



Accommodation and Compliance Series

Employees with Fibromyalgia Syndrome

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A service of the U.S. Department of Labor's Office of Disability Employment Policy

Preface

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JAN'S ACCOMMODATION AND COMPLIANCE SERIES

Introduction

JAN's Accommodation and Compliance Series is designed to help employers determine effective accommodations and comply with Title I of the Americans with Disabilities Act (ADA). Each publication in the series addresses a specific medical condition and provides information about the condition, ADA information, accommodation ideas, and resources for additional information.

The Accommodation and Compliance Series is a starting point in the accommodation process and may not address every situation. Accommodations should be made on a case by case basis, considering each employee's individual limitations and accommodation needs. Employers are encouraged to contact JAN to discuss specific situations in more detail.

For information on assistive technology and other accommodation ideas, visit JAN's Searchable Online Accommodation Resource (SOAR) at <http://www.jan.wvu.edu/soar>.

Information about Fibromyalgia Syndrome (FMS)

How prevalent is FMS?

The exact prevalence of FMS in the U.S. population has not been thoroughly studied, but conservative estimates place the total between 4 and 6 million (National Fibromyalgia Partnership, Inc., 2004).

What is FMS?

FMS is a complex, chronic condition which causes widespread pain and fatigue as well as a variety of other symptoms. The name "fibromyalgia" comes from "fibro" meaning fibrous tissues (such as tendons and ligaments), "my" meaning muscles, and "algia" meaning pain. Unlike arthritis, FMS does not cause pain or swelling in the joints. Rather, it produces pain in the soft tissues located around joints and in skin and organs throughout the body (National Fibromyalgia Partnership, Inc., 2004).

What are the symptoms and associated syndromes of FMS?

Deep muscular pain is the most common symptom of FMS. Usually starting at the neck and shoulders and spreading to other parts of the body over time, the pain varies according to the time of day, weather, sleep patterns, and stress level. People with FMS may also have fatigue, sleep disorder, irritable bowel syndrome, chronic headaches, skin and temperature sensitivity, cognitive impairment, depression and anxiety, and irritable bladder (Fibromyalgia Network, n.d.).



What causes FMS?

The cause of FMS remains elusive, but there are many triggering events thought to precipitate its onset. A few examples would be an infection (viral or bacterial), an automobile accident or the development of another disorder, such as rheumatoid arthritis, lupus, or hypothyroidism. These triggering events probably do not cause FMS, but rather, they may awaken an underlying physiological abnormality that is already present (Fibromyalgia Network, n.d.).

How is FMS treated?

Traditional treatments are geared toward improving the quality of sleep and reducing pain. Deep level (stage 4) sleep is crucial for many body functions (such as tissue repair, antibody production, and the regulation of various neurotransmitters, hormones and immune system chemicals). Therefore, the sleep disorders that frequently occur in FMS patients are treated first because they may be a strong contributing factor to the symptoms of this condition. Medications that boost the body's level of serotonin and norepinephrine (neurotransmitters that modulate sleep, pain, and immune system function) are commonly prescribed in low doses. Other medications include pain relievers and muscle relaxers. In addition to medications, most patients will need to use other treatment methods such as trigger point injections with lidocaine, physical therapy, occupational therapy, acupuncture, acupressure, relaxation/biofeedback techniques, osteopathic manipulation, chiropractic care, therapeutic massage, or a gentle exercise program (Fibromyalgia Network, n.d.).

FMS and the Americans with Disabilities Act

Is a FMS a disability under the ADA?

The ADA does not contain a list of medical conditions that constitute disabilities. Instead, the ADA has a general definition of disability that each person must meet (EEOC, 1992). Therefore, some people with FMS will have a disability under the ADA and some will not.

A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or is regarded as having such an impairment (EEOC, 1992). For more information about how to determine whether a person has a disability under the ADA, visit <http://www.jan.wvu.edu/corner/vol02iss04.htm>.

Accommodating Employees with FMS

(Note: People with FMS may develop some of the limitations discussed below, but seldom develop all of them. Also, the degree of limitation will vary among individuals. Be aware that not all people with FMS will need accommodations to perform their jobs and many others may only need a few accommodations. The following is only a sample of the possibilities available. Numerous other accommodation solutions may exist.)

