

Newsletter

Hong Kong Society of Occupational and Environmental Medicine

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Message from the Chairperson

Dear Members and Friends,

Time flies. I am honoured to be re-elected as the Chairperson of the HKSOEM in 2010-11.

HKSOEM is a society in which doctors and other professionals interested in Occupational and Environmental Medicine join together to share knowledge and experiences. This Newsletter is a platform to facilitate communication among members. You are welcome to share with other members your valuable experiences and difficulties faced in the daily practice in the Newsletter. In this edition, we are glad to have sharing from a colleague working in the Hospital Authority.

To be environmental friendly, all Newsletters and information on activities relevant to Occupational and Environmental Medicine are sent to you through e-mail.

If you have not joined the society as a member, please join the family now. Any feedback and suggestions on activities related the society are welcome. Please contact Dr Joan Fok, Hon Secretary, at telephone no 26322765, fax no. 26324536 or by e-mail joan_pc fok@yahoo.com.hk

Thank you very much for your continuous support to the society.

Wish you health, happiness and prosperity in 2011. Happy New Year!

Yours faithfully,

Dr Mandy HO

Case Discussion Corner

Challenges in the practice of occupational rehabilitation and the role of the occupational physicians in Hong Kong

Ms CSC was a registered nurse working in a tertiary referral hospital's geriatric/palliative care ward. She sustained a work injury on 2 October 2009 when she was accidentally hit on the left side of her face by an opening door. She felt immediate pain on the left side of her face but there was otherwise minimal other symptoms. A few days later she began to notice difficulty to hear with her left ear when she held the telephone receiver against her left ear while she was talking on the phone. She went to see a doctor for checking up.

The initial investigations were suggestive of a sensorineural hearing loss of the left ear with the Rinne's test on her left ear was positive, and the Weber's test lateralized to the left side. She was subsequently seen by an ENT surgeon who performed detailed investigations for her, including MRI of the temporal bone, pure tone audiogram, and cortical evoked potential studies. She was initially diagnosed to have severe sensorineural hearing loss of the left ear, with the left ear hearing threshold of about 70dB and her right ear hearing threshold was normal. However, there were no middle ear or temporal bone pathologies. She was incidentally found to have a small (about 2mm) lytic lesion at her C3 vertebrae on the MRI study which was subsequently worked up by the orthopaedics surgeons and oncologists. The conclusion was that it was an incidental benign lesion only. Even with repeated reassurance by multiple specialists, Ms CSC remained very nervous during consultations sessions and she took repeated prolonged sick leaves from work.

Ms CSC was seen many times in the Occupational Medicine Clinic as well as in clinics of other specialties, including Oncology, ENT, Orthopaedics and the HA staff clinic. She also sought medical advice and treatment from private practitioners, Chinese medical practitioners, acupuncture practitioners and chiropractors in Hong Kong as well as in China. Besides, she also requested deployment from her original workplace in the geriatric/palliative care ward to another convalescent ward in another hospital in the cluster.

Repeated case conferences were held among the Occupational Medicine team, Ms CSC's supervisors, human resources personnels, her treating ENT surgeons, and her treating occupational therapists for the arrangement of modified duties for Ms CSC.

It was agreed that her hearing problem should not affect her ability to return to work as a registered nurse. There was strong suspicion that Ms CSC was using her hearing problem as an excuse for not returning to work. After prolonged process of negotiations, work arrangement was made for Ms CSC to return to work in the convalescent ward in another hospital with a temporary period of exemption from night shift duties.

Follow up study of Ms CSC's hearing problem showed that the hearing of her left ear had mostly normalized, with the hearing threshold of about 30dB.

This case illustrated the practical difficulties in providing occupational rehabilitation services for workers as some of the injured workers would seek secondary gains or even compensations for their injuries. It also illustrated the importance and success of a multi-disciplinary approach for the return to work programs for many workers.

Dr. Henry Kwok

Associate Consultant (Occupational Medicine), Queen Mary Hospital, Hong Kong

Call for Submission

Members are invited to submit abstracts of interesting cases or other occupational health issues for release in the Case Discussion Corner of the Society Newsletter. Views on any of the discussed cases or issues are also welcome for sharing with other members.

Submissions and feedback can be sent to Dr. Chik Wai-chi, the editor of the newsletter, at the following e-mail address:

soho-p@labour.gov.hk

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