

RETAIN CONNECTICUT

Retaining
Employment
and Talent After
Injury/Illness
Network



In partnership with UConn and CT DOL for worker's health

Issue 6 | April 15, 2021

Dear providers and office staff –

To help RETAIN-CT participants stay in the workforce, the RETAIN-CT program has added an ergonomist team of Dr. Jennifer Garza and Thomas Varghese, from UConn Health, Division of Occupational and Environmental Medicine to the services available to your RETAIN-CT patients and their employers. See details of ergonomic evaluations below. If you have questions, please contact the RETAIN-CT Training and Consultation Center at (860-679-6389).

Again, we are grateful for your support in the recruitment of patients/workers.

All our best as you embrace the warm months ahead,
Sincerely, the team at RETAIN-CT

As of today, because of you, we have enrolled 85 patients. Please keep recruiting patients through June 30, 2021.

44 patients have worked with our RTW Navigator Team.

ERGONOMIC EVALUATIONS

Ergonomic worksite evaluations through RETAIN-CT

One way to help patients with musculoskeletal disorders work more comfortably or to achieve a sustained return to work is to collect more detailed information about work demands beyond the information provided by occupational titles and job descriptions. To help get more details about workstations, job tasks, and physical requirements at work, RETAIN-CT now has the capability of conducting on-site ergonomic evaluations.



Ergonomics is the applied science of analyzing the workplace and job demands to develop potential solutions to address challenges employee may have to perform the essential functions of the job. Thomas Varghese is a Board Certified Ergonomist at UConn Health with a track record of improving companies' performance by implementing ergonomic programs at both large and small scale companies. He works with employers and injured patients/employees to come up with methods and training aimed to keep the employee fully engaged at work. Mr Varghese works closely with the injured or ill worker, recommends solutions which will help them stay-at-work or return-to-work, and may identify workplace factors that can be addressed through job modifications or through a detailed RTW plan.

The RETAIN-CT Ergonomic program includes:

- On-site workplace risk assessments to identify risk factors associated with MSDs
- Access to vendors who provide ergonomics tools and equipment
- Ergonomic training for employees, supervisors, and others
- Confidential ergonomic evaluation reports to inform your recommendations

- Use of engineering expertise in the job modification process

The level of services provided to the patient is dependent on a number of factors. The worker must provide written permission to contact their employer, and the employer must show a willingness to allow RETAIN-CT access to the workplace for the purposes of an ergonomic evaluation. Ideally, solutions are a collaboration between the patient, the employer, RETAIN-CT team, and the recommending clinician.

NEWS UPDATE

RETAIN-CT Project ECHO hosts third meeting

RETAIN Connecticut hosted its third Project ECHO session with 20 participants on April 8th. Project ECHO is a defined strategy to foster peer communication on specialty topics across clinical disciplines. The topic of last week's session was "Patient Screening of Psychosocial and Workplace Disability Factors", and the presenter, William S. Shaw, Ph.D., provided an in-depth review of various screening tools, when to use them, and what their results indicate.



Psychosocial screening tools emerged in the 1990s after studies attempting to determine predictors for injury claims found psychosocial factors to be important in predicting outcomes. Screening tools can be used today to determine high risk patients who may need additional support, such as cognitive-behavioral therapy (CBT), workplace support, or case management services. Ongoing studies are looking to determine which of these interventions are useful in decreasing risk, reducing healthcare costs, and result in fewer lost workdays.

The two screening tools Dr. Shaw focused on were the Keele STarT Back Screening Tool and the Orebro Musculoskeletal Pain Questionnaire (OMPQ)*. The STarT Back tool has 9 items and results in 3 risk categories. Patients that are high risk on this screening tool are 3 to 5 times more likely to have a poor outcome, such as chronic pain or high treatment costs (Suri et al, 2018). The OMPQ has a 24-item screening tool as well as a 10-item option and places participants in high risk or low risk categories. After Dr. Shaw's didactic presentation, the Project ECHO group went on to discuss the availability of training and resources for providers to both conduct this screening and follow up on high risk cases. The group also conducted a clinical case review, led by Dr. Lenworth Ellis.

This Project ECHO series is 6 monthly meetings with participating RETAIN-CT providers, ending in July. The topic for the next ECHO session is Low Back Pain and System Approaches. If you are interested in joining this ECHO session, please contact Dr. Michael Erdil at erdil@uchc.edu.

* Recommended screening tools by Dr Shaw are included as attachments in this newsletter.

RESEARCH LITERATURE

Conceptual, Methodological, and Measurement Challenges in Addressing Return to Work in Workers with Musculoskeletal Disorders

In this book chapter, Main and Shaw (2016) review challenges in evaluating and measuring return to work (RTW) interventions in workers with musculoskeletal disorders. The authors describe two major shifts in practice addressing RTW issues for these workers: 1) a shift from a focus on clinical medicine toward patient-centered care, and 2) a shift from occupational medicine toward the psychosocial components of work and the work environment. This shift correlates with strong evidence to consider both the worker and working environment when considering RTW interventions.

However, “poor conceptualization, weak methodology, and overreliance on measurement tools designed in earlier eras have hindered progress in understanding the processes involved in developing, implementing, and evaluating successful interventions.” To evaluate new interventions effectively, studies comparing the measures currently available are needed. New ways of measuring should be also considered when designing new interventions.

Report available: [Main, C., & Shaw, W. \(2016\). “Conceptual, Methodological, and Measurement Challenges in Addressing Return to Work in Workers with Musculoskeletal Disorders.” Handbooks in Health, Work, and Disability Handbook of Return to Work, pp. 423–438](#)

OUTREACH CORNER

Who qualifies for RETAIN-CT?

Here is a quick review of the participant qualifications.

- 1) Workers/patients aged 18-65
- 2) Part-time, full-time or self-employed
- 3) Experiencing musculoskeletal pain, injury or disease
- 4) Reduced ability to stay-at-work (SAW) or return-to-work (RAW)
- 5) Volunteers as a research participant
- 6) Speaks English (accepting Spanish in Phase 2 later this year)
- 7) Willing to speak with RTW Navigator if randomly selected. (2-4 hrs) in 6 months
- 8) Not currently collecting Social Security Disability (SSDI)
- 9) Agrees to answer 21 questions and sign consent form in the provider’s office
- 10) Willing to complete three more surveys in 6 months

We are here to help in your recruitment effort with tips, hand-outs and other tools.

If you have any questions or need assistance recruiting a patient, please contact Janet at 860-697-6389, caldwellcover@uchc.edu

**Thank you to all of our providers and staff for your support.
Dr William Shaw, UConn Health, RETAIN-CT Project Director
Karen Quesnel, CT Department of Labor, RETAIN-CT Project Lead**

**Questions or referrals to interested providers?
Please email us**

at caldwellcover@uchc.edu or wshaw@uchc.edu.

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The RETAIN-CT program is fully funded by the United States Department of Labor under Cooperative Agreement No. OD-32541-18-75-4-9, in the amount of \$3,110,280. This document does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. This program is administered by the CT Department of Labor.

