ReGen Medical® RCT Industrial

ReGen RCT Industrial

The Next Generation of OSHA First-Aid Recovery Infrastructure



A Financial, Clinical, Operational, and Human Capital Case for Adoption

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Executive Summary

Every industrial operation carries a cost center that never appears on a production dashboard: the physical toll of the work itself. Lifting, carrying, repetitive motion, and sustained load are not incidental to industrial output — they are the mechanism of it. The result is a predictable, recurring category of expense — musculoskeletal strain — that shows up in workers' compensation premiums, lost production days, overtime, and turnover, year after year.

For decades, employers have had exactly two tools to manage this cost: prevention programs that reduce the frequency of injury, and claims administration that manages the cost after an injury has already occurred. Both are necessary. Neither addresses the gap between them — the window in which minor strain either resolves on its own or escalates into a formal, recordable, expensive claim.

ReGen RCT Industrial is built specifically to close that gap: a Class I FDA-cleared device delivering focused mechanical soft-tissue stimulation, deployed on the plant floor, classified as OSHA First-Aid, and engineered to intercept strain before it becomes a claim.

This report makes four connected cases for adoption, each of which stands on its own and reinforces the others:

- **The Financial Case** — national injury-cost benchmarks applied to a representative facility show seven-figure annual exposure, with even conservative severity compression producing six- and seven-figure preserved margin.
- **The Regulatory Case** — RCT Industrial operates within OSHA's existing first-aid framework at 29 C.F.R. § 1904.7(b)(5)(ii)(M), supported by direct regulatory precedent, without requiring any change to an employer's recordkeeping practices.
- **The Operational Case** — a 3-to-6-minute, on-site, no-infrastructure deployment model that fits inside existing break schedules and shift flow, with zero disruption to throughput.
- **The Human Capital Case** — a workforce that recovers faster, stays healthier, and is treated as an asset worth protecting is a workforce that stays. Retention, morale, and safety culture are business outcomes, not soft benefits.

The strategic question for industrial leadership is not whether musculoskeletal strain is expensive — the data settles that question. The question is whether the organization will continue to absorb that cost passively, or install the infrastructure to actively manage it. This report presents the operational, financial, and regulatory basis to make that decision.

The Industrial Injury Crisis: A Financial Reality, Not a Safety Anecdote

Workplace musculoskeletal injury is not a series of isolated incidents. It is a structural byproduct of physical production, and the numbers behind it are large enough to command board-level attention.

$58.78B
Annual U.S. employer cost, most serious workplace injuries (Liberty Mutual)

$13.7B
Annual cost of overexertion injuries alone — the single largest category

937,620
MSD DART cases (BLS/NSC, 2023–24)

A Structural Cost, Not a Random One

Manufacturing, warehousing, logistics, construction, and field service all depend on repetition, force, load, and pace. Even highly automated facilities still require people to lift, adjust, inspect, and move material. The Liberty Mutual Workplace Safety Index identifies overexertion — lifting, carrying, pushing, and pulling — as the single largest driver of serious injury cost in the United States, with falls on the same level as the second-largest category. These are not anomalies. They are the predictable output of physical labor performed at industrial pace, and they follow a consistent progression: mild discomfort, continued exposure, worsening strain, formal reporting, and finally a lost-time or restricted-duty case.

The financial exposure does not begin at the moment of formal diagnosis. It begins in the delay between the first sign of soreness and the point at which the employee finally reports it — a delay that production pressure quietly extends.

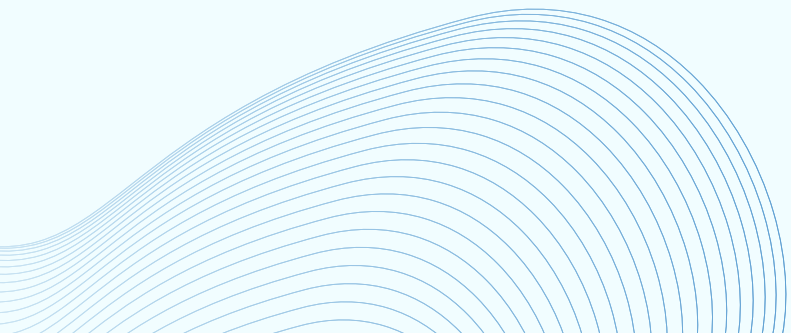
Severity Is Rising Even Where Frequency Is Not

The most important trend in the Liberty Mutual data is not the size of the injury-cost figure — it is its direction. Injury frequency has declined across many sectors over the past two decades, yet total workers' compensation cost has continued to climb. Each injury, on average, is becoming more expensive, driven by medical price inflation, more frequent imaging and specialist referral, longer treatment pathways, administrative complexity, and wage growth that raises indemnity payments tied to lost-time duration.

