

Announcer ([00:02](#)):

You are listening to the Safety Moment Podcast by Utility Safety Partners. Safety is always a good conversation and it's a click away. Here's your host, Mike Sullivan.

Mike Sullivan ([00:16](#)):

Dr. Kevin Rindal is my guest today. Kevin, welcome to the Safety Moment podcast. Great to have you here,

Kevin Rindal ([00:22](#)):

Mike. I'm so honored to be here. Thank you so much.

Mike Sullivan ([00:25](#)):

Well, this is interesting. I mean, today, obviously we're The Safety Moment, and today we're talking about really the potential, I guess, for injury on the job and focusing on the utility energy sector really, which was a huge part of utility safety partners and what we can do, what we can help prepare ourselves, not just for the workday, but really for if we do face any kinds of injury, how we can get back to a working place where we can provide the services that we always do. And there's other factors of this as well. I mean, you've done some really interesting stuff in this space. Animosity is something else we're going to talk about today. But before we even get to any of that, Kevin, maybe you can tell me a little bit about yourself.

Kevin Rindal ([01:09](#)):

Yeah, sure, Mike. Well, I have a background in sports medicine, so I've always just been passionate about athletic performance and helping people achieve their highest level of performance background as a chiropractor. So I went to chiropractic school, really focused on some specific areas of optimizing what we call movement health. So one of the big principles in athletic performance is if people can move better, they can generate more force, they can perform at that highest level. And so I was fortunate enough to spend 12 years with the United States Olympic Swim team, went to two Olympics with them, and then also traveled with the US Women's Ice Hockey World Championship Team for a few years. Oh, wow. So yeah, just this really cool experience. But then in 2016, some of the patients in my clinic were executives at a utility here in Seattle that had gas, electric, and generation. And what I learned in those conversations is that over 50% of their injuries fell into this one category of soft tissue related injuries, or sometimes we call musculoskeletal injuries. And they were like, man, whatever you're doing with the Olympics, can you bring that to our workforce? And it was so cool because we did kind of a phase one with 1100 members of their workforce, and in that first year, they reduced their musculoskeletal injury rate by 53%. They saved \$670,000. And

Mike Sullivan ([02:36](#)):

I was like, that's astonishing.

Kevin Rindal ([02:38](#)):

There's something here. And pretty soon we had customers from Oklahoma and Florida, and we started working with them. And I'm like, man, this is a much bigger issue than I realized. And this has just become a passion project for me. I grew up in a family where everyone was like a farmer fisherman or a logger or a chiropractor, and most of us went to chiropractic to help all the people who were broken

down from the physical work. And so really what my personal mission is, is helping people become the best version of themselves through movement health. And what that means is that it's one thing to help prevent an injury on the job, but we know that about 80% of the workforce is in pain on a day-to-day basis. And that impacts their quality of life. And so if we can give them not only the tools to stay safe and healthy on the job, but also live their best life outside of work, I mean, that's a win all day long. So it's been a cool journey. I've really enjoyed it.

Mike Sullivan ([03:33](#)):

Oh no, dude. But mean in the industry we're talking about the energy industry, the energy sector, there's a lot of field work. I mean, I don't think we're talking about the office worker, although there's going to be some injuries there too, perhaps not as dire or not as requiring immediate attention. But in the field, I mean the field worker, I'm thinking just in Alberta, and you're probably quite familiar with Alberta, we're the Texas of Canada of the us, right? Yes. And there's hundreds of thousands of kilometres of pipeline transmission pipeline, this province, there's a lot of field people that are required to maintain and run those operations. And yeah, there's a lot of factors here in Alberta, we have the four great seasons, but actually here we kind of have winter and not winter. And today you look out the window, it's not winter today, but it's really not summer either.

[\(04:24\)](#):

And those are factors as well, whether it's the simple slip trips and falls, that type thing. But it can get a lot worse. I mean, if you're involved in pipeline construction or something like that, there's a lot of risks associated with that, with heavy equipment and everything else. What are some of the things that you're seeing on a perhaps more frequent basis? I guess there's going to be some catastrophic injuries. There's no question about, it'd take a lot of time to come back from, but the injuries you're seeing on a more regular basis that over time they get compounded and they limit a person's, not just their ability to work, but their ability to enjoy life.

