, West Virginia University, Philadelphia, PA

This 1-hour lecture will be an overview/introduction to musculoskeletal ultrasound split between presenters. The lecture will include topics including the physics of ultrasound, knobology, image optimization, technique including patient placement, review of shoulder anatomy/sonoanatomy (with a live demonstration), miscellaneous anatomy/sonoanatomy pertinent to occupational medicine, interventional techniques with a live demonstration (cadaveric vs. gel model), and the future of musculoskeletal ultrasound in workers compensation injury, reimbursement, and finally certification.

Session 305: Record-keeping: OSHA Recordables, Incentives, and Solutions ............................. CME/MOC: 1.0
TRACK: Management and Administration in OEM

Robert M. Bourgeois*, MD, MPH, FACOEM, Bourgeois Medical Clinic, Morgan City, LA
Michael J. Hodgson*, MD, MPH, OSHA, Washington, DC

Fatal and non-fatal injury rates appear inversely proportional, in a State by State comparison, raising deeper questions about national under-reporting trends and behaviors by industries. In parallel, advertising nationally appears focused on reducing “OSHA recordables” rather than on reducing causes of injury. OSHA has implemented several changes to record-keeping, including the new Severe Injury Reporting System, new proposed mandates on electronic reporting of 300 logs, and changes and clarifications to recordability. The session will present a structured approach to OSHA recordability, outline evidence for poor professional practices at various levels of independent and dependent licensure, and discuss incentives and disincentives to reporting. It will then present alternative approaches used successfully in industries, from healthcare through shipbuilding. Finally, the session will document OSHA perspectives on individual practices concerning under-reporting as a whistle-blower (11c) violation.

* = ACOEM Member
The ACOEM Section on History and Archives is pleased to present a series of presentations on the history of occupational and environmental medicine (OEM), from the origins of occupational medicine over 300 years ago to the formation of a national organization of occupational health physicians in the U.S. 100 years ago, to the rapid evolution of the specialty over the past thirty years as modern programs and concepts have arisen in many areas of occupational medical practice. The third session will present three aspects of OEM that have seen major development during the past forty years, including transportation medicine, substance abuse prevention and screening, and health and productivity management, by three Past-Presidents of ACOEM, all leaders and innovators in their respective presentation topics. Transportation Medicine has seen the birth and implementation of a comprehensive new national program by the FMCSA to certify commercial drivers. Federal legislation and regulations have established rules and requirements for testing alcohol and other substances in the workplace. Health and productivity management has become an important and widely used tool utilized by occupational physicians and managers in many workplaces. This session was organized by the History and Archives Special Interest Section. This session may be of particular interest to residents and recent graduates.

* = ACOEM Member

**Session 308: New AAOS and ACOEM Clinical Practice Guidelines on Hand, Wrist, and Forearm Disorders**  
**CME/MOC: 1.5**  
**TRACK: OEM Clinical Practice**

Kurt T. Hegmann*, MD, MPH, FACOEM, University of Utah  
Rocky Mountain Center, Salt Lake City, UT  
David M. Rempel*, MD, MPH, FACOEM, University of California  
SF Ergonomics, Richmond, CA

In 2016 AAOS released an updated CPG on carpal tunnel syndrome and ACOEM updated the guidelines for hand, wrist and forearm. This seminar will review recent changes to both Guidelines.

**Session 309: Occupational Sleep Medicine**  
**CME/MOC: 1.5**  
**TRACK: OEM Clinical Practice**

Christopher L. Drake, PhD, Henry Ford Health System, Detroit, MI  
Stefanos N. Kales*, MD, MPH, FACP, FACOEM, Harvard School of Public Health/Cambridge Health Alliance, Boston, MA  
Hans P. A. Van Dongen, PhD, Washington State University, Spokane, WA

Sleep disorders and medical conditions may cause sleepiness interfering with job performance. Fatigue also occurs in occupational settings due to extended work hours and/or circadian issues (night/shift work or travel across time zones). Occupational health professionals in diverse settings are confronted with these issues, but no formal educational programs cover this rapidly developing area of occupational sleep medicine. For the last three years, our experienced faculty has put on well-received occupational courses at the international sleep meeting (APSS) providing a comprehensive and practical overview. This session is directed towards the needs of occupational health clinicians: basic review of chronobiology; sleep/wake and alertness regulation and circadian principles; review of shift work disorder, interactions between work schedules, fatigue, sleep, and health; countermeasures; and obstructive sleep apnea in occupational settings (risks, screening, and management) with a focus on transportation. This session may be of particular interest to residents and recent graduates.

**Session 307: The History of Occupational and Environmental Medicine: Occupational Medicine Becomes a Specialty - Part III**  
**CME/MOC: 1.5**  
**TRACK: Management and Administration in OEM**

Judith Green McKenzie*, MD, MPH, FACP, FACPM, FACOEM, University of Pennsylvania, Philadelphia, PA  
Natalie P. Hartenbaum*, MD, MPH, FACOEM, OccuMedix, Dresher, PA  
Kent W. Peterson*, MD, FACOEM, Occupational Health Strategies, Charlottesville, VA
Session 311: Managing Heartsink Patients with MUPS: Review of Evidence on Approaches that can Minimize or Reverse Impairment and Disability .......... CME/MOC: 3.0

Track: OEM Clinical Practice

Caruso Garson*, MD, MPH, FACOEM, Webility Corporation, Wayland, MA
Garson M. Caruso, MD, MPH, PA, Mechanicsburg, PA

“Heartsink” has been used to describe that feeling we often get when working with patients with chronic pain, disabling symptoms, and protracted work disability whom other physicians have been unable to help or have already harmed. The deficiencies of the biomedical model to explain the suffering of patients with treatment-resistant symptoms and disability is well known. So are the inadequacies of conventional medical care (diagnostic procedures, pills, procedures and surgery) for resolving the patient’s distress and life disruption. These cases are high cost and a major concern for payers. What can we learn from the medical literature that can help us identify the bio-psycho-socio-economic (BPSE) factors that increase the risk for becoming heartsink patients? What does research tell us about clinical interventions that are effective in preventing or reversing work disability related to chronic pain or medically unexplained physical symptoms (MUPS)? This session will review the evidence base and present ideas for putting the research evidence into practice in the OEM setting, with time for audience Q&A.

