Welcome to Work Disability Prevention Rounds

with host Dr. Jennifer Christian

Today's Topic

Your Role as Designated Guesser: What Can This Patient Do at Work Now?

Call-in number: 218-862-7200 Conf code: 513651

July 12, 2011

Today's Guests

- **Randolph Soo Hoo, MD**
  Occupational Medicine, Tucson, AZ
- **Benjamin Bushman, PhD**
  Psychology, Tucson, AZ
- **Karen Lunda, PT**
  Physical Therapy, Tucson, AZ
- **Mark Hyland, OTR/L, CHT, DABDA**
  Occupational Therapy, Phoenix, AZ

Virtual Technology

- Email sent yesterday has:
  - phone number for audio portion
  - web address (url) for visual portion.
- Visual portion is optional.
- For help with audio or visual connection, call 508-397-1204 or 508-358-1681.
- Press 4* on your phone to mute / un-mute your line.

Design of Session

- Talk Show Format
- Introductions / Instructions / Orientation
- Review Foundational Concepts
- Discuss Vignettes
  - *Mario's Knee Injury*
  - *Patty's Car Accident*
- 12:55 Conclusion of formal session
- 1:00 – 1:30 Open microphone / Q&A session
  - Your Examples, Comments, Cases, or Questions

Educational Objectives

As a result of participating in this series you will:

- Feel more prepared to respond appropriately to difficult issues that frequently arise in the SAW-RTW.
- Be able to identify and tease apart the medical and non-medical issues at play in a difficult SAW-RTW situation and handle them separately.
- Select an approach that will leave the patient feeling heard and satisfied while preventing needless work disability.

Financial Disclosures

The faculty for this session, the program planners, and the University of Arizona Health Sciences Center CME committee made no financial disclosures that could be a conflict of interest.

See project website for more details.

Session Recording, Video, Slides, Evaluations & CME Certificates

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   www.webility.md/az-cme
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4 Ways You Can Participate

1. Push 5* on phone to raise your “Hand”
2. Just speak up during Q&A session
3. Write in the “chat” box on WebEx screen
4. Vote in on-line polls on Web-Ex screen

#	ROUNDS TOPIC	DATE
1	Patient Management I: Doctors, Work & Cultural Beliefs	April 13 (Wed)
2	Difficult Situations I: Patient Advocate or Patsy?	May 10 (Tues)
3	Patient Management II: How to Set Early Expectations That Improve Outcomes	May 24 (Tues)
4	Therapeutic Approaches That Produce Better Treatment Results & Less Work Disability	June 8 (Wed)
5	**Your Role as Designated Guesser: What Can This Patient Do at Work Now?**	**July 12 (Tues)**
6	Patient Management III: Dealing with Psychiatric Overlay	Aug 10 (Wed)
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Arizona Employment & Disability Partnership

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Meet Today's "Patients"

- Arlene, the customer service representative
- John, the firefighter
- Mel, the medically-retired deputy sheriff
- Cal, the motorcyling miner

Arlene, the Customer Service Rep

- Arlene, 43, is a right handed high school educated single mother who works in a call center.
- She has been on short term disability for 6 weeks for a right shoulder sprain with mild rotator cuff tear. She fell while water skiing.
- She has come in with another STD Form. She wants more time off. She says she is just not ready to return to work. Her shoulder gives her so much trouble, she can't even take care of her house much less handle her job.

John, the Firefighter

- You have been seeing John, a 36 y/o firefighter, and his family for 15 yrs in your practice.
- New problem: A painful thumb.
- HX: He injured it two days ago pulling hose in a car fire he was on. He is having difficulty using his hand for almost all ADL's. He is worried with how sore it is but says he can work and his station is commonly slow on Tuesday's.   He says he does not much care for light duty.
- EXAM: A very swollen thumb and thumb base. He shook your hand gingerly when you came into the exam room. He exhibits reduced ROM and pain with all movements. His grip and pinch are seriously impaired.