OSHA reports that employers collectively pay nearly $1 billion per week in direct workers' compensation costs for disabling, non-fatal injuries — a figure that captures only the visible, direct portion of the burden. A flat injury-frequency chart can mask a rising cost curve. Executives who track incident rate alone, without tracking severity, are managing half of the problem.

The Aging, Irreplaceable Workforce

Skilled operators, technicians, and maintenance specialists are staying in the workforce longer, and replacing that experience is expensive and slow. When an experienced employee is sidelined for weeks by a strain injury, the cost is not limited to wage replacement — it extends to scheduling disruption, quality variance, and the loss of institutional knowledge that a replacement worker cannot immediately supply.



Beyond the Claim: Hidden Operational Cost

Recordable rates and OSHA logs are necessary compliance metrics, but they understate the true business impact of injury. The real cost shows up in throughput, overtime, insurance pricing, and margin — and it compounds in ways a claims report never captures.



Lost-Time Is a Throughput Problem, Not an HR Statistic

Industrial facilities are staffed and scheduled against forecasted output. When an employee is removed from full duty, the work does not pause — it redistributes. Overtime increases to hold the line on production targets. Remaining employees absorb additional physical load, raising their own injury risk. Replacement labor, where available, typically lacks the experience of the worker it is covering for, which increases error rates and reduces efficiency. Supervisors spend hours on schedule adjustment, documentation, and oversight of temporary staff — hours not spent on production management.

Even employees who remain on restricted duty often operate well below full capacity. A skilled operator working at 50 to 70 percent of normal output still occupies a headcount slot, and in facilities running near full utilization, there is little slack to absorb repeated disruption of this kind.

The Indirect Cost Multiplier

Direct workers' compensation payments are only the visible layer. Indirect costs — overtime premiums, supervisor investigation time, HR case processing, temporary labor onboarding, retraining, and the administrative overhead of claims management — are widely estimated by safety economists to add a comparable or greater amount on top of direct claim cost. A single claim reported at $48,000 in direct cost can easily represent $78,000–$110,000 in total business impact once these factors are included.

Institutional Knowledge Is Not a Line Item — Until It Leaves

The workforce that runs an industrial facility is not an interchangeable input; it is the accumulated capability that makes the facility run at all. Every week an experienced technician is sidelined is a week that capability is unavailable, and every premature departure driven by unmanaged physical strain is a permanent loss of it. Protecting the physical capacity of the workforce is, in a very literal sense, protecting the operating capability of the enterprise — which is why this analysis treats workforce recovery as a capital-efficiency question, not a benefits question.

ReGen RCT Industrial: A Structured Response Between Prevention & Claim

Prevention programs and safety engineering reduce how often injury occurs. Workers' compensation and claims administration manage the cost after an injury has escalated. ReGen RCT Industrial occupies the space between the two — the interval in which early strain either resolves or becomes a formal case — and it is designed to influence which of those two outcomes occurs.

What the Device Is

ReGen RCT Industrial is a Class I FDA-cleared, industrial-duty portable device that delivers powerful, focused mechanical soft-tissue stimulation — externally applied mechanical pressure that produces vasodilation, mechanoreceptor stimulation, and muscle relaxation. Mechanically, this action is the same category of intervention as manual massage and consumer percussion-therapy devices such as Theragun, delivered at industrial depth and durability appropriate for continuous, multi-shift facility use.



Three Deployment Touchpoints

- Pre-Shift Warmup — a brief session that warms soft tissue and reduces baseline stiffness before physically demanding work begins.
- During-Break Recovery — a 3-to-6-minute session inside the existing break window for workers experiencing strain, stiffness, or fatigue mid-shift.
- Post-Shift Recovery — addressing accumulated strain at the end of a shift to support faster shift-to-shift readiness and interrupt the pattern of strain accumulation that drives chronic fatigue.

Sessions require no consumables, no medication, and no infrastructure changes. The device is designed to fit inside a break room, a recovery station, or an existing occupational-health area, and every deployment operates under a written Industrial First-Aid Protocol with mandatory red-flag screening: any sign of a serious or worsening condition — suspected fracture, neurological symptoms, open wound, radiating pain — triggers immediate medical referral rather than continued use of the device.