Questions to Consider:

1. What limitations is the employee with the FMS experiencing?
2. How do these limitations affect the employee and the employee's job performance?
3. What specific job tasks are problematic as a result of these limitations?
4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?
5. Has the employee with the FMS been consulted regarding possible accommodations?
6. Once accommodations are in place, would it be useful to meet with the employee with the FMS to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?
7. Do supervisory personnel and employees need training regarding FMS?

Accommodation Ideas:

Concentration Issues:

- Provide written job instructions when possible
- Prioritize job assignments and provide more structure
- Allow flexible work hours and allow a self-pace workload
- Allow periodic rest periods to reorient
- Provide memory aids, such as schedulers or organizers
- Minimize distractions
- Reduce job stress

Depression and Anxiety:

- Reduce distractions in work environment
- Provide to-do lists and written instructions
- Remind employee of important deadlines and meetings
- Allow time off for counseling



- Provide clear expectations of responsibilities and consequences
- Provide sensitivity training to co-workers
- Allow breaks to use stress management techniques
- Develop strategies to deal with work problems before they arise
- Allow telephone calls during work hours to doctors and others for support
- Provide information on counseling and employee assistance programs

Fatigue/Weakness:

- Reduce or eliminate physical exertion and workplace stress
- Schedule periodic rest breaks away from the workstation
- Allow a flexible work schedule and flexible use of leave time
- Allow work from home
- Implement ergonomic workstation design

Fine Motor Impairment:

- Implement ergonomic workstation design
- Provide alternative computer access
- Provide alternative telephone access
- Provide arm supports
- Provide writing and grip aids
- Provide a page turner and a book holder
- Provide a note taker

Gross Motor Impairment:

- Modify the work-site to make it accessible
- Provide parking close to the work-site
- Provide an accessible entrance
- Install automatic door openers
- Move workstation close to other work areas, office equipment, and break rooms

Migraine Headaches:

- Provide task lighting
- Eliminate fluorescent lighting
- Use computer monitor glare guards
- Reduce noise with sound absorbent baffles/partitions, environmental sound machines, and headsets
- Provide alternate work space to reduce visual and auditory distractions
- Implement a "fragrance-free" workplace policy
- Provide air purification devices
- Allow flexible work hours and work from home
- Allow periodic rest breaks

Skin Sensitivity:

- Avoid infectious agents and chemicals
- Provide protective clothing

Sleep Disorder:

- Allow flexible work hours and frequent breaks
- Allow work from home

Temperature Sensitivity:

- Modify work-site temperature and maintain the ventilation system
- Modify dress code
- Use fan/air-conditioner or heater at the workstation and redirect vents
- Allow flexible scheduling and work from home during extremely hot or cold weather
- Provide an office with separate temperature control

Situations and Solutions:

An administrative assistant with FMS working for a utility company reported neck pain and upper body fatigue. Her duties included typing, answering the telephone, and taking written messages. She was accommodated with a telephone headset to reduce neck pain and eliminate the repetitive motion of lifting the telephone from the cradle, a portable angled writing surface and writing aids to take written messages, a copy holder to secure documents, and forearm supports to use when typing.

A nurse with FMS working in a county health clinic experienced a great deal of fatigue and pain at work. The nurse typically worked evening shifts but her doctor recommended a schedule change so she could regulate her sleep patterns. Accommodations suggestions included changing her shift from evening to day, restructuring the work schedule to eliminate working two consecutive twelve hour shifts, reducing the number of hours worked to part time, and taking frequent rest breaks.

A guidance counselor for a large high school experienced severe bouts of irritable bowel syndrome, depression, and fatigue as a result of FMS. He experienced difficulty in opening the heavy doors to the entrance of the school and had to make frequent trips to the bathroom. The individual's employer complained that he was spending too much of his time away from his office and therefore was not available for students. The employer moved the employee's office to a location closer to the faculty restroom, added an automatic entry system to the main doors, and allowed flexible leave time so the employee could keep appointments with his therapist.



