Successful Return to WorkStrategies

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What Makes Select Medical Unique?

- More than 25 years experience working with hundreds of employers across multiple SICs providing customized injury prevention and return to work solutions.
- Collective experience of approximately 1,600 outpatient clinics in 37 states treating work-related injuries for over 25 years, the largest provider of outpatient physical therapy in the U.S.
- Proprietary utilization management program.
- Evidence based clinical rehabilitation standards that guide our clinicians in providing the highest quality and most reliable physical rehabilitation services.
- Partnership philosophy focused finding individual solutions for the needs of each our clients.
- Local market operations and division support services available to assist each clinic to provide superior customer and clinical service.
- Unmatched internal Clinical Education offerings and Work Injury Prevention and Management educational track for onsite clinicians.
SELECT MEDICAL’S OUTPATIENT PHYSICAL THERAPY FOOTPRINT

1,600+ Outpatient Physical Therapy Centers
(37 States and D.C.)

BRANDS AND PARTNERSHIPS
Baylor Institute For Rehabilitation, Outpatient Services
Envy Rehabilitation Outpatient Center
Kentucky Orthopaedic Institute Team
Kessler Rehabilitation Center
Novacare Rehabilitation
Physiotherapy
Sacra Bay Physical Therapy
Select Physical Therapy
SSM Physical Therapy

AS OF 03.31.17
The WorkStrategies® Program is a consultative service that assists employers and carriers reduce work-related injuries claims and costs through injury prevention, physical rehabilitation and return-to-work programs.
Comprehensive Services to Employers

Post Loss Services
- Functional rehabilitation
- Work Conditioning
- Work Hardening
- Return to work programs
  - Job Coaching
  - Work Reintegration
- Functional capacity evaluations
- On Site Rehabilitation
- Utilization Management System

Pre Loss Services
- Post offer employment testing
- Preplacement screening
- Ergonomics/Job Analysis
  - Physical Demands Analysis
  - Job Risk Assessments
  - Office Ergonomic Evaluation
- Injury Prevention education
  - “Exercise and Work Practices”
- Early Symptom Intervention
  - Triage
    - Assessment
    - First Aid
  - Job Coaching
WorkStrategies Program
Continuum of Services

Hiring
- Post-Offer Employment Testing

Safety
- Injury Prevention
- Ergonomics

Injury
- Acute Physical & Hand Therapy
- Customized Return-To-Work

Recovery
- Work Hardening/Conditioning
- Functional Capacity Evaluations

Closure
- Utilization Management System (UMS)
- Outcome & Data Analysis

UMS System

Process Improvement
Objectives

- Participants will become familiar with:
  - The impact of work-related musculoskeletal disorders on employers in the US.
  - The process for developing a functionally based job description.
  - The multiple factors that affect recovery velocity and outcomes including return to work.
  - The process for developing a customized return to work program to minimize the impact of work-related musculoskeletal disorders and their impact on employee disability and employer business goals including compliance with the Americans with Disability Act and Americans with Disability Amendment Act.
Work-Related Musculoskeletal Disorder
Work-Related Musculoskeletal Disorders (WRMSD)

- Musculoskeletal disorders (MSD) are injuries or disorders of the muscles, nerves, tendons, joints, cartilage, and spinal discs. Work-related musculoskeletal disorders (WMSD) are conditions in which:
  - The work environment and performance of work contribute significantly to the condition; and/or
  - The condition is made worse or persists longer due to work conditions

- Examples of MSDs include:
  - Sprains, strains, and tears
  - Back pain
  - Carpal tunnel syndrome
  - Hernia

https://www.cdc.gov/workplacehealthpromotion/health-strategies/musculoskeletal-disorders/
Work-Related Musculoskeletal Disorders (WRMSD)

- In 2015 there were nearly 1M injuries resulting in lost work time.
- Nearly half of those were due to sprains and strains and injuries to the back.
- Direct and Indirect Costs of WMSD and CTS are over $1.5B and $1B annually.

https://www.bls.gov/iif/
https://www.cdc.gov/niosh/nioshtic-2/20044181.html
Key One-
Understanding and communicating the Physical Demands of Essential Job Functions
Understanding Job Functions

- A good risk management program for prevention of costs associated with WRMSD starts with a solid job description.
  - Used to communicate
    - To prospective employees via posting of available jobs
    - During interviewing of new employees to enable to indicate they are covered under ADA.
    - To develop post offer and return to work testing programs.
    - To communicate with medical professionals regarding physical abilities required to complete job assignments.
Understanding Job Functions

- **Analyze Jobs:**
  - It is prudent for employers to develop and maintain a detailed description for each job that lists its essential functions and duties. Such descriptions should focus on a job, not a person. For example, a warehouse position may require that boxes be stacked on shelves. The essential function of this job is that boxes be stacked, not that a person lift boxes.
  - When developing job descriptions, all aspects of a job must be taken into consideration. In addition to specific tasks, descriptions should include details such as scheduling and location, equipment necessary to complete the job, any health and safety requirements, and conduct requirements.