What RCT Industrial Is Not

RCT Industrial does not diagnose, treat, or create a plan of care for a diagnosed condition. It is not physical therapy, and it is not chiropractic care — both are expressly excluded from its protocol and from OSHA's first-aid category. It does not replace an employer's safety program, hazard controls, or workers' compensation process; it operates alongside them, upstream of the point at which most of those processes become necessary.

The Regulatory Foundation: First-Aid, Not a Recordable Event

Any facility-based intervention has to clear a threshold question before an operations or risk leader will consider it: does this create new recordkeeping exposure? For ReGen RCT Industrial, the answer is built directly into the design of the protocol, and it rests on a straightforward reading of OSHA's own recordkeeping rule.

The Governing Text

OSHA's injury and illness recordkeeping regulation, 29 C.F.R. § 1904.7(b)(5)(ii)(M), lists "using massages" among the treatments it defines as First-Aid — explicitly outside the definition of recordable medical treatment. The same provision expressly excludes physical therapy and chiropractic treatment from the first-aid category. OSHA's controlling standard for evaluating a new modality against this list is functional equivalence: not what a device is branded as, but whether its physical mechanism and therapeutic effect match what is already recognized as massage.

ReGen RCT Industrial's mechanism — externally applied, focused mechanical pressure producing soft-tissue relaxation and localized circulation improvement — is the same physical action as manual massage and commercial percussion-therapy devices. It does not manipulate joints, does not involve spinal adjustment, and does not constitute a diagnostic or therapeutic exercise program.

Three Independent Grounds of Support

Ground	Summary
First-Aid Classification	RCT's defined use meets the regulatory definition of "massages" under 29 C.F.R. § 1904.7(b)(5)(ii)(M), consistent with the functional-equivalence approach reflected in the 2006 ART and 2019 APTA interpretive letters.
Wellness Program Exclusion	Where deployed voluntarily to non-symptomatic employees as part of a wellness benefit, no injury or illness exists to record under 29 C.F.R. § 1904.5(b)(2)(iii) — an independent basis that applies regardless of the first-aid analysis.
Immaterial Variables	Under 29 C.F.R. § 1904.7(b)(5)(iv), who administers the treatment, how often, and when in the shift it is delivered do not change its classification.



The Financial Case: Converting Recovery Into Measurable Return

Industrial operators fund programs that move a number, not programs that sound good. The financial case for RCT Industrial is built directly on the national injury-cost benchmarks already used by risk management and finance teams to size workers' compensation exposure.

Establishing the Baseline

The National Safety Council places the average cost of a medically consulted workplace injury at approximately $48,000, once wage replacement, medical treatment, and administrative handling are combined. For a representative mid-sized industrial facility experiencing 40 medically consulted injuries per year, that benchmark alone establishes:

40 injuries × $48,000 = $1,920,000 in annual direct exposure — before overtime, retraining, turnover, or lost production velocity are even added.

Modeling Severity Compression

RCT Industrial is not modeled as an injury-elimination tool — no on-site intervention makes that claim credibly. It is modeled as a severity-compression and lost-time-compression lever, applied to the same $1.92 million baseline:

Compression Scenario	Annual Preserved Exposure	Executive Read
Conservative — 10%	$192,000	Frequently offsets the full cost of program infrastructure on its own.
Moderate — 20%	$384,000	Visible in EBITDA and experience-modification trend reporting.
Strong — 30%	$576,000	Multi-site operators under similar exposure can scale this to $2M+ across a portfolio.



The Severity Inflation Offset

Because per-injury cost is rising independent of frequency, standing still is not a neutral position. If the $48,000 average rises to $52,000 under current medical inflation and wage trends — a realistic near-term adjustment — the same 40-injury facility absorbs $2,080,000 in exposure with no change in incident count. Severity compression is one of the only levers available to offset that inflation directly; without it, the cost curve rises passively every year regardless of safety performance.

Lost-Time as a Revenue Variable

Throughput impact compounds the direct claim number. For a facility producing $600,000 in daily revenue, a 3 percent output reduction sustained across one quarter (65 working days) represents:
$600,000 × 0.03 × 65 days = $1,170,000 in throughput exposure — independent of the claim cost itself.

