

# Symptom Magnification and Malingeringers

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 **WorkTracks**

# Objectives:

- ▶ Define and Understand Malingering and Symptom Magnification
- ▶ Learn the Advantages of Good Musculoskeletal Examination
- ▶ Understand the Use of an FCE
- ▶ Clarify Impairment, Disability, and MMI
- ▶ Use of IMEs and Surveillance Options

# Malingering

- ▶ Is the Act of Intentionally Feigning or Grossly Exaggerating Physical or Psychological Symptoms for Personal Gain.
- ▶ People Malingering for Personal Gain
- ▶ Often Complain of Chronic Pain which Objective Tests Can Find No Physical Cause

# In Other Words.....

By Definition:

**Malingering** is a medical term that refers to fabricating or exaggerating the symptoms of mental or physical disorders for a variety of "secondary gain" motives, which may include financial compensation (often tied to fraud); avoiding school, work or military service; obtaining drugs; getting lighter criminal sentences.

# Factitious Disorder

- ▶ Individual **Wants** to Occupy the Sick Role (malingers do not)
- ▶ Consciously Fabricates Symptoms to Attract Attention (malingers do not)
- ▶ Individual **Will** Uncommonly Agree to Unnecessary Surgery and Interventions (malingers will not)
- ▶ Is Motivated by Psychological Needs, **NOT** External Gains (malingers are not)

# Symptom Magnification

- ▶ Conscious or Sub-Conscious Behavioral Pattern Where the Individual's Subjective Reports of Symptoms Are **Inconsistent** with the Known Impairment
- ▶ Individual Exhibits Tendency to Under-Rate Their Abilities and/or Over-State their Limitations

# Symptom Magnification

- ▶ Measured Through Assessment of Observed Functional Performance as Compared to Subjective Reports of the Limitations.
- ▶ It Does **Not** Imply Intent
- ▶ Never Ignore Subjective Reports *however*, Place More Weight on Objective Findings and Test Results

# Risk Factors:

- ▶ Low Job Satisfaction
- ▶ Monotonous/Repetitive Work
- ▶ Lower Education Level
- ▶ Adverse Employee-Employer Relations
- ▶ Recent/New Employment
- ▶ Frequent Lifting
- ▶ Ongoing Litigation or Multiple Claims



# Testing for Symptom Magnification

A Good Musculoskeletal Exam is Important in Assisting  
in Identifying Symptom Magnifiers

# Objective of Intake Assessment

- ▶ Primary Objective
  - ▶ Gather information to determine which components of the assessment would be appropriate to administer
- ▶ Secondary Objective
  - ▶ Observe the client's functional abilities
    - ▶ Example: Sitting while completing paperwork

# Musculoskeletal Screen

- ▶ Range of Motion
- ▶ Manual Muscle Grade Testing
- ▶ Joint Stability
- ▶ Sensation Testing
- ▶ Regional Neurological Testing
- ▶ Waddell's Non-Organic Signs (lumbar)
- ▶ Volumetrics

# Purpose of Musculoskeletal Screen

- ▶ Quantify physical impairments
- ▶ To test for inconsistencies
  - ▶ Cogwheeling
  - ▶ Breakaway
  - ▶ Total Extremity Weakness
  - ▶ AMA Guidelines for Range of Motion
  - ▶ Waddell's Non-Organic Signs

# Objective of Musculoskeletal Screen

- ▶ Primary Objective
  - ▶ Assess the area of injury for any limitation which may prohibit functional performance
- ▶ Secondary Objective
  - ▶ To observe range/strength throughout testing and note any inconsistencies from ROM/MMT testing to functional applications which involve the same joint motion

# Pain Questionnaires

- ▶ Oswestry Low Back Disability Index
- ▶ Neck Disability Index
- ▶ Ransford Pain Drawings
- ▶ Visual Analog Scale
- ▶ McGill Pain Questionnaire
- ▶ Million Visual Analog
- ▶ PACT Sort

# Purpose/Objective of Pain Questionnaires

- ▶ Determine pain focus
- ▶ Note inconsistencies between subjective response and observed functional capabilities
- ▶ Assess symptom magnification behavior
- ▶ Measure an individuals perceived capability to perform work

# Waddell's Non-Organic Signs

## Purpose:

To test for symptom magnification, consisting of five screens addressing low-back pain. Three of five positive scores indicate symptom magnification.



# Waddell's Non-Organic Signs

## Exam 1: Tenderness

- A. Superficial: Skin is tender to light pinch over a wide area of lumbar skin.
- B. Nonanatomic: Deep tenderness over a wide area, often extending over the thoracic spine, sacrum or pelvis.

## Exam 2: Stimulation

- A. Axial Loading: Pt. stands while gentle pressure (1-2 lbs) is applied to their head. Positive results in back pain, discounting neck pain.
- B. Trunk Rotation: The pts. Trunk is rotated passively while the pt. stands relaxed with feet together. Positive results in back pain, discounting leg pain.

# Waddell's Non-Organic Signs

## Exam 3: Distraction

- A. Pt. performs a straight leg raise while in supine, then in sitting. Positive results in marked improvement of ROM in sitting. Discount tight hamstring as pain response.

## Exam 4: Regional Disturbances

Testing for both neighboring parts of the body such as below the knee or half of the body

- ▶ Sensory: Diminished sensation fitting a stocking pattern during sharp/dull sensory testing, to be performed in supine.
- ▶ Weakness: Evidence of cogwheeling or “giving away” of several muscle groups that do not fit a neurologic or myotomal pattern.

