Return to Work Programs
Tools and Tricks of the Trade!

Schedule II Conference
October 8th, 2013
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Introduction

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Another Return to Work Seminar?

• We’ve all been to boring return to work seminars... how much more is there to learn??
• Refreshing the tools / techniques could save you thousands of dollars in lost time wages and improved employee morale.
• Recall that after 50 days of absence, the probability of return to work decreases by 50% and drops below 10% after 200 days of absence
• Today’s session should be interactive and will involve case studies to provoke discussions about real-life return to work problems
Key Return to Work Principles

- Institute for Work and Health in 2007:
  - Employer makes an offer of modified work so they can return early and safely suitable to their abilities
  - RTW planners ensure the plan supports the worker without affecting other employees / supervisor.
  - Employer makes an early and considerate contact with the injured worker
  - Someone has the responsibility to coordinate the RTW program
  - Employers and health care providers communicate with each other about the workplace demands as needed.
Some convincing numbers...

- Musculoskeletal disorders cost Canadian society upwards of $20 billion dollars a year!
- 3rd most costly disease group in Canada for men and the #1 most costly disease group for women.
- In 2008, avg rate of absence due to illness or disability was 7.9 days in Canada.
- In Ontario, MSDs account for over 40% of all lost time claims and 50% of lost time claims registered with the WSIB.
- The majority of accommodations for workers with disabilities costs less than $500.
Figure 4.1: Annual costs of workplace accommodation by severity of disability

- Mild
- Moderate
- Severe
What do the experts say?

- **Early intervention** is essential – long periods away from work create poorer outcomes for patients.
- **Early action** (partnership with GP, employer, paramedical health care team and employee is best)
- Focus on what the employee CAN do and not what she CANNOT do (i.e. **capacity vs incapacity**)
- **Imaginative job design** is helpful (i.e. are there ways to modify work / ergonomics)
- Think from a **biopsychosocial** model
Likelihood of Return to Work

Figure 1 Likelihood of return to work after various length of time off work
Tools of the RTW Trade
Return to Work Program Tools - Overview

- Initial Injury: FAF, PDA, RTW Program
- Delay in RTW: FAE, Ergo, Dr to Dr Consultation
- Severe Delay in RTW: Dr to Dr Consultation, Diagnostic Testing, IME

Rehabilitation (Physical / Psychological), Work Conditioning, Work Hardening
Physical Demands Analysis (PDA)

• A **Physical Demands Analysis (PDA)** is an objective method of examining a particular job and breaking down that job into tasks.

• A PDA should include as much information regarding the **physical** components (e.g. standing, walking, lifting, pushing, pulling) the **environmental** components (e.g. dust, vapor, moving objects, hazardous machines), the **organizational** components (e.g. shift length, breaks, pace of the work) and **cognitive** demands of the job (vision, perception, feeling, reading, writing, hearing, and speech).

• These components are all important and should be documented, however, depending upon the job that is analyzed, additional information might need to be gathered.
But wait....

- We already have PDAs! We have **detailed job descriptions**!

What’s the difference?

- The primary difference between the two is that job descriptions do not document forces, frequencies, weights, distances, and duration of the tasks, which is crucial information that is vital to any return to work program.

- Another difference is that job descriptions are often created by untrained professionals. Because job descriptions are subjective in nature, supervisors or other individuals are able to successfully document essential duties of the job.
• However, these descriptions are lacking the objective components which must be performed by a trained, qualified professional such as an Ergonomist, Kinesiologist, or an Occupational Therapist.

• When taking objective measurements, special equipment is needed.

• Some companies do not have access to such equipment or have not been trained to properly use these tools. The tools that are utilized to perform PDA’s are tape measures, scales, checklists, stop watches, digital cameras, and force strain gauges such as a Chatillon Gauge. By utilizing these tools, it removes the subjective component and replaces the assessment with objectivity.
Use of a PDA in a RTW Program

Why Companies Need PDA’s

• Hiring new employees / transfer of employees
• Rehabilitation (Doctors, Physiotherapists, Chiropractors, Rehabilitation specialists) – helps with understanding of exact requirements of the job. This can aid the professionals to tailor treatment programs, modified work programs, or expediting the return to work process.
• Job Matching / Functional Testing – assist in developing return to work plan
• Acts as the foundation of any RTW program
Ergonomic Assessments

Ergonomics

- Ergonomics, an applied science, can be defined as fitting the job to the worker. It involves designing workstations, work processes, equipment and tools to fit the employee. It is important for workers to know how to adjust their office workstations to suit their individual needs.

Federal Jurisdiction

Within the federal public service, in accordance with the Canada Labour Code, Part II, section 125(1) (t) and (u):

- (t) Employers are required to ensure that the workplace, workspaces and procedures meet prescribed ergonomic standards.
- (u) In addition, employers are also responsible to ensure that machinery, equipment and tools used by workers in the course of their employment meet prescribed health, safety and ergonomic standards.

- People respond to ergonomic risk factors in individual ways. Some tasks can injure one worker, while others performing the same tasks may not have any symptoms. Ergonomic risk factors should be identified and reduced to lower the risk of injury for all. Even those workers who are not experiencing pain should take ergonomics seriously in order to reduce the risk of developing an injury.
Ergonomic Assessments con’t

Ergonomic Hazards
Ergonomic hazards are workplace conditions that pose the risk of injury to an employee. They include repetitive and forceful movements, vibration, temperature extremes, and static and awkward postures that arise from improper work methods and improperly designed workstations, tools and equipment.