Kevin Rindal ([05:04](#)):

Oh, totally. And Mike, first of all, before I even jump in, one of my favorite parts about what I do now is I get to see firsthand what utility and energy workers do on a daily basis. I've spent a lot of time out in the field, and my respect for the type of work that they do is just through the roof. I mean, these people are athletes, the type of physical exertion that they have to do their endurance. I mean, we spend a lot of money taking care of athletes who spend three hours on the field once a week in competition. Obviously they train a lot outside of that. But I mean, you look at the average worker, I mean, they're doing anywhere between eight and 15 hour days at times. It's usually in the worst environmental conditions. It's either extreme heat, it's breathing smoke with wildfires.

[\(05:54\)](#):

It's extremely cold conditions, and yet they just do it day in and day out. And so those physical demands, I think to your point, are a big part of that. It's oftentimes the cumulative effect that then all of a sudden it's that straw that breaks the camel's back. So it might be a little ache pain that causes somebody to move a little bit differently, reach a little bit differently. And when you do that thousands of times, all of a sudden it's just that one wrong turn that puts you on your knees. And I think you've probably heard of people bending down to pick up a wrench and their back goes out and

Mike Sullivan ([06:29](#)):

It's like been there. They

Kevin Rindal ([06:30](#)):

Do incredibly physical work. And so that's a great example of that compounding effect. And so I think what I see most often are the repetition. I think fatigue plays a big role in it. I think it's people trying to manage pain and working through pain. It's not a recordable injury. It's not bad enough to not show up to work. So you just work through it and then that turns into something bigger. So the big opportunity that we see, and Mike, you and I talked about this as we were preparing for this, is that most people know more about how to take care of their tools, their vehicle, in their own home than their own body. They weren't born with their owner's manual. And the extent of what most people know about taking care of their bodies, I think I should stretch before I go out there and it kind of starts and ends there. And so that's where I think there's a huge opportunity for us just to support people.

Mike Sullivan ([07:28](#)):

Well, the demographics has got to be a factor as well. Just from my own observations, and I'm not taking this from a scientific perspective at all, but the workforce, it seems to be working longer. The people I see in the field, they seem to be working longer, they're older. And when you've been doing that kind of work for a long time, you're going to have injuries. You're going to have the sore knees, the sore ankles, the sore hips, just the fact even if you do everything right, you're going to be sore, whether it's arthritis or whatever, something else that comes up in life that you're just susceptible due to. That's the way your family history is. But are you seeing that too? Is that a factor in what you're seeing in particularly, again, in the energy industry?

Kevin Rindal ([08:16](#)):

For sure. I mean, I talk to people all the time who've been doing the step work for 35, 45 years. And a lot of the concepts that we teach like, man, I wish I would've known that when I was 20 years old. I would've done a lot of things differently. So I think the big observation that I have is that when you're younger, you can get away with so much more. And so that's a time in someone's career where they can get away with it. So having good body mechanics doesn't matter quite as much. Their perception is that you can get away with it, but as you get older, you just realize, man, I've got to do things smarter, not harder, and I've got to help myself. So I guess to your point, what I do see is that the older workers have figured out some really good strategies for protecting themselves because they're like, been there, done that.

([09:09](#)):

Not going to keep doing this. But I think some of the things with the economy over the last few years have caused people to stay in the workforce a lot longer. That's right. Maybe then they would've otherwise. I think that there was a workforce shortage. I mean, it's pretty well documented. And so there are a lot of incentives for people to stay longer, stay longer, fewer, fewer people coming in. So I've definitely have seen fewer people that are very experienced going more into the office jobs later in their career and staying out in the field.

Mike Sullivan ([09:41](#)):

And I think a desire for a lot of people, I mean, if you've worked 30, 40 years, it's all you know how to do. And even I want to retire and enjoy life. Not everybody has a hobby. Not everybody has a passion that they, I'm going to retire and I'm going to do whatever it might be. I'm going to paint or I'm going to be a fisherman or going to something else, build boats or something. Not everybody has that passion and which is unfortunate, just the way things unfolded for them. But a friend of mine is going through that

right now. He just retired and he's a very fit guy, but even he says, I just don't have anything to retire to. And he's looking at getting back into the workforce after a very short time, not he has to. I mean, I think he's in a very good place, but he just needs something to do.

(10:34):

But when you do that, and even when he and I talked about it, even when you do that is I know I'm risking getting injured, but if I'm working for somebody, at least I'll be taken care of. Well, that's an interesting way of looking at it, I suppose. But there is that factor as well. If you're doing something, the Rolling Stone gathers no moss, but the rolling stone also can hit other stones and fly up into the air and have a horrible existence there too. So it's important to keep moving, obviously. And you talked about that a little bit. Just keep moving and that mobility thing, get up off the couch, get up off the chair, do something. And there's some incentives out there today, whether it's your Apple Watch or a Fitbit or whatever it might be that pushes people to do a little bit more than they were. Are you seeing that too though? Is the workforce being a little bit smarter today even though we are getting injured?