* = ACOEM Member
Session 314: Occupational Medicine Training Opportunities: Enhancing the Pipeline ........ CME/MOC: 1.5
TRACK: OEM Education and Scientific Research

Michael Fischman*, MD, MPH, FACOEM, University of California, Walnut Creek, CA
William W. Greaves*, MD, MSPH, FACOEM, American Board of Preventive Medicine, Chicago, IL
Robert Harrison*, MD, MPH, University of California, San Francisco, CA
Michael J. Hodgson*, MD, MPH, OSHA, Washington, DC
Amir Mohammad, MD, MPH, Veterans Health Administration/Yale University OEM Program, New Haven, CT
John D. Piacentino*, MD, MPH, FACOEM, NIOSH, Washington, DC

The number of trained occupational and environmental medicine (OEM) physicians entering our field every year is less than the number of retirees, yet the need for OEM physicians is not declining. While limitations to and uncertainty regarding funding for training programs is often cited as the main problem contributing to the shortfall, there appear to be other factors involved, including difficulty in attracting qualified candidates, which, in turn, may reflect our inability to convey the breadth of practice and research opportunities ultimately available to graduates. In this session, physicians representing training programs, NIOSH and other funding organizations, and government agencies will attempt to define the current situation and problems and share potential approaches to enhancing the training pipeline through brief individual presentations followed by a panel discussion and an opportunity for audience input.

Session 320: What Constitutes Excellence: The Best Corporate Health and Safety Programs in America ......................... CME/MOC: 1.5
TRACK: Other

The Corporate Health Achievement Award (CHAA) was first presented in 1997 to recognize organizations for their outstanding, comprehensive array of programs dedicated to protecting and improving the safety, health, and productivity of their workforces. During this session, 2016 CHAA recipients will discuss those aspects of their health programs that may serve as model practices for occupational and environmental medicine and highlight qualities of excellence identified by reviewers. These companies continue to demonstrate that building a culture of health and safety by focusing on the well-being and safety aspects of the workplace yields greater value when compared to companies that do not adhere to CHAA standards.

1:30pm - 3:00pm

Session 315: Violence Prevention:
Where Are We Now ................... CME/MOC: 1.5
TRACK: Management and Administration in OEM

Cammie Chaumont Menendez, PhD, NIOSH/CDC, Morgantown, WV
Michael J. Hodgson*, MD, MPH, OSHA, Washington, DC

Classifications of occupational violence evolved from simple enumeration before the 1990s to a perpetrator based classification system pioneered by Cal/OSHA to a now prevention and public health oriented classification system based on considerations of instrumental predatory and reactive or affective violence. Three states have developed structured approaches to violence in the health care workplace, and OSHA has recently reissued guidelines for health care and social services. This presentation will present the issues in the broader context of the workplace and a review of both OSHA’s 5a1 citations and NIOSH’s longer term strategy. A checklist developed from the three State-based regulatory efforts, OSHA’s new guidelines, and nationally recognized programs identified common gaps in programs. It appears useful both for self-assessment and for auditing and enforcement purposes. In addition, such essential elements guide and support the development of intervention tools, applicable for broader use in the workplace, in different industries, from taxicabs through home-based health care. Finally, more structured approaches to threat assessment are meanwhile integrated into programs recognizing the need for the prevention of both initial and recurrent acts of violence.

Session 316: The Occupational Medicine Toolkit for Psychological Fitness-for-Duty Evaluations .. CME/MOC: 1.5
TRACK: OEM Clinical Practice

Michael Coupland*, Rpsych, CRC, IMCS Group, Inc., West Palm Beach, FL
Michael J. Levine*, MD, MPH, FACOEM, Private Practice, Williamsburg, VA

This session will be taught by a practicing occupational physician and a psychologist who is contracted to provide fitness-for-duty for many employers. The presentation will describe the process of psychological fitness-for-duty evaluation in detail and provide tools for the occupational medicine physician to use to assist in identifying and referring employees with ‘red flags’ and ‘yellow flags.’ Reasons for evaluation, selection of evaluators, and identification and communication with stakeholders in the evaluation will be reviewed. Methods of evaluation are described. Concepts will be illustrated with a selection of case studies. The Toolkit will include the following: public domain ‘tools’ for use within an occupational medicine setting; clinical history and Interview question templates; mental status questions and test template; neurobehavioral symptom questionnaire; referral letter templates; and release of Information templates.

* = ACOEM Member
CONCURRENT SESSIONS

TUESDAY, APRIL 12, 2015
1:30pm - 3:00pm

Session 317: The National Library of Medicine’s Toxicology and Environmental Health Information Program (TEHIP): Open Access References and Resources for the OEM Clinician........................................................CME/MOC: 1.5
TRACK: OEM Clinical Practice

John W. Downs*, MD, MPH, FACP, US Army, Fort Campbell, KY
Pertti J. Hakkinen, PhD, F-SRA, National Library of Medicine-National Institutes of Health, Bethesda, MD

Participants will be introduced to the open access online resources available through the National Library of Medicine’s (NLM) TEHIP program within NLM’s Specialized Information Services (SIS) division. Participants will become familiar with Haz-Map, an occupational health and hazards database, the Hazardous Substance Data Bank (HSDB), an exhaustive searchable database of over 5500 chemical hazards and toxicants, and the Household Products Database (HPD), a reference for the potential toxic effects of over 13,000 household consumer products. Emerging NLM TEHIP databases will also be briefly discussed. An introduction to the capabilities of each resource will be provided, and representative data searches will be conducted during the session to familiarize participants with the strengths of each database, and their potential utility in clinical OEM practice. This session was organized by the Federal and Military Occupational and Environmental Special Interest Section.

Session 318: An Active Shooter in Your Workplace: Tactical and Medical Response Priorities ..................CME/MOC: 1.5
TRACK: OEM Clinical Practice

David K. Tan, MD, EMT-T, FAAEM, St. Charles County (MO) Police Department, St. Louis, MO

This program will help the occupational physician understand the intricacies of dealing with an active shooter in the workplace. It will address the needs for planning, coordination between medical staff, security staff, EMS and police. It will also address the medical care that the occupational physician might be called upon to provide in a situation such as this when outside response may be delayed.

Session 319: Disability Today, Tomorrow, and After That: Evolving OEM Clinician Roles in Three Countries.........................CME/MOC: 1.5
TRACK: Regulatory, Legal, Military, and Governmental OEM

Marianne Cloeren*, MD, MPH, FACOEM, Managed Care Advisors, Inc., Bethesda, MD
Richard JL Heron*, MD, FRCP, FACOEM, BP International, Sudsbury on Thames, England
Herman Spanjaard, MD, OHP, Dutch Society of Occupational Medicine, Utrecht, The Netherlands

If you are puzzled or frustrated by disability evaluation, especially SSDI, come to this panel session. It will compare evolving policies, programs and methods used to (a) evaluate and (b) mitigate the impact of newly-acquired disabilities on work and social participation among working age people in three countries and point out ways that physicians can make a positive difference no matter how crazy the system. The U.S. lags behind the UK and the Netherlands in tackling these issues, but may follow a similar evolutionary track. The U.S. Congress seems intent on making to SSDI. The UK launched its new nationwide Fit for Work Service early in 2015. The Netherlands instituted a set of powerful reforms early in the 2000s which have drastically reduced the number of people who are leaving the workforce. The panel will present comparative data on system performance, including early results from the UK. Participants will work in small groups on case studies highlighting the various roles physicians play, the tools and methods used to assess impairment and work capacity in each country, and ways physicians can drive towards the best possible outcome in each system. They will present their findings in a closing plenary. This session was organized by the Work Fitness and Disability Special Interest Section.

