

Transitional Work Therapy On-Site: Work Is Therapy!

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Transitional Work Therapy On-Site: Work Is Therapy!

❖ Setting the Stage for Job Accommodation

The definition of accommodation is to render fit or suitable; adaptive; adjust; reconcile; provide room for...

Work is HEALTHY! You don't have to get injured workers well in order to put them back to work...you put them back to work to get them well. Research by CM McGill showed that time is the enemy. After one year of disability, 85% do not return to work. After 12 weeks of disability, only 50% return to work. Recent guidelines on prevention of needless work disability by the American College of Occupational and Environmental Medicine (ACOEM) state that "The fundamental reason for most lost workdays and lost jobs is not medical necessity, but the non-medical decision-making involved in and poor functioning of stay-at-work and return-to-work practices within the U.S. and Canadian disability benefits systems."

A systematic review of the literature for workplace-based return-to-work interventions by Franche et. Al. (2005) found that disability duration is reduced by work accommodation offers, open dialogue between the healthcare provider and workplace, early contact with worker by the workplace, ergonomic intervention and presence of a RTW coordinator.

❖ Levels of Accommodation Support

Injured workers have individualized needs that require different levels of accommodation or assistance.

1. **EMPLOYER accommodates worker restrictions through assignment of suitable work tasks.** For an acute injury, reduction of the worker's exposure to aggravating work tasks may be the only treatment needed to promote healing.
2. **INDUSTRIAL THERAPIST comes to the work-site to help address therapy and ergonomic issues that complicate recovery and return to full duty.** Activities may include functional job analysis, assessment of workabilities, identification and progression of safe work tasks, job-specific strengthening, coaching in pacing/safe work methods and job modification.
3. **FIELD CASE MANAGER comes to the work-site and attends medical appointments to help address psychosocial issues and facilitate rehab planning.** Activities include facilitating communications between all parties, providing emotional support to the injured worker, and developing a rehabilitation plan that promotes the primary relationship between the employer and injured worker.

"You don't have to get injured workers well in order to put them back to work... You put them back to work to get them well."

-Donald E. Shrey



❖ Qualifiers for Transitional Work Therapy

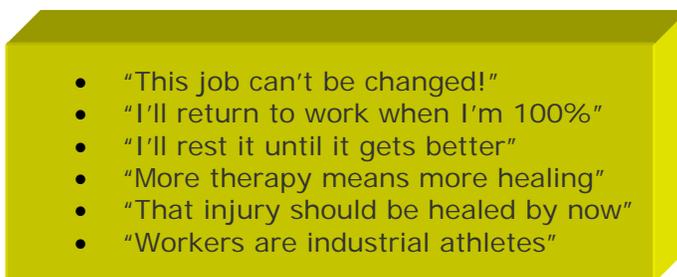
Transitional work therapy (on-site) may be requested as an alternative or supplement to clinic-based physical or occupational therapy care. Priority consideration for this service is warranted in the following circumstances:

- Functional job analysis has not been completed for the original job.
- Physician's report of workability seems unclear or unrealistic, based on diagnosed health conditions or related disability guidelines
- Employer requests assistance with initial assignment or progression of safe and productive work tasks.
- Injured worker reports increased symptoms after returning to work or a change in assigned work activities.
- Physician or worker is concerned that employer does not know how to assign safe job tasks.
- Worker or physician requests a permanent job modification, job reassignment, or other accommodation for health reasons.
- Physician is not gradually advancing (lessening) work restrictions.
- Worker is not progressing physically or advancing to more physically demanding job tasks within time frame of transitional work policy.
- Employer, worker or physician are concerned that high physical demands of job may expose worker to substantial risk for re-injury.
- Worker is observed performing activities that exceed physician's prescribed work restrictions.
- Physician states that worker has reached maximum medical improvement (MMI); however, worker still has ongoing work performance issues related to health condition or fitness.

❖ Can You Handle the Truth?