Kevin Rindal (11:26):

No. Yeah. I would say that I am seeing that trend much more. I mean, people are, like you said, using Fitbits. They're doing things that track activities so that they have some goals. And I know personally, I get a lot more activity when I'm tracking stuff on my root band. There's that incentive built in. So one of the things that we do with our program is we actually have what call movement challenges. And so when people just do simple stuff to take care of their muscles and joints, they can earn incentives. And I think that's powerful. But just building off of what you're saying, movement health is so important and it doesn't take much. And that's the thing that's so compelling in research is it's like, I mean, 30 to 60 minutes a day can reduce your chance of dying of cancer, heart disease, all these other diabetes, all these chronic diseases are massively impacted by movement. And so I think what I see, and when I talk to people, they'll say, yeah, rich worked here for 40 years, was moving every single day and then retired didn't have any purpose, and then he died six months later. And so I think it comes back to purpose and continuing to move as being huge, huge when it comes to, as you get into those later years of your career, how to maintain health.

Mike Sullivan (12:53):

Yeah, I've always liked to be doing something buddy. You get trained to your desk and you're all of a sudden you're zoned in and hours go by and Oh my God, I haven't done anything. And whether it was when I was younger, when I was playing hockey or whatever it might've been. And then I played squash for a longer time, and then I said, okay, my body's just not doing that anymore. Kind of an aggressive player. So that didn't help either. But when the pandemic came, all these things were, you couldn't go and play squash. You couldn't go into anything. And even for myself, I'm sitting at home, I'm working from home, I live at home, I sleep at home, everything's at home, I've got to get out. And I just started walking every day and just casual walking. I started really getting going further and further and faster and faster and to the point where I was doing 10, sometimes 12, 13 kilometers a day.

(13:50):

And people were asking, well, how do you do that? Well, it's just walking. It's nothing special. I just put it on my running shoes and I go outside regardless of the weather. But it got to a point that if I didn't go, I really felt it. And I realized then it was the benefits, it was playing, it was doing for me. And even going to my regular checkup, my doctor, and he was taking my blood pressure. He says, your blood pressure's a little high on Mike because, but it always is when I go and see my doctor, it always is. And I come

home, I check in, it's fine. And he says, but your resting heart rate. He said, what's up with that? And I'm thinking, well, something wrong, right? I said, what do you mean? I said, well, it's really low. Oh, okay. And was at, I was sitting there, it was at 52.

[\(14:39\)](#):

He goes, that's really good. And I said, oh, that's good. I'm glad. Well, sometimes if I'm sitting at my desk working away, I look down at my watch and it's like, wow, it's like 48. So he said, well, whatever you're doing, keep doing it. And I have, I've tried to do my best to keep going, but had it not been for the pandemic, I don't know if I would've, which was a strange incentive, but I was going stir crazy, totally. But a person who was out working all the day in the energy industry during the pandemic, it didn't stop. You had to have maintenance people, you had to have the field work that was going on. Now, they may be facing different health factors or risks, and the work they're doing in the field is keeping them going. That said though, when they're having any kind of injury or something like that, it shuts them down entirely. So that's got to be a major effect on their health as well. How do you bridge them back from that? Once you get sedentary, it's hard to pull yourself off that couch again regardless of what the reason was you're sitting there.

Kevin Rindal [\(15:50\)](#):

Yeah. Well, as I mentioned, I mean, I was a clinician for 15 years, and so I saw people with all different backgrounds. And probably one of the, and I'm going to create a hypothetical scenario here, because I saw it about a thousand times. It's like somebody was out going for a hike and they twisted their knee and they came back limping. They hope that it's going to go away after a couple of weeks. It doesn't go away.

Mike Sullivan [\(16:19\)](#):

Most guys, in other words, yeah,

Kevin Rindal [\(16:21\)](#):

Exactly. They go to see their doctor and they get an X-ray and nothing shows up on x-ray because it was probably just soft tissue and inflammation, and it's not going to show up on x-ray. And they're like, I don't see anything. I guess take some anti inflammatories, rest it. And by that time you're a month, six weeks into you're getting less physical activity. We know that we tend to actually, our mood starts to change even a little bit when we are exercising as much. So you start to get little bits of depression, maybe you start eating more, pretty soon you're 15 pounds heavier and you're less physically active. And it all started just because there was a little tweak in the knee. And so I call that the negative spiral of health. It's just these small things that start to accumulate and impact people. And so as a clinician, the goal that I always had with people is I told 'em, my goal is not to see you.