- [https://www.dol.gov/odep/pubs/misc/job.htm](https://www.dol.gov/odep/pubs/misc/job.htm)
Understanding Job Functions

- **Essential Job Function**
  - the basic job duties that an employee must be able to perform, with or without reasonable accommodation. You should carefully examine each job to determine which functions or tasks are essential to performance. (This is particularly important before taking an employment action such as recruiting, advertising, hiring, promoting or firing).

- Factors to consider in determining if a function is essential include:
  - whether the reason the position exists is to perform that function,
  - the number of other employees available to perform the function or among whom the performance of the function can be distributed, and
  - the degree of expertise or skill required to perform the function.

- **Your judgment** as to which functions are essential, and a **written job description** prepared **before advertising or interviewing** for a job will be considered by EEOC as evidence of essential functions.

- **Job Functions which are not essential are known as marginal or non-essential functions.** [https://www.eeoc.gov/facts/ada17.html](https://www.eeoc.gov/facts/ada17.html)
Understanding Job Functions

- Developed through a Job Site Analysis
  - Should involve
    - Human Resources/Safety
    - Department Supervisor
    - Field Level Employee(s)
  - Interviewing Determine
    - Range of Job Functions Tasks
    - Essential vs. Marginal Job Function
Understanding Job Functions

- Developed through a Job Site Analysis
  - Job Functions Analyzed for
    - Strength requirements
      - Lift, lower, push, pull
    - Positional requirements
      - Sit, Stand, Walk, Run, Climb, Crouch, Kneel, Crawl, Reach, Bend
    - Handing requirements
      - Fingering, Gripping (firm/simple)
Example- Job Site Analysis

This full Job Site Analysis for all tasks was 10 pages.

The Power of Physical Therapy™
Communicating Job Functions

- With Prospective and Current Employees
  - Physical Abilities Job Description
    - A list of the physical requirements for the most physically demanding tasks
      - Essential Functions
      - Non-Essential (Marginal) Functions
### Example - Physical Job Description

#### Demands and Characteristics of Work, Equipment Usage, and Work Environment: Storekeeper

<table>
<thead>
<tr>
<th>Percentage of Work Time</th>
<th>1-33%</th>
<th>34-66%</th>
<th>67-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Standing/Walking</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Sitting</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Twisting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Lifting/Carrying</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Pushing/Pulling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Climbing (Ascending/Descending)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Bending/Stooping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Using arm muscles frequently or for extended periods</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Using leg muscles frequently or for extended periods</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Using back muscles frequently or for extended periods</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Swimming</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Lifting Requirements – Individuals in patient care positions are required to lift a patient with or without assistance:

<table>
<thead>
<tr>
<th>Lifting Requirements</th>
<th>2-10 Pounds</th>
<th>11-20 Pounds</th>
<th>21-30 Pounds</th>
<th>31-40 Pounds</th>
<th>41-50 Pounds</th>
<th>50+ Pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### Work Environment

<table>
<thead>
<tr>
<th>Work Environment</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working in hot, cold, wet surroundings</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working outdoors</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with or near chemicals</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working near radiation sources</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential exposure to communicable diseases</td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with hazardous waste materials</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilizing essential upgraded or adaptive equipment as industry standards require</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using hand tools</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating vehicle</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential for cuts and bruises</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Communicating Job Functions

- With Medical Personnel
  - List Physical Abilities Associated with
    - Essential Job Functions
    - Marginal Job Functions
  - Include areas to indicate if the worker has the ability to complete the job functions.
    - If they currently don’t have the ability to complete the job function what is their current limitation.
Example Return to Work Note

### Demands and Characteristics of Work, Equipment Usage, and Work Environment: Storekeeper

<table>
<thead>
<tr>
<th>Percentage of Work Time</th>
<th>1-33%</th>
<th>34.66%</th>
<th>67-100%</th>
<th>Capable</th>
<th>Current Capability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Standing Walking</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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<td>2. Sitting</td>
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<td>10. Using back muscles frequently or for extended periods.</td>
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<td>11. Swimming</td>
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**Lifting Requirements:** Individuals in patient care positions are required to lift a patient with or without assistance.

