

Workers Compensation and Rehabilitation

Moving from a Disease to a Function Orientated Model

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ABSTRACT

New focused care in Physical Therapy drives early return to work and changes the mandate for treatment delivery from a disease to a functional model. Care needs to be directed towards helping to gain functional improvement as expeditiously as possible to return to some form of gainful employment. Job specific essential duties become the template for care delivery and ultimately return to duties, whether full, transitional or modified, becomes the goal.

It is well documented that the sooner a worker's compensation patient returns back to a work environment, the faster the full recovery. Whether it is peer pressure, the requirement to get up and ready for work, the routine, the pressures of work, the true to work activities or the social aspect, returning to work as quickly as possible is a significant benefactor in returning to full function. According to a study performed by The Hartford, employees out of work for more than 12 weeks with a work-related injury have less than a 50 percent chance of returning to work. That can have a significant impact on the life of the worker, on the amount of the claim, and on the Employer's ability to find another qualified employee. Atrophy, de-conditioning and general mindset of an injured individual is affected negatively with each day off work. Especially apparent in today's every changing workforce, the longer away from work, the more challenging the vocational retraining and placement becomes.

Employers have embraced this concept and more than ever before have developed and implemented staged light, medium and heavy modified and transitional duties for each high risk job (jobs that have historically caused a high incidence of injury).

As noted, unlike a traditional weekend warrior who may have waited two weeks prior to care and subsequently caused increased atrophy and other conditions associated with guarding etc., the worker's compensation patient is usually in the clinic within 12 hours post injury for soft tissue sprains and strains. This provides the clinician with the immediate ability to enforce positive change.

Physical therapist participation in injury/illness prevention and return to work programs continue to evolve in response to increased incidence and cost of work-related injury/illness. A physical therapist's ability to remediate occupational health problems related to bony and soft tissue pathology, and to human performance contributes significantly to the effectiveness of these programs. The physical therapist is a vital member of the return to work team and is involved in problem solving for injury/illness prevention and in the design of work focused care. With expertise in identification of work-related risks to the neuromusculoskeletal system, the physical therapist can design, implement, and monitor solutions for an individual, group, or population to promote health, wellness, and fitness, and increase productivity.

As we begin to review the Functional Model of care, we must first understand the differences between Modified and Transitional Duties.

Modified Duties:

Modified duties are primarily designed around the *Physical Demands Characteristics Table (PDC Table) such as Light, Medium or Heavy classifications. This profile allows the employer to qualify available jobs or functions that may or may not be relational to the actual job he/she was in previously. This level of accommodation is most likely due to the fact the employee has been away from work for a prolonged period and the previous job has already been replaced and is no longer available.

Programs are progressed based on weight/frequency and general functionality of the employee, until such a time that a gainful employment position exists.

Transitional Duties:

When looking for transitional duties, keep in mind that the key word is "transitional." These assignments are not forever; they have time limits and are intended to provide productive work while bridging the gap between injury and recovery. Ultimately the main difference between the two programs is that those on transitional duties are being "prepared" for return to full duties in a job or area that is still available for them in the designated work environment. Usually this means that the individual has not been out of work in medical care for a prolonged time period, as the job is still available. Transitional Duties are usually subsets of the employee's previous job requirements. Basically a form of "on the job" work conditioning.

In a worker's compensation environment the highest volume and subsequent cost of injuries are represented by musculoskeletal disorders or MSD's. Musculoskeletal disorders of the low back and upper extremities result in approximately 1 million people losing time from work each year. These disorders impose a substantial economic burden in compensation costs, lost wages, and productivity. Conservative cost estimates vary, but a reasonable figure is about \$50 billion annually in work-related costs—a figure representing approximately 1 percent of GDP (National Academy of Sciences 2010). These soft tissue sprains and strains represent the majority of the issues employers face and are the best injuries to be handled expeditiously.

When an employee is unable to work due to a work-related injury or illness, productivity falls and costs rise. The longer the injured employee stays out of work, the higher the costs. Aside from the direct costs of workers' compensation, indirect costs – such as hiring and training replacement workers – can increase your expenses and impact your profitability.



There is no question that early return to work benefits the employee. The company also benefits from:

- Controlling direct and indirect costs
- Reducing production downtime
- Reducing need to train replacement
- Raising morale and improves operations
- Reducing workers' compensation fraud
- Advantages for Employee

Work is therapeutic! The sooner employees reconnect with work associates and perform job responsibilities, the healthier their outlook, and the more favorable the outcome.

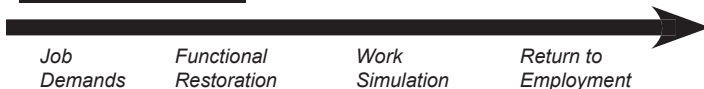
The Disease Orientated Model:

Treatment focus is on the patients' primary complaints and limitations with a treatment care plan that includes both passive and active components designed to maximize the range of motion, strength and cardiovascular condition of the tissues involved.