Faster functional recovery and shorter restricted-duty periods directly compress this variable by reducing overtime dependency, supervisor reassignment strain, and the duration of reduced-output labor — turning recovery speed into a revenue-stabilizing lever rather than a purely clinical outcome.

Framing the Investment

Facility-level program cost varies with headcount, shift structure, and deployment scope, and is scoped individually during the discovery process described in the Implementation Framework below. Against the exposure sizing shown here, even the conservative 10-percent-compression scenario positions the program to pay for itself inside a single fiscal year for most mid-sized industrial sites — the analysis that should anchor any facility-specific proposal review.



The Employee Wellness and Human Capital Case

Every case in this report so far has been financial. That is deliberate — this is a capital allocation decision, and it should be evaluated as one. But the financial case and the human case are not in tension here; they point in the same direction.

The Workforce Is the Asset, Not a Variable to Be Depreciated

An industrial facility's output is ultimately a function of the people running it. Treating physical strain as an unavoidable cost of doing business, rather than a manageable operational variable, quietly depreciates that asset shift after shift. A leadership team that installs recovery infrastructure is making a straightforward statement to its workforce: their physical wellbeing is treated as an operating priority, not an afterthought handled only after something breaks. That statement has a measurable payoff — in reporting behavior, in retention, and in trust.

Reporting Culture Improves When Access Improves

A significant share of escalated claims begins with a delay: an employee works through early discomfort rather than interrupting a shift to seek off-site care. When on-site, no-friction recovery access is available, employees are more likely to address strain when it is minor and inexpensive to resolve, rather than waiting until it forces a formal absence. That earlier reporting behavior is itself part of the severity-compression mechanism described in the financial case above.

Retention in a Tight Skilled-Labor Market

Experienced operators and technicians are difficult and expensive to replace. Facilities that visibly invest in the physical sustainability of demanding roles are better positioned to retain that experience — particularly among workers in physically taxing positions who are weighing whether the job is sustainable over the long term. Workforce recovery infrastructure is one of the more direct levers available to a facility for extending the working career of its most experienced people.

A Note on Perspective

Our founder and CEO, Michael Gordon, is an operating compassionate capitalist and chaplain who has long held that labor carries inherent dignity and that those who lead an enterprise bear a stewardship responsibility toward the people who build it — a principle as old as "the laborer deserves his wages" and as practical as any modern retention strategy. That premise does not compete with sound financial management; it reinforces it. A workforce cared for as a durable asset, rather than consumed as a disposable input, is also the workforce that produces the strongest and most defensible long-term financial return. That alignment — sound stewardship and sound economics arriving at the same conclusion — is the foundation this report is built on.

The Insurance and Workers' Compensation Carrier Case

The financial case for RCT Industrial does not stop at the employer's P&L. Workers' compensation carriers, brokers, and risk managers evaluate exactly the same variables — claim frequency, claim severity, and lost-time duration — and RCT Industrial is designed to move all three in the same direction.



Experience Modification and Premium Trajectory

Experience modification rates (EMR) are calculated directly from claim frequency and severity history relative to industry peers. A facility that compresses claim severity and reduces lost-time duration builds a stronger EMR trend over successive policy periods, which translates directly into lower workers' compensation premiums — a multi-year financial benefit that compounds well beyond the initial program investment.

A Lower-Friction Underwriting Story

Carriers and brokers increasingly favor accounts that can demonstrate structured, documented loss-control infrastructure — not just a stated safety policy, but an operating program with defined protocols, training records, and quarterly outcome reporting. RCT Industrial's governance structure — eligibility criteria, escalation thresholds, documentation standards, and quarterly severity-trend reporting — gives risk managers exactly the kind of program evidence that strengthens renewal conversations and supports more favorable terms.

Aligned Incentives with Third-Party Administrators

Because RCT Industrial operates upstream of claim formation, it does not create new administrative burden for claims administrators or TPAs — it reduces the volume of claims requiring their attention in the first place, and it complements existing return-to-work programs by supporting faster functional progression once a claim has been opened. Every stakeholder in the claims chain — employer, carrier, TPA, and broker — benefits from the same underlying mechanism: earlier intervention, compressed severity, and a shorter path back to full duty.

Implementation Framework

A financial case earns attention. Execution earns trust. RCT Industrial is deployed as an operational capability — built into the same operating discipline that governs safety systems and production scheduling — not as a disconnected wellness add-on.