- 1-10 Pounds: X
- 11-29 Pounds: X
- 21-39 Pounds: X
- 31-40 Pounds: X
- 41-50 Pounds: X
- 51 Pounds or More: X

**Work Environment:**

- Working in hot, cold, wet surroundings: X
- Working outdoors: X
- Working with or near chemicals: N/A
- Working near radiation sources: N/A
- Potential exposure to communicable diseases: N/A
- Working with hazardous waste materials: N/A
- Utilizing essential upgraded or adaptive equipment as industry standards require: X
- Using hand tools: X
- Operating vehicle: X
- Potential for cuts and bruises: X

Medical provider signature: _____________________________  Date: _____________________________
Key Two-
Minimizing Psychosocial Factors Associated with Delayed and Incomplete Recovery
Psychosocial Factors

- A system has been developed to help us understand factors which may affect case velocity and recovery.

- Flag system in Work Comp
  - **Red** and **Orange** Flags
    - Serious Medical or Psychiatric Pathology
  - **Blue** Flags
    - Work related factors unique to individual.
      » Job Satisfaction, Work Related Relationships
  - **Black** Flags
    - Work or system related factors that may affect all workers.
      » Lack of transitional work, financial disincentives, physically challenging work.
  - **Yellow** Flags
    - Psychosocial factors
      » Depression, Fear, Poor Self Efficacy, Perceived Injustice, Catastrophizing
Psychosocial Factors

- **Black Flags**
  - Control Physical Stress of Work
  - Create a Culture that Values Employees, Productivity, Stay at and Return to Work.
    - Make it an Expectation.
  - Educate employees about your program at hire.

- **Blue Flags**
  - Assess job satisfaction
  - Keep in contact with Employee and send the message they are valued

- **Yellow Flags**
  - Have a stay at work/transitional work program
    - Working increasing physically demanding work towards normal work demands.
      - Avoids isolation and feelings of worthlessness
      - Controls for Fear of Movement
Pscyhosocial Factors

Want to reduce lost time claims? It pays to be nice

March 30, 2017 | by Kathy Espinoza

Just four hours of training on how to effectively work with employees suffering a work-related injury can reduce claims by 40 percent. (Photo: Shutterstock)

Key Three-
Developing an Organized Return to Work/Stay at Work Plan
Step One

- Direct Care to providers who understand your stay at work philosophy.

- The following can derail your best efforts
  - Providers of Record who sends the message that rest is the answer to eliminating pain is setting you up for failure.
  - Provider of Record should set expectations about the nature of the injury/illness and the work plan.
    - If not able to work due to severity of injury or lack of ability of employer to accommodate current work ability, this should be revisited every subsequent visit.
    - Subsequent visits should result in return to work notes with increasing abilities with very few exceptions.
      - Pending planned surgery
      - Immediate post-op phase of some surgeries
Step One

Provider of Record

- Follow established Evidence Based Guidelines
- Appropriate use of advanced testing and medications
- Example
  - Early MRI in the absence of indications of significant pathology have been linked to worse health outcomes, increased risk of disability, longer disability and higher surgical rates.\(^1,2\)

Step One

- Direct Care to providers who understand your stay at work philosophy.

- The following can derail your best efforts
  - **Therapy providers** who over utilize passive modalities and fail to focus on function and communicate with physicians about return function and appropriate assignments.
  - Recommend documentation of job demands and current abilities as early as possible in care.
    - Working towards job demands is part of treatment.
    - Documenting improvement helps **Provider of Record** with return to work orders.
Step One

Physical/Occupational Therapy

Physical Therapy Addressing Factors of Failure to Recover

- Pain Experience
  - Manual Therapy
  - Modalities
- Catastrophizing
  - Education
  - Reassurance
  - Test Retest model of treatment
- Fear of Movement
  - Controlled Exercise/Activity Exposure
  - Positive Movement Experience
- Depression
  - Aerobic Activity
  - Positive Environment
- Disability
  - Targeting Physical Impairments
  - Training Retraining Function

Avoidance
Hypervigilance
Fear of Movement
Pain Rainjury
Catastrophizing
Depression
Disuse Disability
Pain Experience
Step Two

- The right adjusters and case managers can be a huge help but don’t just hand over the keys.