The Function Focused Model:

Physical Therapy is driven by the injured employee's "Job Demands Analysis" and specifically the essential and high risk job functions of the job. The first part of rehab is directed to restoration of function, and once basic function is achieved, a focus on simulated job specific demands is introduced. This work simulation phase ensures that the employee has not only reached for example shoulder strength and range of motion, but more importantly the ability to have the endurance to perform a work related task with complex movement patterns such as extended reach with weight and turn.

The Functional Model:



The understanding of the Workers Compensation patient is that they may very well have been limited in certain areas of functionality for years and still able to effectively perform the essential duties of the job. The issue at hand is the co-operation of the employer to accept them back as soon as is possible to ensure an expeditious full recovery cycle and of course employee cooperation and acceptance to return to work.

The Physical Therapist becomes an integral player in the return to work phase.

From the development of the work specific rehabilitation protocol to working with the employer in the placement of the employee in Transitional, Modified or Full Duties, the Physical Therapist assists in reducing the loss time and costs associated with workplace injuries. Employers directly benefit from increased communication, early return to work, clinical expertise, and a focused continuum of care. Together, the employer and the therapist, with increased communication and a job specific direction, can provide an expedited return to gainful employment.

REFERENCES:

1. Ashton-Miller, J.A. 1998 Response of Muscle and Tendon to Injury and Overuse. Paper prepared for the Steering Committee for the Workshop on Work-Related Musculoskeletal Injuries.
2. Bernard, B.P., ed. 1997 Musculoskeletal Disorders and Workplace Factors: A Critical Review of Epidemiologic Evidence for Work-Related Musculoskeletal Disorders of the Neck, Upper Extremity, and Low Back. Cincinnati, OH: U.S. Department of Health

3. Bongers, P.M., C.R. de Winter, M.A.J. Kompier, and V.H. Hildebrandt 1993 Psychosocial factors at work and musculoskeletal disease. Scandinavian Journal of Work and Environmental Health 19:297-312.
4. Bureau of Labor Statistics 1995 Workplace Injuries and Illnesses in 1994. USDL 95-508. Washington, DC: U.S. Department of Labor.
5. Chaffin, D., and G. Andersson 1990 Occupational Biomechanics. Second Edition. New York: John Wiley.
6. Occupational Injuries and Illnesses in the United States by Industry, 1992.
7. Baldwin ML, Johnson WG, Butler RJ. The error of using returns-to-work to measure the outcomes of health care. Am J Ind Med.1996; 29:632-641.[Web of Science][Medline]
8. Webster's Unabridged Dictionary of the English Language. New York, NY: Portland House;1989 .
9. Hadler NM. Workers' compensation and regional backache. In: Hadler NM, ed. Occupational Musculoskeletal Disorders
10. Von Korff M. Studying the natural history of back pain. Spine.1994; 19(suppl 18):2041S-2046S.
11. Industry experts call for immediate action on OSHA's workplace ergonomic standard. PT Bulletin. July 19,1999 .
12. ork BE, Cook TM, Rosecrance JC, et al. Work-related musculoskeletal disorders among physical therapists. Phys Ther.1996; 76:827-835.[Abstract/Free Full Text]

Physical Demand Characteristics of Work (Dictionary of Occupational Titles - Volume II , Fourth Edition, Revised 1991)			
Physical Demand Level	OCCASIONAL 0-33% of the workday	FREQUENT 34-66% of the workday	CONSTANT 67-100% of the workday
Sedentary	1 - 10 lbs.	Negligible	Negligible
Light	11 - 20 lbs.	1 - 10 lbs.	Negligible
Medium	21 - 50 lbs.	11 - 25 lbs.	1 - 10 lbs.
Heavy	51 - 100 lbs.	26 - 50 lbs.	11 - 20 lbs.
Very Heavy	Over 100 lbs.	Over 50 lbs.	Over 20 lbs.

RESOURCES:

Fit2WRK by USPh
1300 West Sam Houston Parkway South, Suite 300
Houston, TX 77042
(877) Fit-2WRK
www.Fit2WRK.com
Email: Referral@Fit2WRK.com

ADA Regional Disability and Business Technical Assistance Center Hotline
(800) 949-4232 (voice/TTY).

Job Accommodation Network
918 Chestnut Ridge Road, Suite 1,
Morgantown, WV 26506-6080,
(800) ADA-WORK (voice/TTY).

U.S. Equal Employment Opportunity Commission
1801 L Street, NW,
Washington, DC 20507,
(800) 669-4000 (voice),
(800) 800-3302 (TTY)
(800) 666-EEOC (publications).

The Equal Employment Opportunity Commission has issued enforcement guidance which provides additional clarification of various elements of the Title I provisions under the ADA. Copies of the guidance documents are available for viewing and downloading from the EEOC web site at: <http://www.eeoc.gov>.