Phase	Focus	Key Activities
I. Site Assessment	Risk alignment	Review workers' comp history, body-region distribution, lost-time and restricted-duty trends, and recurrence patterns to target deployment at the highest-cost injury categories.
II. Operational Integration	Non-disruptive placement	Position devices inside break rooms or recovery areas; coordinate scheduling around shift flow; establish documentation protocols for supervisors, HR, and safety leadership.
III. Early-Intervention Workflow	Behavior and access	Define referral pathways and reporting triggers; train supervisors and employees so early reporting is understood as routine, not disruptive.
IV. Return-to-Work Acceleration	Claims already in process	Integrate with existing modified-duty and return-to-work programs to support faster functional progression and shorter restricted-duty periods.
V. Governance & Reporting	Sustained oversight	Quarterly reporting on severity trend, utilization, lost-time duration, and financial-exposure shift; documented escalation criteria preserved throughout.

Compliance Remains Fully Intact

Nothing in this framework changes an employer's OSHA recordkeeping obligations or workers' compensation reporting requirements. RCT Industrial operates prior to and alongside those systems, governed by red-flag screening and certified operator training that ensures any case outside the first-aid boundary is referred for medical evaluation without delay.

What Deployment Requires of the Facility

- No infrastructure changes — the device fits inside existing break rooms, recovery areas, or occupational-health stations.
- Certified operator training, provided as part of the program, typically completed by health and safety managers or designated on-site staff.
- A designated program owner (typically EHS or Risk Management) to oversee quarterly reporting and escalation governance.

RCT Industrial in Context: Comparing the Options

Industrial leaders already have options for managing workforce strain. RCT Industrial is not positioned to replace any of them — it is positioned to close the specific gap none of them fully address: immediate, no-friction, on-site access at the moment strain first appears.

Approach	On-Site & Immediate	OSHA First-Aid Status	Addresses Early Strain
Off-site physical therapy	No — requires appointment	Excluded from First-Aid	Only after formal referral
Chiropractic care	No — requires appointment	Excluded from First-Aid	Only after formal referral
OTC pain relief / ice & heat	Yes	First-Aid	Symptom masking only
“Push through it” (status quo)	N/A	N/A	No — drives escalation
ReGen RCT Industrial	Yes — 3–6 min., in-shift	First-Aid	Yes — designed for this window

HOW REGEN RCT SAVES YOUR FACILITY MONEY

1. **PREVENT**
   Minor MSD discomfort addressed on-site during breaks — classified as First-Aid under OSHA, not a recordable event
2. **REDUCE**
   Fewer workers' comp claims, lost workdays, and shift coverage disruptions
3. **LOWER**
   Lower legal, insurance and administrative burdens from reduced claim volume
4. **SAVE**
   Lower insurance premiums over time through improved safety record and EMR



The Cost of Inaction

Doing nothing is not a neutral choice — it is a decision to keep absorbing a rising cost curve passively. Every fiscal year without a structured recovery infrastructure carries three compounding consequences:

- Severity inflation continues unmanaged — the same injury count costs more every year as medical pricing and wage growth advance, with no offsetting lever in place.
- Experience modification trends drift in the wrong direction — premium costs rise independent of any change in safety culture or effort.
- Experienced labor attrition continues quietly — workers in physically demanding roles who do not see investment in their physical sustainability are more likely to leave for roles that offer it.

None of these costs appear as a single dramatic event on a P&L. They appear as a slow, compounding drag on margin — which is precisely why they are easy to defer and expensive to ignore. The organizations that will separate themselves competitively over the next several years are the ones that treat this as a managed variable now, while the cost of doing so is still a fraction of the exposure it is designed to offset.

Executive Conclusion: The Decision at the Table

Industrial work will always involve physical demand. Manual lifting, repetition, sustained load, and pace-driven output are structural realities of production — they cannot be engineered away entirely. What can be influenced, directly and measurably, is how that physical demand translates into cost.

This report has presented four independent, mutually reinforcing cases for ReGen RCT Industrial adoption:

- A financial case grounded in national benchmark data, showing seven-figure baseline exposure and material, achievable compression.
- A regulatory case built on existing OSHA first-aid classification, requiring no change to recordkeeping practice.
- An operational case delivered powerfully in 3 to 6 minutes, inside existing break windows, with zero infrastructure disruption.
- A human capital case that treats the workforce as the asset it is — protecting the experience, retention, and physical sustainability that keep a facility running.

The strategic question facing industrial leadership is not whether musculoskeletal strain is expensive. The data has already answered that question. The question is whether that cost will remain something the organization absorbs passively — or something it manages actively, starting with the next fiscal quarter.

