



Welcome to Work Disability Prevention Rounds

with host Dr. Jennifer Christian

Today's Topic

**Therapeutic Approaches that Produce
Better Treatment Results & Less Work Disability**

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

June 8, 2011

Today's Guests

Scott Krasner, MD

Occupational Medicine

US HealthWorks, Tucson, AZ

Mark Hyland, OTR/L, CHT, DABDA

Occupational Therapy

STI Physical Therapy & Rehab, 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

Neither the faculty for this session, nor any of the program planners, nor the University of Arizona Health Sciences Center CME committee had any financial disclosures to make that could be a conflict of interest.

See project website for more details.

Session Recording, Slides, Evaluations & CME Certificates

1. Go to Webility's project website
www.webility.md/az-cme
2. Download recording and slides if desired.
3. Enter **invitation code for 6/8 session:**

az-cme-approach

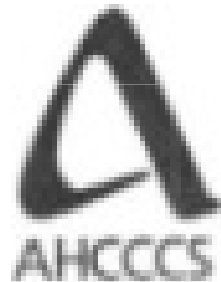
1. Fill out and return evaluation & CME request.
2. Certificate will be mailed to you.

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 – 10 TOPICS	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)
7	When More is Needed: Referral Resources and Reimbursement for Services That Prevent Needless Work Disability and Help People Get Benefits and Keep or Get a Job	Sep 13 (Tues)
8	Difficult Situations II: When You Are Told the Employer Has No Light Duty or Reasonable Accommodations	Oct 12 (Wed)
9	Difficult Situations III: The Rescuer Doctor: Power Imbalance and Social Justice Issues	Nov 8 (Tues)
10	Make Your Job Easier: Get Everyone On the Same Page From the Start	Dec 14 (Wed)

Our Sponsors & Friends



Arizona Employment &
Disability Partnership



Meet Today's Guests

Scott Krasner, MD

Occupational Medicine

US HealthWorks, Tucson, AZ

Mark Hyland, OTR/L, CHT, DABDA

Occupational Therapy

STI Physical Therapy & Rehab, Phoenix, AZ

Therapeutic Approaches That Produce Better Treatment Results – and Less Work Disability

Setting the Stage

POLL Question #1

In your practice, how often does an issue of SAW/RTW/STW come up?

a	Never or very rarely
b	1 to 5 times per WEEK
c	1 to 3 times per DAY
d	>3 times a day
e	Other (write your answer in the chat box)
f	Not in clinical practice

POLL Question #2

How long does it usually take you to SENSE whether the issue of SAW/RTW is going to be problematic?

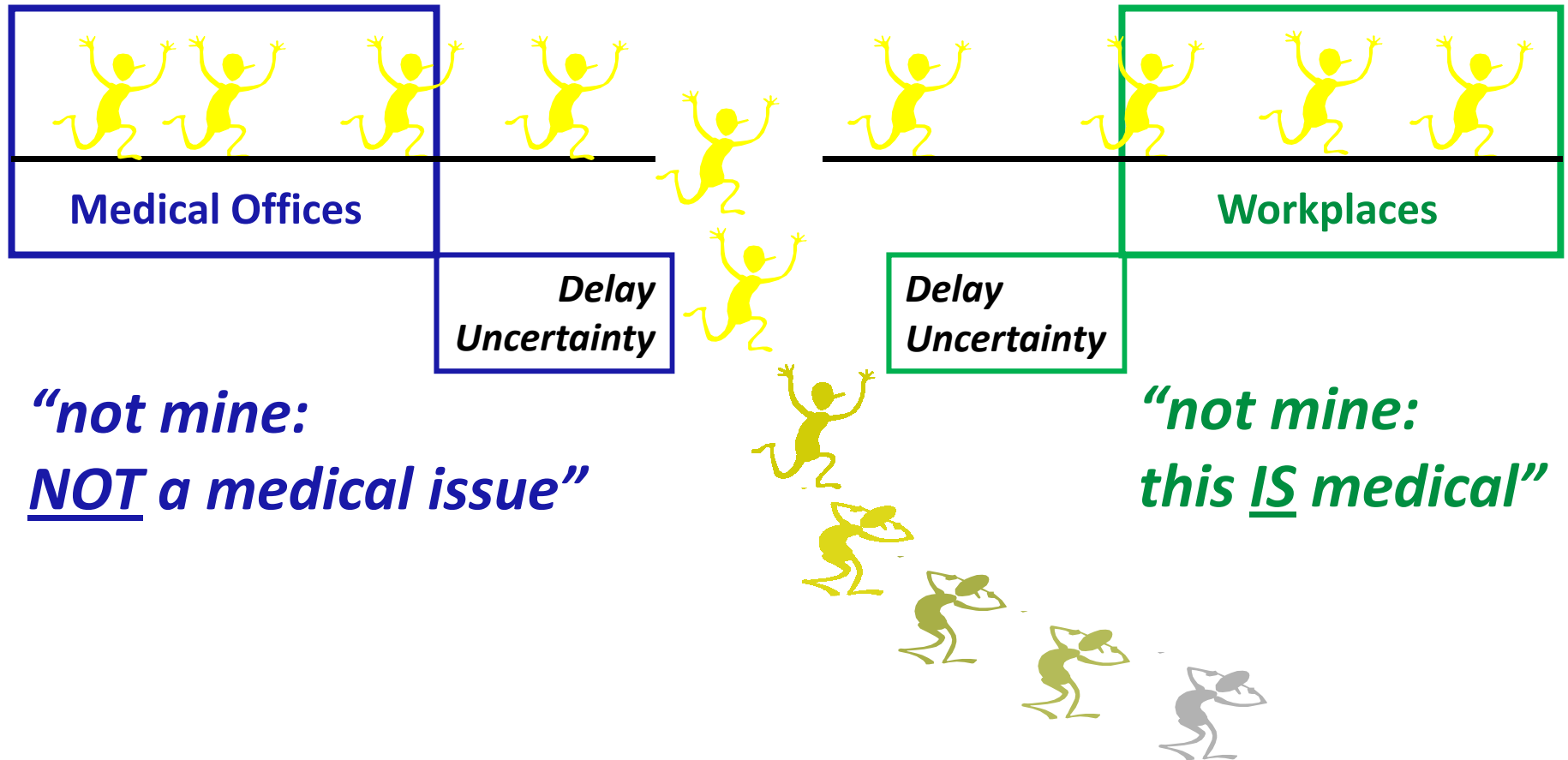
a	During the first 1-2 MINUTES of the visit
b	Within 1-2 MINUTES of opening the topic
c	Within 1-2 VISITS
d	Within 1-2 MONTHS
e	Other – Write your answer in the chat box
F	Not in clinical practice