Jose, the Heavy Equipment Operator

- 57 y/o male patient. Hx of diabetes, hypertension, obesity, and tobacco abuse. Meds: Insulin and Hctz.
- José reported he was playing softball at a family reunion when he passed out. The July temperature was 107° with 30% humidity. Evaluated by ER, hydrated, told to "take it easy for a few days."
- Today's issue: His wife wants you to clear him for return to work as a heavy equipment operator for road construction. She is worried that he will pass out again and ram his dozer into a ditch or fall in the path of traffic.
- Routine PE 6 mo ago: HbA1c 7.4; normal renal studies. Fasting blood glucose 119. Achieved 7.0 Mets on treadmill stress test. Rapid rise in heart rate noted early in the test, but no arrhythmias or ischemic changes. Mild COPD per PFTs.
- Job tasks: Frequently get on & off heavy equipment. Occasionally use a pick and shovel to clear debris in his path. When not operating his equipment, frequently assist with flagging activities to direct oncoming traffic at a busy roadway.

Mel, 35 y/o former Deputy Sheriff

- 35 year old medically retired public safety officer
- Applied for Social Security; Referred for FCE in June of 2011
- DOI – 2/21/2003 - motorcycle vs. car
- Medical situation –
  - S/P five surgeries following a fractured L femur (non-union for 1 ½ years); two surgeries following fractured L ft metatarsals (digits 2 & 3); ORIF for L clavicle fracture; hardware removal for clavicle fx & débridement of labrum & glenoid chondroplasty; healed L rib fractures; pulmonary contusions, traumatic brain injury
  - Depression; Vestibular Issues; Headaches; Emotional lability; Hearing loss
- Quit sedentary job provided by the county; could not tolerate job on his feet

Sad Story: Cal, the Motorcycling Miner

- 24 year-old unmarried, male mine worker.
- Witnessed an explosion at work and suffered some mild to moderate burns.
- Inconsistent work history and history of significant prescription drug and recreational drug abuse.
- Was put on narcotics and total temporary disability while burns healed.
- When MMI approached, burn doctor referred to psychology and/or psychiatry to make sure he was mentally ready for return to work.
- He followed up with my office -- and with a psychiatrist who assumed care.

Your Role as Designated Guesser: What Can This Patient Do at Work Now?

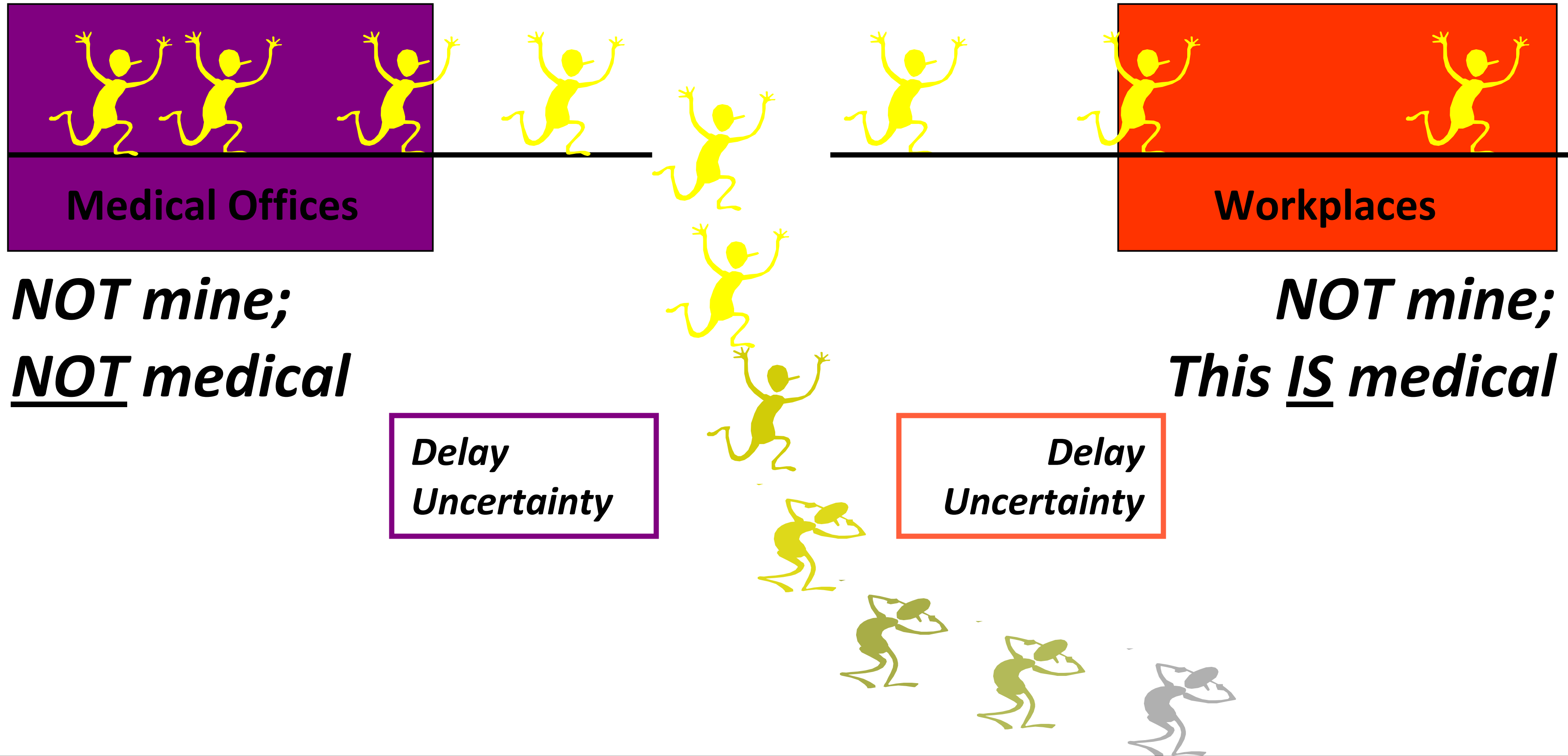
Estimating Work Capacity, Providing Limits & Restrictions

