

Orthopaedic Observations

A Matter of Medicine...

TM Pending

The Use of Exercise and Work Stimulation to Re-Establish Maximum Work Capacity

By Michael DeChello, MS, PT



Following a low back injury only 50% of the workers who have been off work for 6 months ever return to work, only 25% return to work after being off work for one year, and a negligible percent return to work having been off for two years. The longer an injured worker is out of work, the less likely they will return to their previous work capacity

level. **The key to avoiding this problem is a focus on an early return to work!**

An **early return of the injured worker** maximized coping skills, functional capacity and normal activity levels. The overall goal of any injured worker rehabilitation program is to shorten the time frame from onset of injury to a productive return to the work force. The most efficient outcome is achieved when there is immediate intervention following an injury. Then the acute phase of a musculoskeletal injury can be quickly addressed by the medical provider and an appropriate treatment regime established.

In the **acute and later phases of recovery**, injured workers benefit from physical therapy services. Early physical therapy intervention will help with early motion, reducing pain and swelling, and reinforce a healthy attitude to an early return to work. Many injured workers who receive appropriate early care return to their job without additional rehabilitation services. Modified work arrangements can also be very productive in maintaining the injured workers attitude. As in all injuries, the severity of the injury will determine the length of formal physical therapy. However, after the acute phase a specific work condition program is the best way to assure a rapid return to the pre-injured level of work.

The **critical demand level of work** helps us develop an effective rehab approach. Sedentary work level is easy to transition from physical therapy back to full duty. When the physical demand level required by the worker in-

creases, the challenge to return the worker also increases. To bridge the gap from formal physical therapy to return to work, we create an aggressive return to work program tailored for each specific worker. In those patients who are unable to return to work because of unresolved physical problems or have not reached their full work capacity, the focus changes to restoration of work related function.

The American Physical Therapy Association, Occupational Health Physical Therapy* defines work conditioning as a program which addresses the physical issues of flexibility, strength, endurance, coordination, and work-related function for the global outcome of return to work. Well organized **Work Conditioning** programs consist of a specific **Operational Goal:**

- Formal addressing of physical and functional needs using a work conditioning focused examination and evaluation
- Use of physical conditioning and functional activities simulating the work environment and tasks
- Provided in multi-hour sessions up to 4 hours/day, 5 days / wk designed to increase the injured employees work capacity

Work Conditioning Program Responsibility

- The employer and the carrier will be notified prior to initiation of the program.
- Two way communication with the Referring and Treating Physician
- The need for the program shall be to document all evaluations, services provided, patient progress and discharge plans.

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- The work conditioning therapist should be familiar with job expectations, work environment and skills required of the patient through means such as site visitation and/or functional job descriptions.

Program Content

- Development of program in relation to job skills and job requirements. Interventions to improve strength, endurance, flexibility, motor control and cardiovascular capacity related to the performance or work tasks.
- Practice, modification, and instruction in work related activities
- Education related to safe job performance and injury prevention
- Promotion of patient responsibility and self-management

Patient Discharge

- *The patient shall be discharged from work conditioning program when the goals and outcomes for the patient have been met.*
- *Work conditioning may be discontinued when any of the following occur:*
 - *The patient is unable to continue to progress towards goals and outcomes because of medical or psychosocial complications or because insurance resources have been expended.*
 - *The patient declines to continue intervention*
 - *The patient fails to comply with the requirements of participation*
 - *The provider determines that the patient will no longer benefit from the program.*

When the patient is discharged or discontinued from the work conditioning program, the provider shall notify the employer, insurance carrier and referral source, and include the following information:

Reasons for program termination

- *Clinical and functional status*
- *Recommendations regarding return to work*
- *Recommendations for follow-up services*
- *Functional Evaluation (if indicated to determine return to work capacity)*

ProPT has been providing Work Conditioning services for the past 3 years and currently has expanded their services in their New Haven facility with dedicated space to provide services to the injured worker. **ProPT** return to work program currently offers:

Expert Acute Post Injury Management Comprehensive Work Conditioning

Job Site Assessment Ergonomic Evaluation

Functional Capacity Evaluation

Patient/Client Eligibility

To be eligible for Work Conditioning, a patient must:

- Have identified systemic neuromusculoskeletal physical and functional deficits that interfere with work
- Have a return to work goal
- Have stated or demonstrated a willingness to participate

For more information regarding a Work Conditioning Program or other work related services, please contact Celina Bayer, at The Orthopaedic Group, LLC, Work Conditioning Center, Mondays through Fridays, at (203) -401-0033.

Mr. DeChello received his Bachelor of Science degree in Physical Therapy from Quinnipiac College in 1987 and his Master of Science degree in Allied Health from The University of Connecticut in 1998. He has over 20 years experience in out-patient rehabilitation. Mr. DeChello has been with The Orthopaedic Group, LLC since its start in 1998. He has extensive experience in working with all aspects of non-operative and post-operative orthopedic rehabilitation. He has worked closely with the physicians of The Orthopaedic Group, LLC to develop comprehensive rehabilitation protocols. Mr. DeChello specializes in the treatment of foot and ankle disorders and has developed his own orthotic fabrication technique. Mr. DeChello has traveled around the country for teaching engagements for other rehab clinicians. Mr. DeChello is an active member of the American Physical Therapy Association and Connecticut Physical Therapy Association.