4:30 p.m. –7:30 p.m.
Transportation begins at 3:30pm.

Session 330: Special Centennial Event – Session and Reception at Navy Pier
CME/MOC: 1.0
TRACK: Other

Celebrate ACOEM’s 100th anniversary with your colleagues at this must-attend session and reception. The session will feature the induction of new ACOEM officers and directors, including ACOEM’s new president. The annual membership meeting will be conducted during the session portion of this event. The reception is included with your full registration. Guest tickets are available for $100.
Concurrent Sessions

Wednesday, April 13, 2016

7:00am - 8:00am

Session 401:
Advances in Clinical Medicine, Part II ........ CME/MOC: 1.0
TRACK: OEM Clinical Practice

Marie T. Brown, MD, FACP, American College of Physicians, Chicago, IL
Daniel A. Dunham, MD, FACP, Rush University Medical Center, Chicago, IL
Robert F. Kushner, MD, FACP, Northwestern University Feinberg School of Medicine, Chicago, IL
Peter Orris*, MD, MPH, FACP, FACOEM, University of Illinois Hospital and Health Sciences System, Chicago, IL

Brief presentations on current developments in clinical care by medical researchers from Chicago Institutions covering: Cancer Screening: Efficacy and Effects; Medication Adherence; Weight Loss 2016: Surgery/Medicine/Lifestyle?

7:00am - 9:30am

Session 402: When You Make the Front Page: Department of Defense Response to a Media Blitz Associated with Personnel Exposed to Chemical Warfare Agents ............................................ CME/MOC: 2.0
TRACK: Regulatory, Legal, Military, and Governmental OEM

Coleen P. Baird*, MD, MPH, FACOEM, Army Public Health Center, Aberdeen Proving Ground, MD
Bethany Ann Davidson, Army Public Health Center, Aberdeen Proving Ground, MD
Deanna K. Harkins, MD, MPH, Army Public Health Center, Aberdeen Proving Ground, MD
Joseph K. Llanos*, MD, Army Public Health Center, Aberdeen Proving Ground, MD
Kevin P. Michaels*, MD, MPH, Walter Reed National Military Medical Center, Madison, AL
Raul Alexander Mirza*, MD, DO, MPH, CPS/A, Army Public Health Center, Aberdeen Proving Ground, MD
Ronald F. Teichman*, MD, MPH, FACOEM, Army Public Health Center, Aberdeen Proving Ground, MD

This session shares a response to a series of media articles describing incidents of hazardous exposure to deployed Department of Defense personnel along with allegations of limited care and follow-up. Notably, the session will delve into the Army Public Health Center’s role as the Department of Defense’s investigational medical lead into reports of Service members exposed to chemical warfare agents while serving in support of Operations Iraqi Freedom and New Dawn. This issue was introduced on October 14, 2014, before the national stage in a New York Times expose. The article identified the experiences of seventeen Service members exposed to aging chemical weapons from the Iran-Iraq War era and alleged the Army failed to follow policy related to the medical management and reporting of personnel exposed to nerve and vesicant agents. As a result, the Department of Defense and Department of the Army initiated an in-depth investigation to identify and evaluate Service members which included the development of a screening process and communication and outreach to thousands of potentially exposed personnel. Equally as important as medical screening was to initiate a path toward restoring the faith, trust and confidence in the DoD Services that those involved perceived had failed them. Lessons learned from this large and highly visible project will be shared.

Session 403: Global Health and Productivity Management............................ CME/MOC: 2.0
TRACK: Management and Administration in OEM

Murray Coombs, MB, ChB, Dow Chemical Company
Jasminka Goldoni Laestadius*, MD, PhD, The World Bank, Washington, DC
Richard JL Heron*, MD, FRCP, FACOEM, BP International, Sudsbury on Thames, England
Rajgopal Thirumalai, MD, FFOM (London), FFOM (Ireland), Unilever, Mumbai, India
Leslie M. Yee*, MD, MPH, FACP, FACOEM, Skylark Health Strategies, Ltd., Cincinnati, OH

The need for Health and Productivity Management (HPM) has long been acknowledged with the USA, driven by escalating health care costs as well as by a growing recognition of the indirect costs of health conditions. There is now growing international recognition of the business and economic consequences of poor health by policy-makers and others. OEM specialists serving multinational corporations and other transnational organizations have managed this issue globally for many years, and this session will share current knowledge in this important area. This session was organized by the International Special Interest Section, along with the Health and Productivity Special Interest Section.

TRACK: OEM Clinical Practice

Jeffrey S. Harris*, MD, MPH, MBA, FACOEM, The Permanente Medical Group, Mill Valley, CA
Kurt T. Hegmann*, MD, MPH, FACOEM, University of Utah
Rajgopal Thirumalai, MD, FFOM (London), FFOM (Ireland), Strateks, Ltd., Cincinnati, OH
Kathryn L. Mueller*, MD, MPH, FACOEM, University of Colorado Anschutz Medical Campus, Denver, CO

Back and neck complaints are among the most common conditions that occupational physicians treat. The new ACOEM neck and chronic low back guidelines provide information on the evidence, or lack thereof, for the benefits and harms of tests, treatments, procedures, and medications used for these complaints. The session will discuss and apply the best evidence on topics such as: the evidence supporting exercise, cognitive behavioral therapy, and other non-pharmacologic treatments; the use of medications in chronic back pain and neck complaints; the benefits, risk, and appropriate use of spinal injections; and the risks and benefits of surgery versus conservative therapy for common spinal conditions. Participants will develop strategies and sequential plans to manage medical care and disability in their practice. Methods of appraising and synthesizing evidence and the process of guideline development to better understand the importance of the guidelines will also be discussed. This session may be of particular interest to residents and recent graduates.