[\(17:16\)](#):

If I don't see you, I'm doing my job because I've given you a formula on how to problem solve what's going on. And I cannot tell you how many of those people, they've never, I'm going to pull this out, this is a handheld foam roller. They've never seen a tool like that. They didn't realize that, oh, when you tweak your knee, start walking differently, and then you start loading the tissues on the outside of the knee called the IT band that starts pulling your kneecap over, creates inflammation underneath your knee, and then it's painful. It's all stuff that doesn't show up on an X-ray. But once people start rolling out that muscle and they start doing exercise to activate the muscles that maybe have shut down to

support their knee, all of a sudden their knee pain goes away and they're just like, I am so frustrated that I spent the last year not being active because of something that was so simple to fix.

(18:08):

And so that's one of my personal missions, and that's what our whole system is about, is giving people a tool in their hands through our phone app, or if they have need discomfort, they can start to deal with it before it turns into something bigger. And I think about tools like this roller or these dynamic movements as being kind of like brushing and flossing your teeth, but doing it for your muscle and your joint health. I mean, for most of us, we would never consider going two days without brushing our teeth, but most of us will go an entire lifetime and not do anything to work out the type muscles or you know what I mean? And we just expect everything to work well all the time, but there's some maintenance that we need to do on our own to keep functioning well,

Mike Sullivan (18:53):

The muscle rollers. My wife has one and she uses it religiously, and she's like, I said, ah, I think I'm okay. I'm a little stiff, but I think I'm okay. But now listening to you, it's like, oh, maybe I should, I mean, because I'm positive, I think, okay, I'm stiff. There is some arthritis here for sure, but it's not all arthritis. There's some stiffness. Sure. Stretching would help. And it's like, why can't I bend the way I used to bend? Right. But it is probably just stretching and muscle aches and fatigue.

Kevin Rindal (19:29):

Yeah. Well, there's some really cool research that shows when you roll out a muscle, it increases the blood flow to the tissue, which then increases the oxygen. It actually, the tissue becomes really thick and there's actually this fluid that surrounds each layers of the muscle. Think of it like honey, that crystallizes when you heat it up, it actually really melts and it becomes

Mike Sullivan (19:53):

More

Kevin Rindal (19:53):

Liquid. And so if you think about waking up and getting out of bed and you're stiff for the first 20 or 30 steps, it's because of that whole process. Everything's kind of become gelatinous and it just needs to get warmed up. And so we can fast track that warming up of the tissues just by doing simple stuff like this. I mean, it's life changing for a lot of people. A great example too is, I mean, you talk to one who's pulled on wrenches and gripped and use their hands, almost every single one of them will talk about numbness and tingling in their hands after a couple minutes of working on their car or something like that. So it's like you show somebody how to roll out their forearm muscles and they're like, how have I gone 60 years and I've never rolled out my forearm muscles? But you just start to work that tissue and alleviate some of the pressure on those nerves that go into the hand. I mean, it completely changes. Well, it's a

Mike Sullivan (20:43):

Lot than, like I said earlier, taking that, well, I took a pill or I took whatever else, and the doctor recommended something or you took Tylenol arthritis or something like that, which is just masking the problem. It allows temporary relief, but it can do some damage too. You can get hooked on this stuff and you can get some do some real damage.

Kevin Rindal ([21:04](#)):

Totally. And I want to be clear, I mean, it's not that this stuff is going to fix everything, but what I will tell you is there's such a huge amount of stuff that goes unaddressed just because people don't have the knowledge and it doesn't take much. So that's my point. I mean, it's a good starting point. And then you can always do more if you need more. But so much stuff can resolve just with simple stuff that people can do on their own.

Mike Sullivan ([21:40](#)):

Did you know that utility safety partners, employees safety ambassadors across the province, these are the folks that are our boots on the ground promoting education, awareness and safety for buried utilities and overhead power lines. If you want to book an ambassador to meet with you or your staff or your community event, just go to utility.safety.ca and click on the link to book an ambassador meeting.

([22:14](#)):

As a society, we seem to be more and mobile and active. There's a lot of incentive. I mean, just like I said earlier, whether it's an application on your watch or a mobile app or even just advertising, we do see a lot more people being active, which I think is a good thing. And you see people who are into their eighties and nineties and they're still out walking or jogging or whatever, and you know what? Good on them, good on them. My mom just recently passed away. She was almost 94, and she was a walker, and she was ticked off when she couldn't go out anymore because that was her saving grace. She loved to get out and just get fresh air, and they kept her healthy for all of those years. Now, because of that though, there's also those instances of the mind is willing, but the body isn't.