Foundation for This Rounds Series

“Preventing Needless Work Disability by Helping People Stay Employed”

A 2006 report with 16 recommendations
to improve the SAW/RTW process from the
American College of Occupational &
Environmental Medicine (ACOEM) –
www.acoem.org

The Gap: Whose Responsibility IS it?



Result: Needless Work Absence, Job Loss, Withdrawal from Workforce

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Common Questions Treating Doctors Get Asked

1. What is the (basis for your):
   - findings and diagnosis
   - treatment history and plan
   - prognosis?
2. Can the employee work? When?
3. What are the restrictions and limitations?
4. Is the problem work-related?
5. Has the case reached maximum medical improvement?
6. Is there any permanent impairment?

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Uses of Your Notes & Forms

- Educate the patient!
- Set expectations for recovery & timeframe
- Corroborate medical basis for absence
- Enable benefit eligibility decisions
- Trigger wage replacement payments
- Provide “medical clearance”
- Explain need for medical services/products
- Enforce attendance policy
- Enable workforce scheduling
- Describe appropriate work expectations

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You have a powerful influence
on the situation.

The factual information you provide
will either encourage & support
or discourage & obstruct efforts
to SAW / RTW / STW.

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Relevant ACOEM Recommendations

1. Improve/Standardize Methods and Tools that Provide Data for SAW-RTW Decision-Making
2. Support Appropriate Patient Advocacy by Getting Treating Physicians Out of a Loyalties Bind
3. Reduce Distortion of the Medical Treatment Process by Hidden Financial Agendas

Your Role as Designated Guesser: What Can This Patient Do at Work Now?

Estimating Work Capacity, Providing Limits & Restrictions

To Write a Good "Activity Rx"

1. Is absence from work MEDICALLY- REQUIRED? If so, remove from work until issue abates.
2. If not, describe the circumstances that will allow the patient to work safely in plain (lay) language.
3. Let the employer make employment decisions (decide whether to provide work).
4. Goals:
   a) Preserve or restore normal daily routine ASAP.
   b) Give advice the patient / employer will find useful.

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Work Withdrawal Is Medically-REQUIRED When . . .

- Attendance is required at place of care
- Recovery requires confinement at home or in bed
  - Acute response to injury
  - Risk of contagion - Quarantine
  - Need for protected environment
- Work or commute is medically-contraindicated
  - Will worsen medical condition or delay recovery

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The Grocery Store Test

THINK TO YOURSELF:

If s/he owned his/her own “mom ‘n pop” grocery store, would s/he be able to find a way to work safely?