ReGen RCT Industrial is available for facility-specific discovery, financial modeling, and pilot deployment. We welcome the opportunity to build the exposure and return model specific to your operation and to walk your leadership team through implementation.

Appendix: Source Data and Regulatory References

National Injury Cost Benchmarks

- Liberty Mutual Workplace Safety Index, 2025 — top-ten serious injury causes, overexertion cost data.
- Occupational Safety and Health Administration — direct workers' compensation cost data, recordkeeping regulation 29 C.F.R. Part 1904.
- National Safety Council 2024 — Injury Facts, average cost per medically consulted injury.
- U.S. Bureau of Labor Statistics — lost-time and restricted-duty injury data; MSD-related workdays lost.
- U.S. Department of Labor — return-to-work and disability-duration research.

Regulatory Authorities Cited

- 29 C.F.R. § 1904.7(b)(5)(ii)(M) — First-aid treatment definition, including massages.
- 29 C.F.R. § 1904.5(b)(2)(iii) — Recordability and voluntary wellness program participation.
- 29 C.F.R. § 1904.7(b)(5)(iv) — Immateriality of provider status, frequency, and timing.
- CPL 02-00-172 — Part 1904 Recordkeeping Policies and Procedures (Eff. January 13, 2025).
- 2006 ART Letter of Interpretation; 2019 APTA Letter of Interpretation; 2024 MSK Enforcement Guidance — functional-equivalence precedent.

Important Notice

ReGen RCT Industrial does not diagnose, treat, or determine the recordability of any specific case. Recordability under 29 C.F.R. Part 1904 is determined by the employer based on the facts of each case. This report is intended for executive and risk-management decision support and does not constitute legal or regulatory advice. Facility-specific financial projections should be validated against each organization's own claims history during the site assessment phase.



Join the shift from reactive cost absorption to proactive severity control





Shift from Reactive to Proactive Care

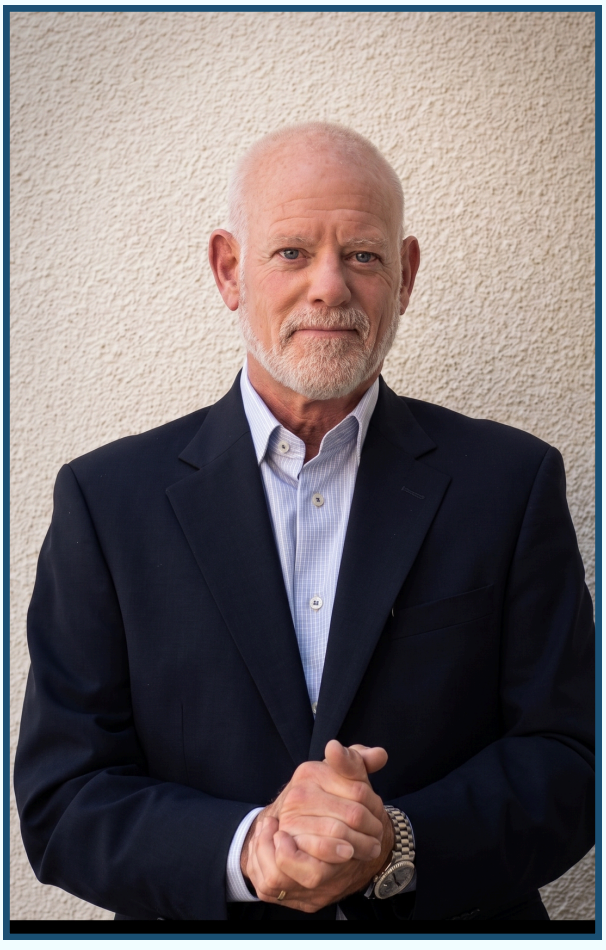
Sick Care Model: *Wait for injury. Absorb the claim. Manage the damage.*

ReGen RCT Industrial Model: Intercept strain early. Compress severity. Protect productivity & preserve margin.

ReGen Medical®
RCT INDUSTRIAL

Ready to Protect Your Bottom Line?

Schedule a live demo with our team and discover how ReGen RCT can reduce injury severity, lower workers' compensation exposure, and preserve your facility's productive capacity.



Michael Gordon
Founder & CEO

industrial@regenmedicalnetwork.com

www.industrial.regenmedical.com

775-255-9090