([23:05](#)):

And I've experienced a couple of those moments in the recent years. Are you seeing some of that too though, that there's face it, there's people out there maybe doing an activity. Maybe you really shouldn't do that anymore. I mean, that was what my own doctor said to me about squash. Mike, you're a big guy, says you're probably aggressive out there. A lot of hard stops and hard starts and stops. You're damaging. At the time, it was my hips, he says, maybe you shouldn't just not play anymore. Are you seeing that too, where the mind is willing and the body?

Kevin Rindal ([23:40](#)):

Yeah, for sure. And here's how I always approach it, because I think for some people, they only know one activity. And so when they're told you can't do this activity anymore, it's devastating to 'em because they're like, oh my gosh, it's a

Mike Sullivan ([23:58](#)):

Identity.

Kevin Rindal ([23:59](#)):

This is what I've done my whole life. And so what seen in terms of people just maintaining high levels of health over the course of their life? My father-in-law, he's 77 years old. I mean, he's in unbelievable shape. He's still canoes and does all kinds of stuff. I mean ultra distance canoe races. And the thing is, he was a runner most of his life until he was about 45. And then running became something that he could do less of. And so then he started cycling, and then he really got into canoeing. And I mean, he canoes all the time. And so to me, that's a great example of where I think you just have to be really flexible and

in terms of thinking less about what you can't do and instead what you can do. And there are so many different activities. I mean, it's funny, I don't know if in Alberta pickleball is a big thing, but I

Mike Sullivan ([24:52](#)):

Started playing, yes.

Kevin Rindal ([24:53](#)):

Yeah, pickleball is just exploded. And it's so much easier on your body than squash or tennis. It's just not as sudden stock. And you know what? You're in community. You're doing something that's active. Anybody can play. It's a pre, you

Mike Sullivan ([25:11](#)):

Know what? At a certain age, it's still a pretty darn good workout.

Kevin Rindal ([25:14](#)):

Oh, for sure.

Mike Sullivan ([25:15](#)):

Enjoyed it

Kevin Rindal ([25:16](#)):

So again, I think my suggestion has always been, again, having that flexible mind of saying, okay, if I can't do this, what can I do? And then diving into that, I mean for some people it's like, Hey, swimming might be a great activity or water aerobics if they can't handle the weightbearing. But there's always something that you can do.

Mike Sullivan ([25:35](#)):

Going back to how you said earlier is just keep moving.

Kevin Rindal ([25:39](#)):

Right? Keep moving.

([25:41](#)):

So my wife's grandmother just turned 102. She still lives on her own. She's in incredible shape. And I actually asked her, I interviewed her last time we saw her, she lives in Nebraska. And I was like, so what has kept you so healthy? And she's like, never stop moving and always think about other people first. And so her whole life has been about service. I mean, when she was in her nineties, she was delivering meals to people who were sick and house bound who were in two years old. Yeah, exactly. So I mean, she just always has always had this purposeful mindset, good for, and mobility. And I think honestly, that plays such a key role in this whole thing.

Mike Sullivan ([26:25](#)):

And to have that joy of life. I mean, if you're happy, you even want to keep doing the things that make you happy and good for her. And like I said, my mom was the same way. She's like, yeah, keep moving. Unfortunately, she had some health issues, heart issues, and that was going to get her in the end, but

right up. And she lived on her own right up to the very end as well. And there's so many people out there who want to do it and maybe not be able to, so it's not a given, but your chances improve if you keep moving, if you keep doing something. And your mother, your grandmother, your mother, sorry, your wife's grandmother.

Kevin Rindal ([27:04](#)):

Yes,

Mike Sullivan ([27:05](#)):

You got it. Your grandmother-in-Law. That's not right. But your wife's grandmother is a perfect example of that, as my mother is, and it doesn't take a lot. I remember going to thinking my mom to a doctor's appointment, and the nurse came out and said, do you mind coming in here for a second? And I said, what's going on? Right? This is when she found out she had a heart issue. The doctor's sitting there with his papers and he says, your mom's telling me she walks about five or six kilometers a day. I said, yeah, at the time she's like 86 or something like that. I said, yeah. And he goes, oh, she's not kidding. And my mom's sitting right there. I said, well, ask her. I mean, she's right there. She told it herself. And I said, well, just look at her legs. She's fit, she's toned.