- The following can derail your best efforts
  - Lack of employer follow up if the employee is out of work.
    - This can send the message that you don’t value or care about the worker.
    - Send a message that you are sorry they are injury (this doesn’t mean you always accept blame).
  - Delays and mis-messaging about authorization by Adjusters and Case Managers
    - Can send a message that cost savings is more important than employee needs.
  - Utilization review can send a message that their medical providers treatment plan is being questioned.
Step Three

- Documented Interactive Process after Each Medical Appointment.
  - Employee responsible for bringing return to work note.
  - Discuss accommodations required for own job and accommodations that could be made through alternative assigns.
  - Decide if accommodations can be made reasonably
Step Four

- Consider a Fit for Duty Testing Program for
  - Return to Work for Severe Injuries
  - Employees who may no longer have the ability to meet essential job functions.
- For return to work testing you must have policies in place
- For currently working employees you must be able to document a trigger for testing.
Consider Risk Stratification

- An estimated 10% of claims utilize 80% of medical and indemnity resources.
- If we can identify the 10% early and place the right resources at the right time it is thought this could lead to savings and better outcomes.
  - Two patients with similar minor traumatic “Low Back Strain” is back in a day another has a fusion, is taking opioids, and is permanently disabled.
- Risk Stratification can be performed by
  - Employer
  - Medical Personnel
  - Third Party Administrators
Consider Risk Stratification

Employer Example

- Large Grocery Retailer
- Instituted verbal collection of Orebro Pain Screening Questionnaire
- High Risk Recommended for Team Case Management
  - Provider of Record
  - Cognitive Behavioral Health Psychologist
  - Nurse Case Manager
  - Claims Examiner
  - Medical Director
    - Minimize and discontinue medication over utilization
    - Focus on timely, coordinated RTW

Case Identification

Initial Nurse Triage when claim is reported
Follow-up at 2 weeks with “Care Call” and Screening

Low Risk Score
Continue Claim & Medical Management

Moderate Risk Score
Continue Claim & Medical Management

High Risk Score
Move to TCM ‘Validation’
**Consider Risk Stratification**

**Employer Example**

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### Örebro Musculoskeletal Pain Screening Questionnaire (Short):

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

**Are you:**
- [ ] Male
- [ ] Female

1. **How long have you had your current pain problem?**
   - [ ] 0-1 weeks
   - [ ] 1-2 weeks
   - [ ] 2-4 weeks
   - [ ] 4-6 weeks
   - [ ] 6-8 weeks
   - [ ] over 8 weeks

2. **How would you rate the pain that you have had during the past week?**
   - [ ] 0
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10

---

### Scoring the short version of the Örebro Musculoskeletal Pain Screening Questionnaire (ÖMPSQ):

The short version of the ÖMPSQ includes 10 items selected from the full version (see Linton, Nicholas & MacDonald, 2011). These items are scored 0-10, where 0 refers to absence of impairment and 10 to severe impairment. However, three items need to be reversed in order for all the questions to be oriented in the same direction.

The scoring method has been built into the questionnaire and scoring boxes are provided to the right of each item:

- Item 1 on pain duration, the categories 1-10 represent periods of time ranging from “0-1 week” (first box on the left) to “over 1 year” (last box on the right). Thus, “6-8 weeks”, for example, would be scored “5”.
- Items 2, 5, 6, 7, 8, and 10 the score is the number circled.
- Items 3, 4, and 9 the score is 10 minus the number circled. These items are marked with “10-x” above the scoring box.
- Write the score for each item in the shaded scoring box.
- Add all the scores to obtain the total score and write it in the last shaded box.

The total score will range between 1 and 100, with a score >50 indicating higher estimated risk for future work disability (Linton, Nicholas & MacDonald, 2011).


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Consider Risk Stratification

Employer Example

- **Results - Average Paid per Claim**
  - High PSQ and Attend CBT $36,629
  - High PSQ, referred but did not attend $44,356
  - High PSQ, Not Referred to CBT $73,488

  - Average CBT 6 sessions
    - Brief and time-limited
    - Structured and directive
    - Based on an Education Model
    - Homework
    - Focus on function
Consider Risk Stratification

Medical Example

- What is the STarT Back Screening Tool?
  - The Keele STarT Back Screening Tool (SBST) is a simple prognostic questionnaire that helps clinicians identify modifiable risk factors (biomedical, psychological and social) for back pain disability
  - The resulting score stratifies patients into low, medium or high risk categories
  - For each category there is a matched treatment approach.
  - This approach has been shown to reduce back pain related disability and be cost-effective

https://www.keele.ac.uk/sbst/startbacktool/
Consider Risk Stratification

Medical Example

The Keele STrT Back Screening Tool

Patient name: _________________________ Date: __________

Thinking about the last 2 weeks tick your response to the following questions:

1. My back pain has spread down my leg(s) at some time in the last 2 weeks
2. I have had pain in the shoulder or neck at some time in the last 2 weeks
3. I have only walked short distances because of my back pain
4. In the last 2 weeks, I have dressed more slowly than usual because of back pain
5. It’s not really safe for a person with a condition like mine to be physically active
6. Worrying thoughts have been going through my mind a lot of the time
7. I feel that my back pain is terrible and it’s never going to get any better
8. In general I have not enjoyed all the things I used to enjoy

9. Overall, how bothersome has your back pain been in the last 2 weeks?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Very much</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Total score (all 9): ___________ Sub Score (Q5-9): ___________

The STrT Back Tool Scoring System

Total score

3 or less
4 or more

Sub score Q5-9

3 or less
4 or more

Low risk
Medium risk
High risk

© Keele University 01/08/07
Funded by Arthritis Research UK
Consider Risk Stratification

Medical Example
Consider Risk Stratification

Carrier/TPA Example

- **Working with Adjusters**
  - Educating on identifying risk factors for delayed or incomplete recovery.
  - Encouraging asking key questions indicative of prognosis
    - When do you think you return to work?
  - Using specially trained adjusters as Health Coaches
    - Taking a CBT approach

- **Additional Resources**
  - Attempted to use Network Based Restore program
    - PGAP model program
      - CBT sessions
      - Supervised Exercise
  - Have initiated a relationship with a different CBT based psychology network.

- **Major Barrier is identification of the right claims for referral.**
Consider Risk Stratification

Select Physical Therapy

- Providing Tools to Identify claims with risk factors
  - Orebro. FABQ. PCS
- Providing in person Weekend Courses on Risk Stratification and Mitigation for Psychosocial Factors
  - Stress a BioPsychoSocial Model
    - Traditional model but encompassing the more emphasis on psychosocial aspects than traditional model.
- Similar Content in Online Modules.

- Provide Prospective Benchmarking and Peer Support System.
  - Uses ODG to set expectations
  - Triggers cases exceeding benchmarks
    - Self Audit by Clinician
    - Additional expert oversight and peer interaction.
Psychosocial model of delayed or failure to recover

- Depression
- Disuse
- Disability
- Pain Experience
- Catastrophizing
- Fear of Movement
- Pain (Re)injury
- Avoidance Hypervigilance
- Exposure
- Low Fear
- Recovery Return to Participation Return to Work
- Injury Strain Threat
- Pain Experience
Rehabilitation Seeks to:

- Minimize and Eliminate Nociceptive Input Leading to the Pain Experience
- Decrease Fear
- Expose to Positive Movement Experiences
- Return to Activity/Minimize Disability

Recovery
Return to Participation
Return to Work

Exposure

Pain Experience

Low Fear
Measurement of Psychosocial Factors of Delayed or Failure to Recover

- Pain Experience
  - Numeric Pain Rating Score
- Catastrophizing
  - Pain Catastrophizing Scale
- Fear of Movement
  - Fear Avoidance Belief Questionnaire
- Depression
  - Beck Depression Index
- Disability
  - Regional Disability or Ability Measure

Note- Örebro Musculoskeletal Pain Screening Questionnaire (ÖMPSQ) measures all of the above plus a few more such as job satisfaction.
Physical Therapy Addressing Factors of Failure to Recover

- Pain Experience
  - Manual Therapy
  - Modalities
- Catastrophizing
  - Education
  - Reassurance
  - Test Retest model of treatment
- Fear of Movement
  - Controlled Exercise/Activity Exposure
  - Positive Movement Experience
- Depression
  - Aerobic Activity
  - Positive Environment
- Disability
  - Targeting Physical Impairments
  - Training Retraining Function
Summary - Successful Return to Work Strategies

- Know You Job Demands
- Communicate Job Demands to
  - Employees at time of hire
  - Medical Providers
- Develop a culture of Employee Value
- Engage Employees in an Interactive Process
  - Ongoing until return to full duty

- Be proactive in Creating a Stay/Return to Work System
  - Choose your medical providers and set expectations
  - Work Closely with TPA/Carrier
    - On return to work process
    - Sending a message of Employee Value
  - Consider applying resources earlier and more appropriately for difficult cases through Risk Stratification
Thank you