The main ergonomic risk factors in the office are:
• Repetition: Tasks or body movements carried out over and over again;
• Awkward postures: Body positions that deviate from neutral, such as twisting the neck to view a monitor or reaching to use a mouse; and
• Static forces: Maintaining a position for a prolonged period of time (e.g., prolonged sitting, viewing the monitor with a bent neck, or reaching for the keyboard).
Functional Abilities Evaluation (FAE)

FAE Purpose
- a useful tool in determining the employee’s physical capabilities and restrictions.
- effective for employees who have achieved maximum medical improvement but continue to have issues related to re-injury and return to work and need their functional abilities quantified:
  - ability to safely return to work full time or with modified duties/modified duration
  - degree work restrictions, job modifications or accommodations are necessary to prevent further injury
  - ability to perform work following acute rehabilitation or a work-hardening/work-conditioning program
FAE’s continued

FAE Process
• conducted on a one-on-one basis
• ranges in length from three to four hours
• conducted in a variety of formats depending on the specific objectives

FAE Components
• assesses the employee’s flexibility, strength, balance, coordination, cardiovascular condition and body mechanics to determine whether there is a match between the employee’s functional abilities and the physical demands of work.
• accomplishes this through a systematic process of measuring, recording and analysing the employee’s ability to safely perform numerous job-related functions, such as lifting, lowering, pushing, pulling, and carrying weights, stair climbing, sitting, standing, bending, stooping, crouching, kneeling, crawling, reaching, gross and fine motor manipulation.
• matches the employee’s performance levels to the demands of specific work activities to establish the physical level of work the client can safely perform
Example Types of FAEs

- **Baseline FAE**: assesses the employee’s physical ability to perform a variety of tasks related to the physical demands of work and provides a comprehensive listing regarding all of the employee’s physical abilities without a job-match.

- **Job-specific FAE**: assesses the employee’s physical ability to function within the parameters of an identified job. It is based on assessing the critical physical demands that are essential to do the specific job. Work simulation activities are often an integral component of this type of FAE.
Doctor to Doctor Consultations

- Communication between employer and employee’s treating GP is essential for a successful return to work.

- How do we bridge the gap?
- OMA recently article recently indicated a lack of support for physicians from employers, and employers suspecting physicians who readily certify employee disabilities (OMA 2009).
- A 3rd party GP can assist in communication with employees physician to discuss objectively the job requirements and return to work program. Clarification on true, medical restrictions.
Independent Medical Evaluations (IMEs)

• An independent medical evaluation (IME) is an assessment performed by a health care provider to determine the cause, extent and possible medical treatment for an injury.

• This assessment can provide relevant information on the clinical status of an individual and whether maximum medical recovery (MMR) has been reached.

• Choosing the correct IME assessor to evaluate the ongoing impairments and pre-existing medical conditions is the key to success.
Independent Medical Evaluations (IMEs)

• An independent medical evaluation (IME) will provide the necessary medical opinion on disability vs impairment.

• According to the World Health Organization (WHO) disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions.

• Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth, or occur during a person's lifetime.
Independent Medical Evaluations (IMEs)

• An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

• Impairment must be objectively observed and measured (ROM, Strength, Functional Tests, Psychological Testing, etc).
Work Hardening Programs

• A work hardening program is an active rehabilitation program that is designed for individual’s who have not returned to the regular duties of their full-time job.

• The program will increase the individual’s level of conditioning and physical tolerance in preparation to return to work, or to increase present work duties.
Work Hardening Programs

- A highly structured, goal oriented individualized program designed to return the patient to work. It uses real or simulated work activities designed to restore physical, behavioral and vocational functions. Work Hardening addresses issues of productivity, safety, physical tolerance and worker behaviors. The Work Hardening patient possesses a targeted job to return to upon discharge. Participation time is in multi-hour sessions up to 8 hours/day with a frequency of up to 5 days/week.
Work Conditioning Programs

- An intensive, work-related, goal-oriented conditioning program used to restore neuromusculoskeletal functions, muscle performance, motor function, range of motion and cardiovascular function. The objective of the program is to restore physical capacity and function in order for a patient to return to work. The Work Conditioning patient may have a job goal, but may not necessarily be returning to work at their previous employment position. Participation time is in multi-hour sessions up to 4 hours/day with a frequency of up to 5 days/week.
Setting up a Return to Work (RTW) Program

- Identify modified or transitional work opportunities. Be sure the work is meaningful and productive.

- Return-to-work plans are intended to be **transitional and have a fixed duration**. Permanent actions are defined as **accommodation**. Return-to-work plans must include the following information:
  - The employee’s objectives, to be met gradually until he or she achieves the final goal of fully resuming the job tasks performed before the absence, or, alternately, starting the new job if returning to the former position was not possible. The employee’s abilities, functional limitations and restrictions are taken into account and are to be adjusted according to the employee’s progress;
  - The action required to meet these objectives includes the responsibilities of the employee, the manager and all of the co-workers assigned to support the employee;
Return to Work (RTW) Program con’t

– The time frame to meet these objectives, which establish the deadline for measuring the employee’s progress. It is important for the plan to have a start and end date. Time frames and expectations must respect the employee’s abilities, be clearly stated for the duration of the plan and be revised as needed;

– To the extent possible, absences for medical checkups must meet the return-to-work plan implementation requirements;

– The return-to-work date and agreed work schedule;

– If applicable, all action to be taken to mitigate identified barriers, e.g., special equipment, required training; and

– The signature of the employee and the manager.
Sample RTW Plan
Case Study #1
Case Study #2
Thank you for attending!

Please visit our Booth!

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