* = ACOEM Member

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systems may provide these services directly or contract with local OEM practices. In either setting, OEM physicians are needed to provide clinical and administrative leadership. This session will highlight areas of current consensus and controversy in Medical Center Occupational Health and provide a concise user-friendly guide to the field, enabling participants to understand HCWs’ unique medical risks and know how to access the resources they need to manage clinical care and program development. Divided into 3 sections with ample time for audience questions, the session will feature three parts. Part I (8:30am-9:30am): Update on HCW Immunization recommendations and implementation strategies to improve safety and reduce infection risks for healthcare personnel and patients. HCW vaccination programs can illuminate current national issues with vaccine mandates, adult immunization compliance, vaccine efficacy and adult vaccine hesitancy. In addition, HCW immunization presents opportunities to interface with the public health community for outbreak prevention and pandemic preparedness. With its complex epidemiology, variable vaccine efficacy, and need for annual immunization, influenza can provide particular insights into workplace vaccination opportunities and concerns. This session will present recent experiences in transitioning to mandatory influenza vaccination programs at large academic medical centers with a focus on operational, ethical and legal issues. Part II (9:45am-10:45am): Update on tuberculosis (TB) screening and management for HCWs. Faculty will review current TB epidemiology, new diagnostic and treatment options for latent TB infection, focusing on the newer, blood-based IGRAs, and key procedural considerations for screening programs. Current CDC screening recommendations and guidelines will be reviewed. Examples of screening programs in hospital, public health and Veterans Health Administration settings will be discussed, particularly in comparison with the previous standard of TST use. A toolkit with samples of policies and procedures will be shared. Part III (11:00am-12:00pm): MCOH Section faculty will review the newly updated “2015 Guidance for Occupational Health Services in Medical Centers” with an emphasis on new developments and recommendations. Topics will include prevention and exposure management for biologic, chemical and physical hazards in the healthcare workplace; reproductive hazards for healthcare workers; workplace violence; and laboratory animal worker safety. The session will comprise focused presentations and substantial time for questions. This session was organized by the Medical Center Occupational Health Special Interest Section. This session may be of particular interest to residents and recent graduates.

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CONCURRENT SESSIONS

WEDNESDAY, APRIL 13, 2016
9:45am - 12:00pm

Session 407: Past, Present, and Future of Gizmos and Gadgets: The History and Advancement of OEM and Industrial Hygiene Technologies.................. CME/MOC: 2.0
TRACK: OEM Clinical Practice

Karl Auerbach*, MD, MS, MBA, FACOEM, Pulse Occupational Medicine, Greece, NY
Mark Boquet*, MD, MPH, FACOEM, Dow Chemical Company, Plaquemine, LA
David L. DeRegis*, MD, MPH, Ithaca, NY
Nelson S. Haas*, MD, MPH, MA, FACOEM, Workplace Health, Augusta, ME
A. L. Jones*, MD, MS, FACOEM, Urbana, IL
Heather O’Hara*, MD, MPH, Meharry Medical School, Nashville, TN
Kenji Saito*, MD, MPH, JD, Presque Isle, ME

This session will look at devices used in occupational medicine; past, present and future. While many such devices have usage in a variety of medical care, OEM has often adopted them as core to OEM practice. The session will look at some historical examples, some present-day examples that are well established and some that are cutting edge, and offer a view of the future of devices that may find value in OEM practice. Also to be discussed is the role of such devices in occupational medicine practice. This will not be a highly technical session regarding the devices but will focus on the utility for occupational medicine. The historical part of the presentation will be to give context. Current day devices in use will be presented to help understand the evolution of such equipment as well as to set the stage for a prime focus of the presentation; cutting edge tools and feasible future developments for application in the OEM setting. This session was organized by the Residents and Recent Graduates Special Interest Section.

Session 408: Communicable Disease Preparedness and Business Response........ CME/MOC: 2.0
TRACK: Management and Administration in OEM

Stephanie Estala*, DNP, RN, FNP-BC, Chevron Corporation, Houston, TX
Olubukunola Fagade*, MBBS, Chevron Nigeria Limited, San Ramon, CA
Stephen A. Frangos*, MD, MPH, FACOEM, Chevron Services Company, Houston, TX
Scott C. Levy*, MD, MPH, FACOEM, Chevron Corporation, Singapore
Femi Pitan, MD, MPH, MBA, FRCPCH, FRSPH, Chervron Nigeria Limited, Lagos, Nigeria

The 2014 Ebola outbreak presented significant business continuity risks for a global oil and gas company with operations in Nigeria. The onshore and offshore operations in Nigeria were presented with several challenges. To support operations, there was a need to maintain the mobility of international business travelers in and out of Nigeria. There was also the potential for symptomatic employees to present to a worksite clinic within or outside of the affected countries. The risks were managed through the implementation of a comprehensive response in Nigeria and in the United States. Business interruption was avoided and measures were put in place to protect the workforce. The presentation will discuss how the response was developed and implemented. The core elements of the response included risk evaluation, scenario planning, screening on onshore and offshore locations, medical evacuation, establishing clinical protocols, and clinical setting processes for pre and post- travel education and screening. This was further supported by travel advisories and restrictions, staff training, and workforce Ebola awareness efforts. Ebola awareness efforts were extended to families, communities and business stakeholders. Middle East Respiratory Syndrome (MERS) is a viral respiratory disease caused by a coronavirus (MERS-CoV); it was first identified in Saudi Arabia in 2012. MERS is communicable via close contact with infected patients. The first imported case of MERS to South Korea was confirmed in May 2015. Weeks after the MERS outbreak started, the Korean authority began to disclose the relevant information to the public. Although the outbreak was isolated to a defined geographic location, the anxiety experienced by a global workforce was compounded by the incomplete public record, similarity of the MERS virus to Severe Acute Respiratory Syndrome (SARS), the potential to result in the morbidity and mortality of our employees as well as major disruption in the global community and business sectors as a whole. Our company developed a multipronged approach to protect the workforce and inform the business. Through our efforts we were able to maintain situational awareness of the evolving event and ensured that safe business operations were maintained. This presentation provides relevant industry-specific data that supports the business value of health and medical programs.