([27:54](#)):

And he goes, oh. And then my mom says, sometimes I do it twice in a day if I'm bored, just like screw you. Right? But it was even everything she did, she had this congenital heart disease, but there was nothing she could do about it. But had she not done that, she would've died decades earlier for sure. And not have had the joy of life that she did. So the cards are, you dealt with the cards you dealt, but you can improve upon it. You can keep moving. You mentioned something earlier, and it's interesting because just yesterday at a meeting with our health and wellness provider, and we're going through all of the different things we provide for our staff, and I was asking, okay, here we are. We're taking care of our staff through the benefits program, but what can we do? What kind of incentives can we provide to our staff to help 'em look after themselves? I mean, yes, we can provide whether it's eye care, dental care, drugs, that type thing that we need, but what else can we do that's maybe more proactive, not reactive? And he said, Mike, not everybody asks us that question. And so within an hour, they provided me with a bunch of options. And you mentioned something earlier about providing incentives to staff, whether it's competitions, that type thing. Yeah. What are some of the suggestions you have? I mean, you've probably seen a bunch of these.

Kevin Rindal ([29:29](#)):

Yeah, for sure. What's been interesting about our journey is we were originally hired to help companies prevent injuries. And so we were really focused on how do you limit those events? How do you get people back to work after they've been injured? But what was interesting is we really started realizing that a major gap is that most safety solutions are reactive in nature. It's all focused on after an injury happens. And then how do you treat it? How do you manage it? And so the angle that we've really taken has been focused on totally prevention based. So it's like how do you give people a framework so that every day they can spend five to 10 minutes to invest in their movement health? And again, going back to some of the research that we were just talking about, we know that if you invest your movement health, you're more likely to just get more physical activity over the course of the day.

([30:25](#)):

And we know that more physical activity over the course of the day helps reduce your risk of the big five, cancer or disease, diabetes, all those other things. And so when we started working with customers, we oftentimes started just working with the field-based folks. Now we will actually work with enterprise wide because what we realized is that office folks may not have a lot of injuries, but they're sitting all day long. And so they needed a framework to get moving to deal with aches and pains. And we've done surveys with the office population, and about 80% of them report pain of four out of 10, at least on a weekly basis. We know if somebody's experiencing that level of discomfort, it's kind of an injury waiting to happen or it's impacting their productivity or their quality of life, both on and off the job. And so what we've started to see is that when we have these movement challenges, what we'll do is we'll pick a month and we'll have an entire company and each division is broken up, and then we have a leaderboard on our app. And so people will record their, we call it the daily five, so it's the five minute pre-job warmup or just daily warmup. They record that. They earn points for their team, and we'll send out a WWE style championship belt to the winning team. Just create some fun.

Mike Sullivan ([31:48](#)):

Fun Around.

Kevin Rindal ([31:49](#)):

But what we've found though is that when people are doing that, most of the companies that we work with, and so they report to us, you know what? We actually see reduction in healthcare utilization, not just a reduction in cost and injuries. People don't have to go to the doctors much when they're

Mike Sullivan ([32:07](#)):

Doing, that's exactly what I'm expecting to see. Yeah, I would like to

Kevin Rindal ([32:11](#)):

See. Yeah, exactly. And so again, it's not targeted at reducing some of those things necessarily. I mean, we're still focused on just making people move and feel better and be safer on the job. But there are these ancillary benefits that go along with investing in your movement health.

Mike Sullivan ([32:29](#)):

And that's what I guarantee that would happen for utility safety partners. Our staff, we're not chained to a desk, but a lot of us, I mean, we're at a desk a lot of the time. I've got a hydraulic desk, and I try and stand a lot during the day. I work from home now, and I have for, well, since the pandemic, we no longer have an office. So I'm up and down the stairs during the day and we have a post office box and I walk over to get the mails a couple of kilometers away. Those are the things that are different for me, which is great, but not everybody has that. Not everybody has that chance to go and do those things. So this is where I am coming from as well, is if we can try to introduce that mindset of doing these things, not only is it going to just make you feel better for the moment and over the week, two weeks over a month, but after a year or two, five years, you're probably going to see a reduction in the amount of time you're going to see a doctor or you're getting prescription drugs.

([33:34](#)):

Obvious. But we just don't, our mindset's not there. Again, going back to that magic pill, we want something that's going to help us relieve that pain or whatever it is right away. And there's certain things that absolutely we need that, whatever that medication might be. But there's a lot of things that

we could probably do to combat that in other ways. And this is, in my view, it's so important. And we have that ability today, especially because we can work anywhere. So not all of us, but a lot of us can really work from anywhere. And you see it, people are working everywhere, not just anywhere but everywhere. And it allows them to have a little bit more flexibility and hopefully improve their overall health as well. You're not sitting in a car, you're not sitting in transit. You're able to do more with the time that you have during the day. So that's an important factor if we can actually embrace that. I think we're still in that transition time. I'm not sure if that's exactly it, but it feels like it. I wonder if you could tell me a little bit about the animosity app that you have. I know it's not for everybody, but it's interesting you have this app.