- ***If YES, then absence from work is probably not <u>medically</u> required.***
- ***That means a NON-MEDICAL aspect of this situation, <u>not the medical condition</u>, is creating the work disability.***

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Resources to Identify Medical Risks (Restrictions)

- Generic
  - ACOEM: 2nd Edition Occupational Medicine Practice Guidelines
  - ACOEM: Treating Physician's Role in Helping Patients Stay at Work or Return to Work
  - AMA Physician's Guide to RTW
- Condition-specific
  - AMA Physician's Guide to RTW
  - Specialty society guidelines
  - (No encyclopedic or "authoritative" resource)

RESTRICTIONS	LIMITATIONS
• A MEDICAL issue	• An ABILITY issue
• RISK - What the person SHOULD NOT do	• CAPACITY - What the person CAN do now
• What the employer SHOULD do	• Clinician is serving as an objective assessor
• May be modified only by the clinician	• May be modified by agreement
• If not followed, medical harm may occur.	• Little / no medical harm if not followed

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TOLERANCE = Coping

Obstacles to function like chronic pain, fatigue, weakness and apathy are sometimes truly medical issues – and sometimes not.

If no objective pathophysiological basis exists, consider unwillingness or inability to cope.

When these are simply humanitarian issues – why are you in the middle?

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The Basis of Your Opinion: The Continuum of “Evidence”

- Many / solid scientific / medical research
- Some / weaker scientific / medical research
- Consensus expert knowledge / opinion

- Databases of “scrubbed” objective information
- Objective measurements and descriptions
- Documented observations
- Incidental observations or data in past medical or other records
- SWAGs, patient report, WAGs

Resources To Identify Impact of Condition on Function

- Obvious medical facts (e.g. foot in cast)
- Answers to your questions
  - RTW Screening Test
  - Obstacle Question
  - Detailed functional history (ADLs)
- Your incidental observations
- Referral for more systematic evaluation
  - Targeted functional testing or full FCE by PT/OT
  - Evaluation or testing by psychologist
  - Provocative testing, e.g. Bruce protocol, methacholine challenge test, etc.

1 Minute RTW Screening Test

	No/low risk	Risk/refer
1. What impact is the problem with your _________ going to have on your ability to do your usual job the regular way?	None	MAJOR
2. Have you figured out a way to work around it so you can stay at work while you recover?	Yes	NO
3. Are you going to have any problems with your boss or co-workers about that?	No	YES

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The Obstacle Question

- What SPECIFICALLY is the obstacle preventing you from working today?

This test uncovers situational or environmental obstacles to return to work

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Your Incidental Observations

- You will discover there is a wealth of information available when you carefully observe what the patient spontaneously does.
- That is what the experts do.

Elements of Work: Functional Capacity

Mental

- Understanding and Memory
- Sustained Concentration and Persistence
- Social Interaction
- Adaptation

Communication

- Hear
- Speak

Manipulative

- Reach
- Handle
- Finger
- Feel

Exertional

- Lift/carry
- Stand/walk
- Sit
- Push/pull

Postural

- Climb
- Balance
- Stoop
- Kneel
- Crouch
- Crawl

Vision

- Near
- Far
- Depth
- Accommodation
- Color
- Field of vision

Environmental

- Temperature
- Wetness
- Humidity
- Vibration
- Fumes, odor, dust
- Hazards

See the "Evidence" Before You

- You or your staff can observe the patient entering your office, taking off shoes to be weighed, taking off a shirt or jacket, shaking your hand, getting on exam table, talking with you.
- You can infer capabilities from appearances: t-shirt vs. buttons vs. velcro on clothing, laces vs. velcro on shoes, size/weight of purse or bags, fingernail polish and hairstyle.

The Value of Simple Observation - Video Example

If we have technical problems, view later at:
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Click on July 12 session
(Download video before viewing)

Arlene, the Customer Service Rep

- Arlene, 43, is a right handed high school educated single mother who works in a call center.
- She has been on short term disability for 6 weeks for a right shoulder sprain with mild rotator cuff tear. She fell while water skiing.
- She has come in with another STD Form. She wants more time off. She says she is just not ready to return to work. Her shoulder gives her so much trouble, she can't even take care of her house much less handle her job.