Session 409: Myofascial Pain Syndromes: Identifying Cases You Can Treat and Avoiding Useless Surgeries................................. CME/MOC: 2.0
TRACK: OEM Clinical Practice

Constantine Gean*, MD, MS, MBA, FACOEM, Liberty Mutual, Glendale, CA
Stephen Levit*, MD, Liberty Mutual, Glendale, CA
Craig E. Morris, DC, DACRB, FAFICC, CSCS, FIRST Health Clinic, Torrance, CA
Jules Steinmitz, MD, PM&R, San Francisco, CA

Myofascial pain is a common diagnosis but commonly is both poorly treated and poorly understood. This is particularly important as misdiagnosis of myofascial conditions often results in ineffective procedures or surgeries (e.g., when patients remain symptomatic after carpal tunnel and cubital tunnel releases, extensor tendon releases, shoulder surgery and even neck fusions). There are several common clinical myofascial syndromes that, if properly diagnosed, can be treated non-operatively by the primary care physician. This session will cover the following areas: an overview of current research on myofascial pain syndromes and explanation of the evolution of understanding of this condition over the last 50 yrs; how to recognize myofascial pain syndromes, including a basic diagnostic decision tree for primary care providers; and discussion of 6 non-operative myofascial syndromes mimicking surgical conditions, including diagnostic tests and insights to help distinguish these from operative conditions. Treatments for myofascial pain syndromes including a basic protocol for myofascial patients; discussion of TPI, manual, biofeedback and other techniques; and myofascial pain resource.

* = ACOEM Member
GENERAL CONFERENCE INFORMATION

ACOEM
Established in 1916, the American College of Occupational and Environmental Medicine (ACOEM) is the pre-eminent organization of occupational health professionals who champion the health and safety of workers, workplaces, and environments. Its mission is to provide leadership by educating health professionals and the public; stimulating research; enhancing the quality of practice; guiding public policy; and advancing the field of occupational and environmental medicine (OEM). In its leadership role, ACOEM sponsors educational activities for physicians and other health professionals, including courses and the annual spring AOHC.

AOHC 2016
The 2016 American Occupational Health Conference (AOHC) is ACOEM’s 101st Annual Meeting.

AOHC serves two fundamental purposes: it is the premier professional meeting for physicians and other health professionals who have an interest in the fields of occupational and environmental medicine (OEM); and it is the annual membership meeting for ACOEM’s members.

Educational Needs and Objectives
OEM is the medical specialty devoted to the prevention and management of occupational and environmental injury, illness, and disability, and the promotion of health and productivity of workers, their families, and communities.

ACOEM has identified core competencies in areas where the OEM-trained physician should strive to remain current and serve as a knowledgeable representative of the specialty. The ten core competencies are available at www.acoem.org

AOHC content is designed to enhance physician competence and performance and to improve patient outcomes by providing learner-centered education in the most current issues relevant to the practice of OEM.

Upon completion of AOHC 2016, the learner should be able to:
• evaluate current research;
• analyze emerging issues in OEM; and
• Exemplify effectiveness and efficiency in carrying out professional responsibilities.

Target Audience
AOHC is designed for physicians who specialize in or have an interest in OEM as well as for non-physicians, such as industrial hygienists, nurses, safety professionals, and environmental health specialists who are involved in the field. AOHC offers a variety of educational activities for participants new to OEM as well as for the experienced professional.

ACCMCE Accreditation Statement
“The American College of Occupational and Environmental Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.”

AMA Credit Designation Statement
“The American College of Occupational and Environmental Medicine designates this live activity for a maximum of 25.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.”

AAFP – Application for credit has been submitted to the American Academy of Family Physicians.

ABOHN – The American Board of Occupational Health Nurses may recognize AMA PRA Category 1 Credit(s)™ as applicable for the education requirements for certification by the ABOHN.

ABPM – The majority of AOHC sessions are eligible for ABPM MOC credit toward recertification with the American Board of Preventive Medicine. Those sessions are identified by “MOC.” The maximum number of ABPM MOC credits available for this educational activity is 25.0 and the course code is 1257.

Doctors of Osteopathy – This conference may be eligible for Category 2-A credit from the American Osteopathic Association.

Disclosure Policy
As a provider accredited by the ACCME, ACOEM must ensure balance, independence, objectivity, and scientific rigor in all of its educational activities. In accordance with the Accreditation Council for Continuing Medical Education’s Standards for Commercial Support, all CME providers are required to disclose to the activity audience the relevant financial relationships of the planners, teachers, and authors involved in the development of CME content. An individual has a relevant financial relationship if he or she has a financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the CME activity content over which the individual has control.

Disclaimer
The ideas represented in presentations at AOHC 2016 do not necessarily reflect ACOEM positions. ACOEM disclaims responsibility or liability for all products, services, or information presented at AOHC 2016. ACOEM does not endorse any product or service exhibited, nor necessarily support the content contained in the educational offerings.

2016 AOHC Distance Learning Activity – More CME!
Earn credit for sessions that you were unable to attend in person at this year’s conference by completing the 2016 AOHC Distance Learning Activity. This activity will be available in summer 2016 and will require purchase and use of the AOHC 2016 conference recordings. Additional fees apply for credit requested.

Coming Soon!
The AOHC App!

The AOHC App will be available soon.

The App will contain up-to-date conference information.
GENERAL CONFERENCE INFORMATION

Handouts
All handouts submitted by speakers as of February 26, 2016, will be available to conference attendees via a secured area of ACOEM’s web site two weeks before and two weeks after the meeting. Registrants will be able to access the site, allowing them to view and print all or any of the submitted handouts. We will provide each attendee with a complimentary electronic copy of the handouts (those that were submitted by February 26, 2016) with registration materials on-site.

SESSION INFORMATION

AOHC Poster Presentations and Display
Resident posters will be on display for viewing beginning Sunday, April 10 inside the ACOEM Exhibit Hall. Resident poster authors will be available to discuss their research with attendees on April 10 from 5:00pm–6:45pm. Individual Scientific Abstracts will appear electronically on screens through the conference and registration areas.

Special Centennial Event: Session and Reception at Navy Pier and ACOEM’s Annual Membership Meeting
ACOEM’s Annual Membership Meeting will take place during this special event. Highlights will include introduction of new ACOEM officers and directors and installation of ACOEM’s new president.

This event is open to any attendee who is registered for the full conference or who has a one-day conference registration for Tuesday. All ACOEM members may attend the membership meeting regardless of their AOHC registration status. Reception tickets for those not registered for AOHC, as well as tickets for personal guests, may be purchased.

We understand that not everyone will be able to attend due to other obligations. Therefore, if you would like to attend this event, please indicate so on the registration form. This will assist us in ordering the proper amount of food and eliminating unnecessary waste.

Sessions
AOHC sessions offer focused presentations that cover critically chosen, cutting-edge subjects related to OEM competencies. These sessions typically include single or multiple presenters and can be one hour, 90 minutes, or 3 hours in length. Sessions are designed for OEM physicians and related professionals who practice in a variety of work settings.

Sessions are identified by tracks. The tracks are:

• OEM Clinical Practice
• Management and Administration in OEM
• OEM Education and Scientific Research
• Environmental Health and Risk Management
• Regulatory, Legal, Military, and Governmental OEM Practice

To help in assigning room capacities, please indicate your session preference by time slot on the registration form. This preference does not guarantee a seat in the session. Seating is on a first-come, first-served basis.