# Waddell's Non-Organic Signs

## Exam 5: Overreaction

- A. Disproportionate verbalization, facial expressions, muscle tension, tremor collapsing, or sweating.

# Waddell's Inappropriate Illness Questionnaire:

1. Do you get pain at the tip of your tailbone?
2. Does your whole leg ever become painful?
3. Does your whole leg ever become numb?
4. Does your whole leg ever give way?
5. In the past year, have you ever had any spells with very little pain?
6. Intolerance of/ reactions to treatment?
7. Emergency admission to the hospital with back trouble?

Low= 0-1 (yes) Equivocal= 2 (yes) High= 3-7 (yes)

# Validity Testing

- ▶ Pain Questionnaires
- ▶ Static Strength Tests
- ▶ Grip/Pinch Strength
- ▶ Real Time Heart Rate
- ▶ Lifting Mechanics

# Purpose/Objective of Validity Testing

- ▶ Use the following components and testing results to determine client's effort and validity of results
  - ▶ Heart Rate Response
  - ▶ Biomechanical Changes
  - ▶ Coefficient of Variation
  - ▶ Horizontal strength changes
  - ▶ Grip strength curves
  - ▶ Rapid Exchange grip strength

# Static Strength Testing

- ▶ Grip strength
- ▶ Pinch grip strength
- ▶ Static Push
- ▶ Static Pull
- ▶ Static lift
- ▶ NIOSH



# Purpose/Objective Strength Testing

- ▶ Use a load cell to assess static/isometric strength in various positions
- ▶ Used to assist with validity testing



# How Do We Test Effort?

## Grip Strength:

- 3 Trials: Coefficient of variance

- Rapid Exchange Grip

- Co-Contraction

- Bell Shaped Curve

## Static Strength: (Push, Pull, Lift)

- 3 Trials: Coefficient of variance

- 30%- 50% of dynamic

- Test- Re-Test

- Co-Contraction

# How Do We Test Effort?

Cogwheeling:

Test- Re-Test: (Dissimulation)

Boxes/Grippers 10,15,30#

Squat Lift

Reach

Shoes

Distraction Testing (SLR)

Crawl

Surveillance

Pinch: Co-efficient of variance  
Compare to Grip

# How Do We Test Effort?

Edema:                      Volumetrics 10%  
                                 Circumferential: 10-12mm

Sensory Testing: Consistency-moving vs static 2 point  
                         Cross compare testing  
                         Fine Motor

Spinal Incliniometry  
Heart Rate/Borg  
Waddell's Non-Organic Signs  
Pain

# Evaluation of Effort & Assessment of Symptom Magnification

- ▶ Noted inconsistencies in treatment
- ▶ Limited compliance with rehabilitation
- ▶ Evidence of positive Waddell signs
- ▶ High pain focus
- ▶ Self-limiting behavior

# Functional Capacity Evaluations

A Tool That Gives You a Lot

# Purpose of FCE

- ▶ Providing information to all involved parties
- ▶ Case resolution
- ▶ Evaluation of Effort
- ▶ Assessment of symptom magnification
- ▶ Providing recommendations for further treatment when indicated
- ▶ Establishing return to work restrictions/modifications

# Impairment, Disability and MMI

What Are the Differences?

# Impairment

Loosely Defined as:

A Weakening, Damage, or Deterioration, especially as a result of Injury of  
Disease



# Impairment Examples

- ▶ Visual Impairment
- ▶ Hearing Impairment
- ▶ Cardiovascular Impairment
- ▶ Neurological Impairment
- ▶ Musculoskeletal Impairment
- ▶ Other Examples?

# Disability

## Legal Definition:

--Inability to pursue an occupation because of a physical or mental impairment; specifically the inability to engage in any substantial gainful activity because of a medically determinable physical or mental impairment that can be expected to result in death or to be of long continued or indefinite duration...

# Disability

## Medical Definition:

--A disadvantage or deficiency, especially a physical or mental impairment that prevents or restricts normal achievement.

# Maximum Medical Improvement

Defined as:

- The Point at which an individual who has been disabled reaches a plateau in nature that any remaining impairment is considered to be permanent.
- MMI triggers transition from Temporary to Permanent Disability Benefits

# How Do You Determine?

- ▶ Physician Reports/Tests
- ▶ Ancillary Reports/Tests (PT, MRI, EMG)
- ▶ RTW Status
- ▶ FCEs
- ▶ Surveillance Video
- ▶ IMEs

# Do You Use One Coordinating Physician?

- A Board Certified Occupational Medicine Physician will often act as the gatekeeper for all lines of service
- They will communicate with the employer, adjuster/case manager, other physicians to determine plan of care.

# Occupational Medicine Physician

- ▶ Works with you to determine best course of action
- ▶ Specifically trained in work related illnesses and injuries
- ▶ Can be your BEST resource

# In Closing

- ▶ Know the Definitions of a Malingerer and a Symptom Magnifier and how to identify
- ▶ Use a Qualified Examiner for a Good Musculoskeletal Exam
- ▶ Utilize the Tools of the Trades: FCEs, Work Programs, Modified Duty, IMEs, Surveillance, and Occupational Physicians to help RTW and close the case.



The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.

# Questions????

Please Be Gentle.....

THANK YOU!!!!!!