An individual employed as a patient rights advocate had carpal tunnel syndrome and FMS. She had difficulty keyboarding, writing, and transporting supplies to presentations. The employer installed speech recognition software for word processing, provided her with writing aids, and gave her lightweight portable carts to assist with transporting materials.

Products:

There are numerous products that can be used to accommodate people with limitations. JAN's Searchable Online Accommodation Resource (SOAR) at <http://www.jan.wvu.edu/soar> is designed to let users explore various accommodation options. Many product vendor lists are accessible through this system; however, upon request JAN provides these lists and many more that are not available on the Web site. Contact JAN directly if you have specific accommodation situations, are looking for products, need vendor information, or are seeking a referral.

Resources

Job Accommodation Network

West Virginia University
PO Box 6080
Morgantown, WV 26506-6080
Toll Free: (800)526-7234
TTY: (877)781-9403
Fax: (304)293-5407
jan@jan.wvu.edu
<http://www.jan.wvu.edu>

The Job Accommodation Network (JAN) is a free consulting service that provides information about job accommodations, the Americans with Disabilities Act (ADA), and the employability of people with disabilities.

Office of Disability Employment Policy

200 Constitution Avenue, NW, Room S-1303
Washington, DC 20210
Direct: (202)693-7880
TTY: (202)693-7881
Fax: (202)693-7888
infoODEP@dol.gov
<http://www.dol.gov/odep/>

The Office of Disability Employment Policy (ODEP) is an agency within the U. S. Department of Labor. ODEP provides national leadership to increase employment opportunities for adults and youth with disabilities while striving to eliminate barriers to employment.

American Fibromyalgia Syndrome Association, Inc.

6380 E. Tanque Verde, Suite D
Tucson, AZ 85715
Direct: (520)733-1570
Fax: (520)290-5550
<http://www.afsafund.org>

AFSA is dedicated to research, education and patient advocacy for FMS. AFSA is the only charitable organization whose primary mission is to seed research in FMS.



Arthritis Foundation

P.O. Box 7669
Atlanta, GA 30357-0669
Toll Free: (800)283-7800
<http://www.arthritis.org>

The mission of the Arthritis Foundation is to support research to find the cure for and prevention of arthritis and to improve the quality of life for those with arthritis.

Centers for Disease Control and Prevention

1600 Clifton Rd NE
Atlanta, GA 30333
Toll Free: (800)311-3435
Direct: (404)639-3311
TTY: (404)639-3312
<http://www.cdc.gov>

The Centers for Disease Control and Prevention are dedicated to protecting the health and safety of people - at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships.

Fibromyalgia Network

PO Box 31750
Tucson, AZ 85751
Toll Free: (800)853-2929
<http://www.fmnetnews.com/>

The Fibromyalgia Network provides educational materials on FMS.

National Fibromyalgia Partnership, Inc.

PO Box 160
Linden, VA 22642-0160
Toll Free: (866)725-4404
Fax: (866)666-2727
<http://www.fmpartnership.org>

The National Fibromyalgia Partnership, Inc., offers quality educational materials and speaker presentations on fibromyalgia and related conditions.

National Organization for Rare Disorders (NORD)

55 Kenosia Avenue
PO Box 1968
Danbury, CT 06813-1968
Toll Free: (800)999-6673
Direct: (203)744-0100
TTY: (203)797-9590
Fax: (203)798-2291
orphan@rarediseases.org
<http://www.rarediseases.org/>

NORD is a unique federation of voluntary health organizations dedicated to helping people with rare "orphan" diseases and assisting the organizations that serve them. NORD is committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and service.

Oregon Fibromyalgia Foundation

1221 SW Yamhill Suite 303
Portland, OR 97205
Direct: (503)892-8811
<http://www.myalgia.com>

The Oregon Fibromyalgia Foundation provides information, literature, and treatment options for individuals with FMS.



References

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This document was developed by the Job Accommodation Network, funded by a contract agreement from the U.S. Department of Labor, Office of Disability Employment Policy (DOL079RP20426). The opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Labor. Nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Department of Labor.