If you haven't heard many of the conventional excuses and misconceptions during recovery from a work-related injury, you probably will soon:

"The Box"



What do you do?

If you follow the conventional path you will likely follow a rehabilitation model inconsistent with scientific data—often the result of thinking in a box; closed-minded viewpoint about injury management. Take for instance a typical shoulder strain and what scientific data tell us about this type of injury. Tissue healing from a tendon tear is an orderly process consisting of

"While physical therapy techniques can help restore function, even the most effective techniques will not alter the fact that the resultant scar is weaker than the original tissue."

-Olson 2001



a short-lived period of inflammation (pain) followed by a lengthy time of scar modification lasting at least 12 months. The resulting scar tissue replaces the torn collagen bundles (type-1) with weaker collagen. And, the more physically demanding a job is (relative to the worker's ability), the longer the worker will be impaired.

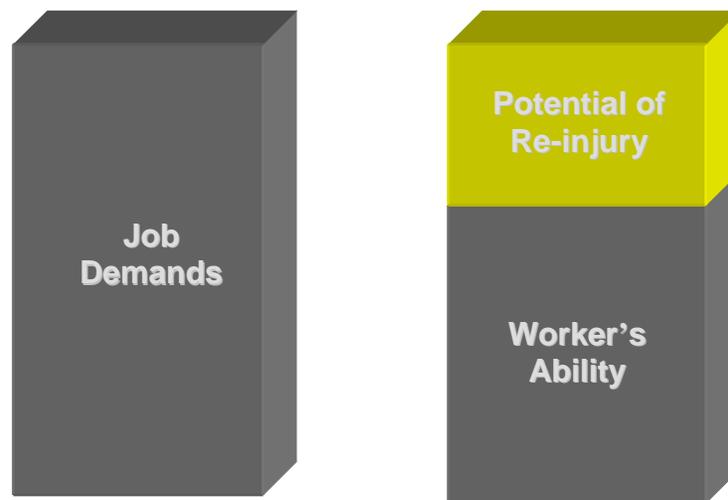
While physical therapy techniques can help restore function, even the most effective techniques will not alter the fact that the resultant scar is weaker than the original tissue. In fact, the only (body) tissue that returns to pre-injury strength is bone. A lack of understanding about the basic science related to tissue healing leads to differing opinions about recovery and failure of the traditional medical model.

❖ The Work Injury Dilemma

As a result of misconceptions about injury healing, the perspective of employers and injured workers vary greatly:

Employer	Injured Worker
Lost time work injuries cost \$1000 each day	Injuries can take ± 12 months to stabilize
"Light Duty" jobs are non-productive and can cause dissention among other workers	Normal work duties can cause re-injury to the worker

Because of this disparity, job demands often exceed a worker's ability to safely and effectively perform assigned duties, thereby increasing the potential of re-injury.