AOHC Opening Session
The C. O. Sappington Memorial Lecture serves as a forum from which to address major issues in the field of OEM and will take place during the opening session. Highlights will also include the ACOEM Fellow elevation ceremony.

Exam Opportunities

ABPM Maintenance of Certification (MOC) Exam
The American Board of Preventive Medicine (ABPM) will hold an MOC examination in Chicago, IL on Sunday morning, April 10. For more information or to register for the examination, visit the ABPM web site (www.theabpm.org) or call their office at 312-939-2276.

MRO Certification Exam
The Medical Review Officer Certification Council (MROCC) will hold an examination in Chicago, IL on Sunday morning, April 10. For information or to register for the examination, call MROCC at 847-631-0599 or visit www.mrocc.org.

ABIME Certification Exam
The American Board of Independent Medical Examiners (ABIME) will hold an examination in Chicago, IL on Saturday afternoon, April 9. For information or to register for the examination, call ABIME at 304-733-0995 or visit www.abime.org.

Worksite Visits
Worksite visits are open to registered attendees only and are considered to be educational activities and not social events or tours. Additional fees and advance registration is required. The following worksite visits will be offered:

Monday:
• 800: Robert J. Quinn Fire Academy
• 801: Goodman Theatre Health Hazard

Please see the session descriptions and registration form for worksite visit details.

Learning Resources
We know you can’t be in two places at once, but that doesn’t mean you have to miss out on content. Most sessions will be recorded for sale and orders can be placed on-site and after AOHC. Purchase the online library of conference recordings NOW with your registration and save! For only $129 you will have online access to all recorded sessions! Special advance price is for online library access; other versions such as MP3, CD, or DVD will be available for purchase onsite and following the conference. In addition, after AOHC, a distance learning package will be available for sale that includes CME and MOC credit. The distance learning package will require purchase of the conference recordings, and by buying them now at the special advance price, you’ll be on your way to those hours of additional credit.

Speaker Designation
Speakers who are members of ACOEM are indicated with an asterisk (*) throughout this program. The College would like to take this opportunity to recognize their contributions to ACOEM.

Pre-Conference Courses
Pre-conference courses are designed to enrich participants’ understanding of concepts and issues related to OEM, giving physicians the knowledge necessary to sustain a competitive edge. Content is driven by research, the latest in regulatory issues, and the expertise of the faculty. Pre-registration is strongly encouraged; a separate registration fee is required.
EXHIBIT HALL
ACOEM wishes to thank the AOHC 2016 exhibitors and acknowledge their part in contributing to the success of the conference. Attendees are invited to visit the exhibit hall during the following hours:

Sunday, April 10, 2016
5:00 pm–6:45 pm
Exhibit Hall Opening and Reception and Abstract Poster Presentations

Monday, April 11, 2016
8:00 am-4:00 pm
Complimentary Lunch in the Exhibit Hall (12 Noon)

Tuesday, April 12, 2016
8:00 am-11:00 am

AOHC Exhibitors (as of December 1, 2015):
- American Board of Preventive Medicine
- Amplivox
- Benson Medical Instruments Co.
- Corporate Health Resources
- Electronic Waveform Lab, Inc.
- Emergency Physicians Insurance Exchange RRG
- Group Health Physicians
- Kaiser Permanente
- Medgate, Inc.
- Medlock Consulting (Monday Breakfast Sponsor)
- Net Health
- OEM Health Information, Inc.
- OHD, Inc.
- Oxford Immunotec (Schedule-at-a-Glance Sponsor)
- UL Workplace Health and Safety
- Wolters Kluwer
- Zoll Medical Corporation

AOHC’s exhibits offer attendees the opportunity to learn about the latest developments in scientific research, pharmaceuticals, equipment, supplies, and medical technology. Time spent in the exhibit hall is as rewarding as attendance at a lecture. Only paid AOHC registrants or paid guest registrants with AOHC badges will be permitted in the exhibit hall.

In fairness to those who have rented exhibit space, it is not permitted to have recruiting devices such as posters, business cards, private hospitality suites, or any other recruiting medium in use during AOHC except by those who are officially listed as exhibitors. Employment agencies and their employees or representatives who wish to enter into recruitment efforts at AOHC may contact Mary Lunn, Conference and Exhibits Coordinator, at 847-818-1800, ext. 393.

ATTIRE
Recommended conference attire is business or business casual. Hotel and meeting room temperatures will vary, so layers are recommended for personal comfort.

VISITOR INFORMATION
For more information on Chicago, go to www.choosechicago.com And go to the AOHC web page for additional links and local information.

TRAVEL TO CHICAGO
Travelers to Chicago may choose to fly into O’Hare International Airport or Chicago Midway International Airport (serving Southwest Airlines and other major and regional carriers).

Airline Discounts
Please check online for additional travel information at www.acoem.org/aohc.aspx.

OPTIONAL EVENTS AND ACTIVITIES
Special Centennial Event: Session and Reception at Navy Pier
Tuesday, April 12, 2016
4:30pm-7:30pm
Registered Attendee: $0
Guest: $100

100 years! Join your colleagues in recognizing ACOEM’s centennial celebration.

Bus transportation will be provided continuously between the Sheraton Grand Chicago and Navy Pier. Navy Pier is also a walkable distance. In recognition of this evening celebration our centennial, the cost is included in your registration fee.

TWEET TWEET! AOHC and Twitter
ACOEM will be using Twitter to communicate late-breaking news and announcements regarding AOHC activities. It’s easy to follow what’s happening at AOHC by simply following this link – http://twitter.com/aohc. You can also receive these updates via RSS feeds, SMS text messages using your cell phone, or e-mail.
GENERAL CONFERENCE INFORMATION

REGISTRATION INFORMATION

Registration is required for all persons attending the Conference, work-site visits, or other educational or social activities. Government employees must include a purchase order with the registration form if payment is to be made by the government.

Fees listed are in effect through March 11 and will increase after that date.

Full Conference Registration
Full Conference Registration admits you to general, concurrent and early bird sessions.

Additional fees are required for worksite visits, certain meal sessions, social events, and other activities as indicated on the conference registration form.

ACOEM Member ................................................................. $895
Non-member ........................................................................ $1095
Retired/Resident/Student Member ......................................... $375

One-day Conference Registration
One-day Conference Registration admits you to concurrent and early bird sessions for the day in which you are registered only.

Additional fees are required for worksite visits, certain meal sessions, social events, and other activities as indicated on the conference registration form.