Gather More "Evidence" – Ask the Patient

- About household responsibilities, hobbies, social activities
  - Pets, children
  - Grocery shopping, cooking, housework
  - Gardening, sports, church
- To describe what they did today – listen to the things they were able to do.
- "What is the most demanding task in your job – the one you are having / would have most trouble with now?
- To squat
- To take off their shirt / jacket or open a door
- To fill out a form

What Most Front-line Doctors Are Well Qualified to Handle

- Sedentary / light jobs
- Musculoskeletal issues
- People who clearly want to work (except "faking good" – see below)
- Routine forms (see below)
  - FMLA
  - Work comp
  - STD / LTD
  - Social Security

Helpful Tips:

- Do not get sucked into making employment or benefit decisions; that is someone else's responsibility.
  - DO NOT WRITE: "May not work" or "Qualifies for benefits."
- Describe current work capacity, medical risks, and functional limitations.
  - DO WRITE: "Stay home / in bed for 3 days"
- No scientific support for prescribing work schedules (e.g., "must work first shift") other than circadian disruption, eg. brittle diabetes, epilepsy.

More Helpful Tips:

- Activity at home = Productive activity at work
- For example, grocery shopping involves
  - Walking to car
  - Bending & twisting to get in (and put baby in car seat!)
  - Using right leg/knee/foot to brake / accelerate
  - Twisting, turning arms /gripping steering wheel
  - Pushing grocery cart; reaching for items on shelves
  - Lifting grocery bags & baby out of cart, into and out of car
- Driving a car is a demanding task.
  - If someone says they can drive, they can do something productive at work.
  - If someone says they are totally unable to do any kind of work, they should also not be driving.

When to Refer?

- ~~Flummoxed by the form~~

- High stakes –
  - Long-lasting / permanent (career-ending) implications
  - Subjective conditions (chronic back pain, migraine headache, fibromyalgia, IBS, etc.)
  - Co-worker or public safety issues

- Specific questions / tasks / circumstances require specific expertise
  - Can he work overhead?
  - Can she drive?
  - Can he carry a gun?

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When to Refer?

- Situation calls for more support than you can give
  - More extensive data; formal documentation (report)
  - Communication with other parties (case manager, voc rehab., insurer, employer) to coordinate SAW/RTW
  - Med-legal (lawyers involved)
- "Yellow flags" are flying:
  - Prior failed SAW/RTW
  - Mismatch between what you see and what they say or show you
  - Patient reveals outside influences
  - Your gut tells you something is not right
    - "Faking bad"
    - "Faking good"

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- José reported he was playing softball at a family reunion when he passed out. The July temperature was 107° with 30% humidity. Evaluated by ER, hydrated, told to “take it easy for a few days.”
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Making Your Request

- Explain reason for request, describe issue at hand, and decision to be made.
- Specify vs. allow examiner to decide on extent of evaluation?
- Options:
  - Targeted assessment
    - Body part / system-specific
    - Task-specific
  - FCE – Functional Capacity Evaluation
  - Full battery of testing

Refer Where -- and Why?

- ~~Organ system specialist~~ (unless .....)
- Occ doc
- PT
- OT
- Psychologist / psychiatrist

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How Do You Say It?

- “I don’t do this kind of exam”
- “You need a more specialized evaluation. I’m going to send you to an expert. ”
- “This is the best estimate I can give you now; if you have trouble, come back and we’ll do a more thorough evaluation.
- “Talk to your supervisor and explain what you need; suggest solutions that will make it work for both you and your employer.”

Thank You, Guests & Sponsors

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Arizona Health & Disability Partnership (AHCCCS)

Arizona Work Disability Prevention Assn. (AWDPA)

University of Arizona Health Sciences Center

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August 10 Guests

- **Benjamin Bushman, PhD**
  Psychology, Tucson, AZ
- **Robert Orford, MD, MS, MPH, FACOEM**
  Internal Medicine / Occupational Medicine,
  Mayo Clinic, Scottsdale, AZ
- **Jennie Ellen**
  PM&R / Occupational Medicine,
  Concentra Health Systems, Tucson, AZ

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