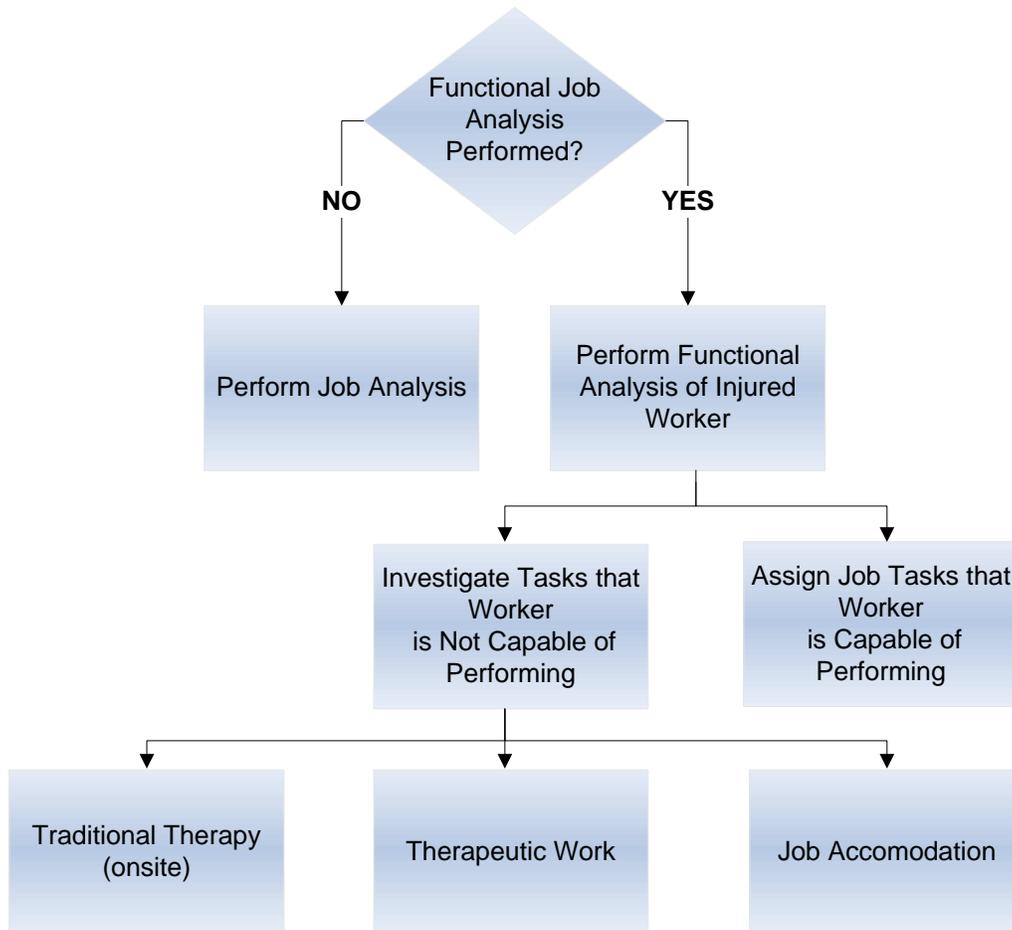


Current Clinical Model

❖ Transitional Work Therapy Decision Tree

The traditional model for care doesn't work because it simply doesn't comply with reality. When properly implemented, the transitional work model meets the needs of the injured worker, the employer, and the scientific data. As such, the following Transitional Work Decision Tree balances all three factors to provide a more effective transitional care plan.





Transitional Work Therapy Decision Tree

Perform Job Analysis

Knowledge of full duty job demands is critical to develop a realistic and job-specific therapy plan of care. This information may also be used to evaluate the appropriateness of requested claims allowances following an alleged work-related injury. A well-developed functional job analysis helps the employer clearly communicate specific task functional demands as well as transitional work options and program policy to the attending physician and other health care professionals. The job analysis should cover the following components:

1. Identification of the purpose of the position
2. Environmental conditions present
3. Work schedule issues.
4. Observation of job being performed by incumbents to understand work methods used to perform any physically-demanding functions.
5. Interview of the incumbents and supervisors to further specify job functions and related materials, machines, tools, equipment, work aids and modified duty options.
6. Review of production and safety records related to the position.
7. Analysis of workabilities for critical job functions (lift/carry abilities, physical aptitudes, posture tolerances).
8. Determination of relative importance for each job function (based on amount of time or consequence of not performing the function).
9. Qualifications (skills, knowledge, and education)
10. Worker screening methods.



Functional Analysis of Injured Worker

Once the job analysis has been performed, the data is used to evaluate the workabilities of the injured worker. Key components for a well-designed job-specific functional evaluation of the injured worker include:

- Comprehensive health/lifestyle/injury history
- Review of lifestyle and job demands and limitations.
- Diagnostic and other relevant findings in records
- Neuromusculoskeletal examination, including baseline measurements such as active range-of-motion limitations.
- Selection of functional tests that relate to critical, specific job functions
- Monitoring of worker performance during real or simulated job tasks.
- Summary of worker abilities in comparison to job demands (Job Match).