ACOEM Member ................................................................. $295
Non-member ........................................................................ $605
Retired/Resident/Student Member ......................................... $175

Two-day Conference Registration
Two-day Conference Registration admits you to concurrent and early bird sessions for the days in which you are registered only.

Additional fees are required for worksite visits, certain meal sessions, social events, and other activities as indicated on the conference registration form.

ACOEM Member ................................................................. $305
Non-member ........................................................................ $605
Retired/Resident/Student Member ......................................... $275

Activity Fees
Please see the registration form for activity fees.

Pre-conference Courses
The pre-conference offerings run Friday-Saturday, April 8-9, 2016. Enrollment is limited. Course registration is separate from conference registration. Lunches are not included.

ACOEM Member: ................................................................. $675
Non-Member: ................................................................. $815
Retired, Resident, or Student Member: .............................. $345

Friday-Saturday, April 8-9
Medical Review Officer (MRO) Comprehensive
Foundations of Occupational Medicine – Segment 2
Occupational Medicine Board Review
AMA Guides to the Evaluation of Permanent Impairment 6th Edition and Other IME (presented by ABIME)

Payment
Payment of registration fees must accompany the registration form. The registration form and appropriate fees should be mailed or faxed to:

CHECK:
ACOEM Lockbox
39032 Eagle Way
Chicago, Illinois 60678-1390

CREDIT CARD:
Fax to ACOEM at 847-818-9265.

Attendees may register on line at www.acoem.org by using VISA, MasterCard, American Express, or Discover for payment of registration fees. When paying by credit card, all pertinent information (card number, name of cardholder, expiration date) must be included on the registration form. If paying by company check, make sure the form and payment are sent together. Registrations received without payment will not be processed.

Conference Cancellations/Changes
Cancellation requests must be received in writing by March 15, 2016. Notification by telephone will not be accepted. A refund will be issued minus an administrative fee of $50. No refunds will be issued for cancellation requests received after March 15, 2016.

Pre-conference Courses Cancellations/Changes
Cancellation requests must be received in writing by March 15, 2016. Notification by telephone will not be accepted. A refund will be issued minus an administrative fee of $50 (plus $95 for the syllabus, if already shipped; the syllabus is not returnable and is yours to keep). No refunds will be issued for cancellation requests received after March 15, 2016.

Requests to change from one event to another must be received in writing no later than March 15, 2016. Notification by phone will not be accepted. Accommodations to these requests will be made on a space-available basis.

Pre-registration Deadline
The deadline for pre-registration is March 11, 2016. Fees listed are for advance registration. Conference registrations after this date and on-site registrations will be assessed an additional $100.

Pre-conference course registrations after this date and on-site pre-conference course registrations will be assessed an additional $65.

On-site Registration Information/Name Badges
The AOHC Registration Desk will be located at the Sheraton Grand Chicago. The registration desk will be open the following hours for pickup of conference badges, class schedules, conference materials, and additional registration and conference information. Name badges are required for admittance to all AOHC events.

Anticipated registration hours are:

Pre-Conference Course Registration
Friday, April 8 ............................................................... 7:00 am - 6:00 pm
Saturday, April 9 ............................................................. 7:00 am - 12:00 pm

Conference Registration
Saturday, April 9 ............................................................. 12:00 pm - 6:00 pm
Sunday, April 10 ............................................................. 7:00 am - 7:30 pm
Monday, April 11 ............................................................ 6:30 am - 5:00 pm
Tuesday, April 12 ............................................................ 6:30 am - 3:00 pm
Wednesday, April 13 ...................................................... 6:30 am - 12:00pm

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Wednesday, April 13 ...................................................... 6:30 am - 12:00pm
**Guest Tickets**
A registered attendee may purchase a ticket for a personal guest by stopping at the on-site AOHC registration desk or on the pre-registration form. Guest tickets are available for the following activities:

- Exhibit Hall Opening Reception .......................................................... $60
- Special Centennial Event ..................................................................... $100

Please note: business colleagues, friends, and family members will not be allowed to enter educational offerings or session rooms without the advance arrangement of AOHC management.

**Emergency Contact**
Please be sure to indicate your emergency contact information with your registration. There will also be a bulletin board for posting personal messages in the AOHC Registration area.

**ACOEM Federal ID#**
The federal employers identification number (FEIN) for ACOEM is 36-3592614. Some attendees may need this information when requesting funds for payment of conference fees from their employer.

**ACOEM Membership Information**
Membership information is available by calling the Membership Department at 847/818-1800, ext. 300, or by visiting the ACOEM web site at www.acoem.org.

**Special Needs – ADA**
AOHC complies with the Americans with Disabilities Act. Please contact us if you have a disability and/or to inform us of any dietary restrictions.

**Consent to Use Photographic Images**
Registration and attendance at, or participation in, ACOEM meetings and other activities constitutes an agreement by the registrant to ACOEM’s use and distribution, both now and in the future, of the registrant, or attendee’s image or voice in photographs, videotapes, electronic reproductions and audio tapes of such events and activities.

**Registrant Mailing List**
Exhibitors are an important part of the conference experience. Even if you don’t use particular exhibitors’ products, their participation supports necessary conference costs which helps offset your registration fee and allows ACOEM to provide a better conference experience for you.

The main benefit for exhibitor participation is access to you – onsite as well as before and after the conference. We provide exhibitors with a list of registrants for their use in contacting you to encourage you to visit their booth. Some offer discounts in their promotional message — another benefit to you. Exhibitors are limited to emailing registrants once before and once after the conference and are not allowed to add your information to their contact database for use beyond AOHC 2016.

We appreciate your understanding and support of this common conference practice. If you prefer to have your name removed from the list provided to exhibitors, you may opt out during the registration process. In addition, just prior to the conference, we will make available to conference registrants only, a list of those who are attending – name and company, no address or contact information will be shared. This is a popular feature and facilitates the all-important networking that is so valuable at AOHC.

Please mark your exhibitor mailing preference on the registration form.