Kevin Rindal ([34:48](#)):

Yeah. So really the problem that we were trying to solve when we first developed this is most of the companies we work with, we work with 23 utilities across North America, and we've actually moved internationally. We work with wind technicians all across Europe. And the big pain point was is that they may have 5,000 employees that cover three provinces or eight states and work out of 53 operation centers, and there are four safety people to cover all those people. So it's like if 40% of your injuries fall into one bucket and you don't have a consolidated approach, everybody's doing a one-off in every location. And so what we started realizing is that what safety teams really wanted is they wanted a program that they could implement where they didn't have to recreate the wheel and they could just say, Hey, we're going to focus on what we call movement health.

[\(35:51\)](#):

They're going to focus on ergonomics and body positioning, and then they're going to focus on recovery optimization. So things like hydration, nutrition, sleep, stress reduction, mental health, all those other things that impact someone's ability to heal and recover. And so what we realized is that there are two points in the day and month that really served as a great opportunity for us to integrate continued education and movement into the day. So especially that pre-job briefing or the tailboard is a time where groups are together. So they could talk about the hazards that were part of that job site. They could talk about the work that they're going to be doing, how to optimize their body position when they're performing those job tasks to reduce stress on their body. And then they could do a warmup that was specific to the work that they're about ready to do.

[\(36:38\)](#):

So if they're digging, they'd focus on something that might be different than if they're climbing a pole. And so what we found is that pre 2020, most people are still doing those type of things on paper, but then post 2020, pretty much every crew got an iPad. They got some type of tablet, something that was really for them in the field. And what it allowed for is a two minute video that shows optimized body position when performing a task or education on heat safety on a day that's a hundred degrees Fahrenheit. It was a great time to just reinforce those safety messages and then give people focus activities to prepare their body for that work. And then if we could support them at a higher level, just on an annual basis, doing deeper dives in some of those concepts, having challenges that help promote the right behaviors, all those things just created an ecosystem for that stuff to happen.

[\(37:41\)](#):

And then those safety professionals didn't necessarily have to think about, okay, what's next? What do I need to put together? It was just all packaged for them. And so safety moments, I mean, this is a safety moment podcast. We have our whole ity app is safety moments that can be integrated into that workday to reinforce those behaviors. But the unique thing was that the reason why we created the ssy

app on the phone was for the worker outside of work, because what we found is that that pre-job warmup may not be specific to what their needs are. They may be dealing with a shoulder ache or hip tightness or something like that. And so they can just go and they can select a body area, and it just walks 'em through exactly what they need to do to problem solve that solution. And so what we found is that there had to be that what's in it for me?

[\(38:29\)](#):

Because people are more motivated by the what's in it for me than their employer telling them, you need to do this. And so we really lean into having this be a benefit for the worker. And that's where we've seen the greatest traction is people are like, yeah, this is huge. It benefits my life, and it's not just my company making me do something. It's really about wanting me to hunt and fish on the weekends and hike and do all these other things because I'm given the time to take care of my body and invest in that. And so we've really tried to spin it in a really positive way, and I think it's gained a lot of

Mike Sullivan [\(39:05\)](#):

Traction. Mike and I can see absolutely where it would gain so much traction. There's such a personal thing I think about having a mobile application on your device and you watch it when you want to. You can watch it again, if I didn't quite get it the first time. You're not sitting in a classroom, you're not having the talking head at you, you're not reading a manual or something like that. You see it, you hear it and you try it immediately. So the great marriage of technology and need to have that, and hats off to you for getting for doing that, I think it's a fantastic tool to have. I'm thinking as you're telling me about that, I'm thinking back to my days. I used to work for a pipeline company. We had assets in Canada and the US and for the health and safety team, would that have ever been nice to have? Now, I left that company 15 years ago, long before they had mobile applications. But that have been a fantastic tool to have and to simplify everything for people today, it's got to be a great asset to have.