Considerations when customizing a workability test include unique lifting parameters (i.e. hand coupling), postural demands, environmental, and the use of actual work tools when possible. The more closely the testing simulates the actual job, the more likely the worker will “buy in” to the program.

Mobile functional capacity evaluation equipment such as Workability Systems components shown below makes it possible for transitional work therapists to construct a work capacity evaluation that combines highly standardized functional capacity assessment methods with direct assessment of worker performance on actual job tasks.



Assign job tasks that the worker is capable of performing

Items to consider when assigning job tasks (based on the results of the functional job analysis) are:

- **Safe**— The safety of any work activity is relative to the type, severity, and stability of the injury. Each injury has its own unique set of rules related to safety.
- **Productive**— Work duties should include activities that contribute to the purpose of the position and business needs of the employer.
- **Therapeutic**— Job tasks are often overlooked as a method to increase the heart rate, improve circulation, and increase oxygen levels in the tissues (Cardiopulmonary); increase bone mineral density with mobilization (skeletal); and strengthen muscles, tendons, and ligaments (soft tissue).

Investigate tasks that the worker is not capable of performing

Identifying the tasks a worker is not capable of performing is equally important as finding which tasks they can perform safely—for it's this information that determines treatment goals. It is the expertise of the supervising therapist, rather than fancy equipment or facilities, which determines successful therapy outcomes. When job tasks exceed the worker's current ability, an effective treatment plan considers three elements:

On-site traditional therapy

With creativity, it is possible to administer any necessary therapeutic procedures that are routinely provided in a traditional out-patient clinic setting. Portable exercise equipment such as a fold-up treatment mat on a sturdy table or a door-mounted resistive tubing unit are effective substitutes for traditional clinic-based equipment. Manual therapy techniques such as Mobilization with Movement (MWM) can be administered with minimal equipment.

Therapeutic work

Work tasks that have therapeutic benefits can be prescribed at a progressive dose and frequency that reduces unnecessary, unproductive time away from the job or family.

Job accommodation

For job tasks that far exceed the worker's capability job accommodation is the most viable option and it is what is most unique to a transitional work program.

❖ Finding Therapeutic Work

Confused about where to begin with therapeutic work?

Simple tasks like painting can provide intermittent loading to improve tendon integrity; improve muscular endurance; and reestablish normal movement patterns. Other tasks, such as transporting products, can strengthen quadriceps muscles, improve body mechanics, and assist in the return-to-work decision. Perhaps more importantly, these tasks improve worker confidence—a valued byproduct of therapy at work.



Conclusion

Transitional work therapy has proven advantages over traditional clinic-based therapy care. Job-specific treatment approach combines therapeutic work to: increase worker functional capabilities, coach the worker in safe work methods to avoid re-injury, and progressive accommodation to reduce job demands through administrative or engineering controls. The Traditional Medical Model versus a Transitional Work/Ergonomic Model of RTW are contrasted in the table below.

Traditional Medical Model of RTW	Transitional Work/Ergonomic Model of RTW
Increase physical abilities of worker by strengthening exercises in clinic	Work conditioning takes place at work with work-site therapist and real job tasks. Hierarchy of work tasks: safe, therapeutic, productive
Measure the workers functional capacity (FCE)	Measure the job (Functional Job Analysis) AND the worker (FCE, Work Tolerance Testing) or BOTH at same time (Ergonomic Analysis)
RTW when worker is cleared for full-duty on a full-time basis (100%)	If not confined to hospital, bed or home, RTW with restrictions in an accommodated assignment
Job Accommodation based on subjective data	Job Accommodation based on objective data
No national guidelines can be applied to the specific job	Guidelines based on NIOSH, RULA, REMA, etc to identify ergonomic risks

To debunk misconceptions about work-related injuries, transitional work therapy supports the primary relationship between the employer and injured worker by integration of evidence-based treatment with the goal of matching job demands with the worker's ability.



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