**CONTACT INFORMATION**

**ACOEM Headquarters**
25 Northwest Point Blvd., Suite 700
Elk Grove Village, IL  60007
Telephone: 847-818-1800
Fax (Registration): 847-818-1800
E-mail: registration@acoem.org

**Conference Management**
Joyce Paschall, CAE, CMP, Director of Education
E-mail: jpaschall@acoem.org
Telephone: 847-818-1800 ext. 367

Mary Lunn, Conference and Exhibits Coordinator
E-mail: mlunn@acoem.org
Telephone: 847-818-1800 ext. 393
Web site: NEED FROM BUD
Name (First M.I. Last)   Degree

Employer Name

Address (No P.O. boxes, please)

City

State/Province

Postal Code

Area Code Telephone Nickname (for badge)

E-mail Address

Conference Registration: Sunday, April 10 – Wednesday, April 13, 2016

Registration Status

☐ ACOEM Member  ☐ Non-Member
☐ Retired, Resident, or Student Member  ☐ ACOEM Past President

<table>
<thead>
<tr>
<th></th>
<th>ACOEM Member</th>
<th>Non-Member</th>
<th>Retired/Resident/Student Member</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Conference Registration April 10-13, 2015</td>
<td>Includes: Concurrent Sessions, General Sessions, Centennial Event and access to Exhibit Hall</td>
<td>$895</td>
<td>$1095</td>
<td>$375</td>
</tr>
<tr>
<td>One-Day Registration Options</td>
<td>Choose Day:</td>
<td>☐ Sun, April 10  ☐ Mon, April 11  ☐ Wed, April 13</td>
<td>$295/day</td>
<td>$395/day</td>
</tr>
<tr>
<td>Two-Day Registration Options</td>
<td>Choose Two Consecutive Days:</td>
<td>☐ Sun, April 10  ☐ Mon, April 11  ☐ Wed, April 13</td>
<td>$505/2-days</td>
<td>$605/2-days</td>
</tr>
</tbody>
</table>

Session Seating – Please indicate session preference to help us in assigning the appropriate room size. Your selections below do not guarantee you a seat in that session.

Sun., April 10

7:00AM-8:00AM  ☐ 099
9:00AM-10:00AM  ☐ 102
9:00AM-12:00PM  ☐ 101 (for newcomers only)  ☐ 103
10:00AM-11:00AM  ☐ 104
10:00AM-12:00PM  ☐ 105  ☐ 106
11:00AM-12:00PM  ☐ 107
1:30PM-2:30PM  ☐ 108  ☐ 109  ☐ 110  ☐ 111
1:30PM-3:45PM  ☐ 112
2:45PM-3:45PM  ☐ 113  ☐ 114  ☐ 115  ☐ 116
4:00PM-5:00PM  ☐ 117  ☐ 118  ☐ 119  ☐ 120  ☐ 121
5:00PM-6:45PM  ☐ 100 AOHC Opening Session: Sappington Lecture

Mon., April 11

7:00AM-8:00AM  ☐ 201  ☐ 202  ☐ 203  ☐ 205  ☐ 206
8:30AM-10:00AM  ☐ 207  ☐ 208  ☐ 209
8:30AM-12:00PM  ☐ 210  ☐ 211  ☐ 212
10:30AM-12:00PM  ☐ 213  ☐ 214  ☐ 215
1:30PM-3:45PM  ☐ 216  ☐ 217  ☐ 218
1:30PM-5:00PM  ☐ 219  ☐ 220  ☐ 221
3:30PM-5:00PM  ☐ 222  ☐ 223  ☐ 224

Tues., April 12

7:00AM-8:00AM  ☐ 300  ☐ 301  ☐ 302  ☐ 303  ☐ 304  ☐ 305
8:30AM-10:00AM  ☐ 306  ☐ 307  ☐ 308  ☐ 309
8:30AM-12:00PM  ☐ 310  ☐ 311
10:30AM-12:00PM  ☐ 312  ☐ 313  ☐ 314  ☐ 320
1:30PM-3:45PM  ☐ 315  ☐ 316  ☐ 317  ☐ 318  ☐ 319
4:30PM-7:30PM  ☐ 330 Special Centennial Event: #330 (check box on pg. 2)

Wed., April 13

7:00AM-8:00AM  ☐ 401
7:00AM-9:30AM  ☐ 402  ☐ 403  ☐ 404
8:30AM-12:00PM  ☐ 405  ☐ 406
9:45AM-12:00PM  ☐ 407  ☐ 408  ☐ 409

EMERGENCY CONTACT DURING CONFERENCE:

Name: ____________________________
Phone: ____________________________

This registration form is 2 pages. Please complete and return both pages!

$_________ Subtotal – Page 1

After March 11: All conference registration fees will increase by $100.

☐ Check here if you have a disability requiring special services and/or to indicate dietary restrictions, including food allergies and intolerances (please attach a letter or explain below):

__________________________________
__________________________________
__________________________________
__________________________________

$_________ Subtotal – Page 2

Register Online at www.acoem.org
### Additional Fees and Ticketed Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Fee</th>
<th>Quantity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday, April 10</td>
<td>Yes! I plan to attend the Exhibit Hall Opening Reception** (Guest Ticket: $60 each)</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Monday, April 11</td>
<td>Worksite Visit 800: Robert J. Quinn Fire Academy</td>
<td>$60</td>
<td></td>
<td>$60</td>
</tr>
<tr>
<td></td>
<td>Worksite Visit 801: Goodman Theatre Health Hazards</td>
<td>$60</td>
<td></td>
<td>$60</td>
</tr>
<tr>
<td>Tuesday, April 12</td>
<td>Yes! I would like the complimentary lunch in the exhibit hall**</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Yes! I plan to attend the Special Centennial Event (Session #330 and Reception)** (Guest Ticket: $100 each)</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
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### Other Conference Options

<table>
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<th>Fee</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Sunday, April 10</td>
<td>Session 101: Introduction to OEM – for newcomers to Occ Med only</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I will allow my email address to be used by exhibitors for one email pre- and one email post-conference (per exhibitor)</td>
<td>Please check your exhibitor mailing preferences at left</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please only have exhibitors contact me via regular US mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No thank you, I prefer not to be contacted by exhibitors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Special Advance Price!

Pre-purchase online library of conference recordings now and save over on-site and post-conference prices! (Post-conference CME will be sold separately in summer 2016)

$129

### Pre-conference Courses

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<td>AMA Guides to the Evaluation of Permanent Impairment 6th Edition and Other IME (presented by ABIME)</td>
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Total Due: $

### PAYMENT:

- Check enclosed Payable to ACOEM (US Funds Only)
- American Express
- Discover
- Master Card
- VISA

Credit Card #: _______________________________ Exp. Date: __________

Signature: _______________________________

Return both pages of this form with payment to:

CHECK: ACOEM Lockbox, 39032 Eagle Way, Chicago, Illinois 60678-1390
CREDIT CARD: Fax to ACOEM at 847/818-9265

Registrations received without payment will not be processed. Please call 847/818-1800, ext. 374 with any questions.

** We understand that not everyone will be able to attend due to other obligations. Therefore, if you would like to attend this event, please indicate so on the registration form. This will assist us in ordering the proper amount of food and eliminating unnecessary waste.