Kevin Rindal [\(40:09\)](#):

No, yeah, it's been so cool. And we talked about the office based worker as well, and what's interesting is most utility energy construction companies, almost 50% of their population is office based and a lot of them are working remote. And so the big pain point was now I work in my living room, it's 10 steps to get to my restroom where I used to walk up two flights of stairs or I'd go walk out to my car midday. And so what we saw in this whole covid and post Covid era is that the step count decreased for most people just by showing up to work. And so you had to become much more intentional about getting up and moving. So one of the things that we built for the office space workers is a desktop application that people can set reminders and they can say every two hours, I want a one minute movement break. And so then a little screen pops up, it walks in through these activities. And the whole point is that most of us round forward and hunch when we're at our desk like

Mike Sullivan [\(41:12\)](#):

I am right now.

Kevin Rindal [\(41:13\)](#):

Yeah, exactly. So we want to reverse that. We want to activate all the muscles on the backside, open up our chest, get our hips moving, stretch out. And man, for some people it is amazing the impact that even 30 seconds to two minutes every couple hours has just in terms of the way that they feel. But using prompts, using notifications, using things that just pop up, it's really helpful. I think you and I are

probably similar. I mean, I can pound out four hours of work and it just goes right. You know what I mean? Yeah. So

Mike Sullivan ([41:49](#)):

It's interesting. A little application for me, it's my Apple watch. I have my ring set for whatever I want to do, and it's like, oh, I didn't close that ring yet. I better do something. I'm not that far away from closing it or even just, Hey, get up. It tells you, get up and do. 10 years ago, not even 10 years, we didn't have that. But it's amazing how something really, let's face it, how something that silly could motivate us to get up. But it's important, but you start to realize the benefits of doing it. When you start doing it, you're right. You do get lost in what you're doing. I mean, here we are, 40 minutes has passed since we started this podcast, and it doesn't feel like that at all. But when you're involved in something, time passes and next thing you know, it's like three or four hours later, I'm still sitting here. This isn't good. And you need the change of perspective, not just helping you stretch, whatever, but the change of perspective, getting to a different room and go up and down the stairs going outside, all of a sudden you're ready to work again. And you may have had that, whether that's a proverbial writer's block or whatever it is that you're doing, and then you're ready to work again. And usually you're more creative and you're rested and you're ready to go again.

Kevin Rindal ([43:10](#)):

Yeah, the brain is crazy in terms of how it responds to movement and things like hydration and nutrition. There are just subtle things that we can do to fine tune it, and it's like all of a sudden we're thinking more clearly we can have more energy, more endurance to perform different tasks. And so yeah, I think that's absolutely key.

Mike Sullivan ([43:35](#)):

It's fascinating stuff. Dr. Rydal, thanks so much for joining me today. This has been really informative. I wish there was a way we could just snap our fingers and everybody really appreciate the value of what we're talking about today, but if you are listening to this podcast and I hope that something is ringing true to you, yeah, maybe I should do something. I should get out, I should do something and get up and change perspective or stretch, and maybe that nagging back problem I have would be easily rectified if I just did something a little bit different. So that's my hope of this podcast today, and I really thank you for joining me today and talking about what you do.

Kevin Rindal ([44:16](#)):

Yeah, thank you so much Mike. And I just so appreciate that you have this platform where people can continue to grow and learn. You do a phenomenal job, and I'm grateful for the opportunity to participate in. Your listeners are more than welcome to reach out to me. My email is pretty simple. It's Kevin, my first name@themossy.com, and I'm always happy to be a resource and point people in the right direction. But yeah, thank you so much for this opportunity.

Mike Sullivan ([44:41](#)):

All great. And we'll make sure that we have your contact information, the website and our show notes, and we'll be publishing that as well. We usually follow up our podcast with an article on our e-news, which goes out to about 80 or a hundred thousand recipients across different, not just Alberta, but all over place. And as I mentioned, we do have 850 or 60 individual utility companies that are registered with us with utility safety partners. And if they're listening today and you want to reach out to Kevin,

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then please do. And there's a lot of health and safety folks out there that are always looking for another angle, another edge to get their message across.

Kevin Rindal ([45:19](#)):

Thanks so much, Mike, really appreciate it.

Mike Sullivan ([45:26](#)):

That's going to wrap things up on the Safety Moment podcast. I want to thank our producers stories and strategies, and I hope you choose to follow this podcast on any directory you're listening on. And please do leave a rating. We really appreciate it. You can follow us on X @Utility_Safety and we're also on Instagram, Facebook. You can also find us on LinkedIn. We do post a lot of stuff there as well. If you'd like to send us a note, maybe you have an episode idea, email us at info@utilitysafety.ca and put podcast in the subject header. I'm Mike Sullivan, I'm the president of Utility Safety Partners. Remember, one click costs you nothing. Not clicking could cost you everything.