

## Standard Interpretations Clarification on the use of cold therapy.

### ■ **Standard Number:**

1904.7(b)(5)(ii)

OSHA requirements are set by statute, standards and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretation of the requirements discussed. Note that our enforcement guidance may be affected by changes to OSHA rules. Also, from time to time we update our guidance in response to new information. To keep apprised of such developments, you can consult OSHA's website at <http://www.osha.gov>.

November 14, 2018

Scott Sailor  
NATA  
1620 Valwood Parkway  
Suite 115  
Carrollton, Texas 75006

Dear Mr. Sailor:

Thank you for your letter to the Occupational Safety and Health Administration (OSHA) regarding 29 CFR Part 1904 Recording and Reporting Occupational Injuries and Illnesses. Specifically, you ask OSHA to reevaluate its classification of cold compression therapy as medical treatment for recordkeeping purposes.

Your letter references a December 21, 2017 OSHA letter of interpretation to Mr. Eric Blankenheim that addressed the use of a cold compression therapy device. You state the National Athletic Trainers' Association (NATA) is extremely concerned and strongly disagrees with OSHA's conclusion that the use of the device constitutes physical therapy, and therefore medical treatment beyond first aid for recordkeeping purposes. You also state that athletic trainers provide early intervention care for workers at the initial onset of discomfort in order to prevent injury progression and the need for medical treatment. NATA believes categorizing cold compression therapy as medical treatment directly conflicts with OSHA's definition of first-aid treatment. Also, according to your letter, should OSHA's decision stand as is, "athletic trainers' ability to provide efficient, cost-effective solutions to patients will be eroded, as removing a cold compression therapy from the realm of first-aid will negatively impact injury prevention outcomes."

Section 1904.7(a) of OSHA's recordkeeping regulation requires employers to record work-related injuries and illnesses that result in medical treatment beyond first-aid. Section 1904.7(b)(5)(i) defines medical treatment as the "management and care of a patient for the purpose of combating disease or disorder" Also, under Part 1904, medical treatment does not include observation or counseling, diagnostic procedures and or the fourteen listed first aid items listed in paragraph 1904.7(b)(5)(ii). Please know that, in 2001, when OSHA revised its recordkeeping regulation, the agency based its definition of medical treatment on Dorland's Illustrated Medical Dictionary, and therefore is consistent with the use of that term as used in the medical community. See, the preamble to OSHA's January 19, 2001 final rule revising the recordkeeping regulation (66 Federal Register 5915 at 5985).

Additionally, section 1904.7(b)(5)(iii) is clear that the list of first aid treatments in section 1904.7(b)(5)(ii) is a comprehensive list of first aid treatments. Any treatment not included on the list is not first aid for OSHA recordkeeping purposes.

As noted in OSHA's December 21, 2017 response to Mr. Blankenheim, a cold compression therapy device includes several individual components that meet the definition of "first aid." For example, the use of cold therapy is specifically included on the first aid list. See, section 1904.7(b)(5)(ii)(E). Accordingly, the use of only the cold therapy component of the device to treat a work-related injury or illness is first aid. See, OSHA's August 9, 2018 letter of interpretation to Tomasina Barton. (<https://www.osha.gov/laws-regs/standardinterpretations/2018-08-09>).

On the other hand, cold compression therapy devices include an air compression component. The use of air compression therapy is not included on the list of first aid treatments in section 1904.7(b)(5)(ii). As a result, the use of air compression to treat a work-related injury or illness is physical therapy, and therefore medical treatment beyond first aid for OSHA recordkeeping purposes. In addition, any revision to OSHA's recordkeeping regulation to include air compression on the first aid list would need to go through notice and comment rulemaking.

Finally, with regard to the prevention of injury and illness progression, when cold compression therapy is administered as a purely preventative measure to an employee who does not exhibit any signs or symptoms of an injury or illness, the case is not recordable. If cold compression therapy is administered to employees as part of an employee wellness program and those employees do not exhibit signs or symptoms of an abnormal condition related to work, there is no case to record. In addition, if an employee has an injury or illness that is not work-related (e.g., the employee is experiencing muscle pain from home improvement work) the administration of cold compression therapy does not render the case recordable.

We hope you find this information helpful. OSHA requirements are set by statute, standards, and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretation of the requirements discussed. Note that our enforcement guidance may be affected by changes to OSHA rules.

Sincerely,

Amanda L. Edens, Director  
Directorate of Technical Support and Emergency Management