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

SAW / RTW Communications Gap



*“not mine:
NOT a medical issue”*

*“not mine:
this IS medical”*

***Result: Needless Work Absence, Job Loss,
Iatrogenic Invalidism, Workforce Withdrawal***

Needless Work Disability

Employee

- **IS HARMFUL.** Disrupts daily life, creates isolation, self-doubt, loss of self-esteem, leads to “iatrogenic invalidism,” job loss, lower health, social, family, and economic status.

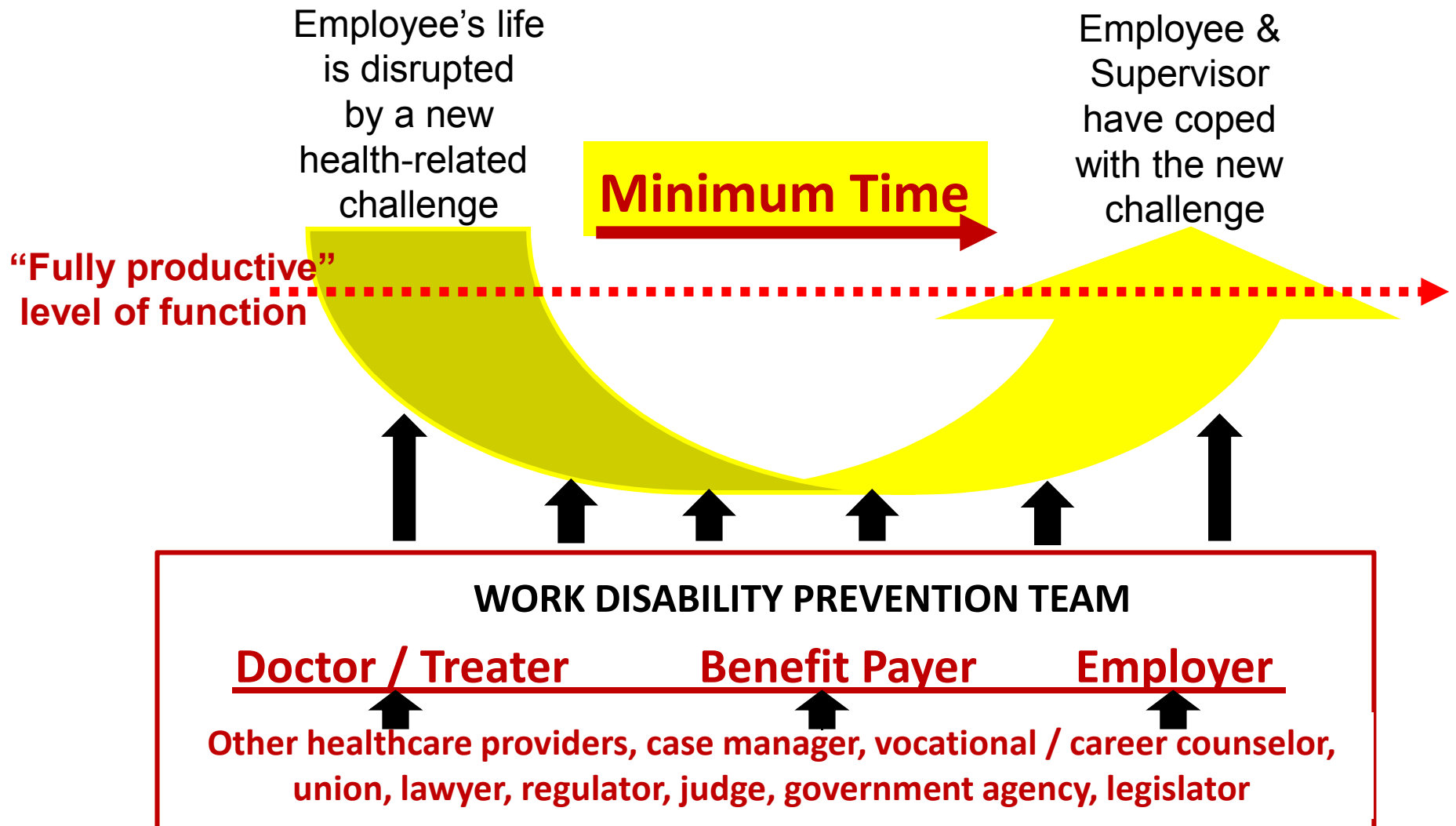
Employer

- **IS DISRUPTIVE & COSTLY.** Reduces productivity, creates unnecessary hassle and expense.

Economy

- **IS WASTEFUL.** Diverts dollars from productive use, invites petty fraud and corruption, reduces economic efficiency.

Work Disability Prevention Vision



Success = Both employee & supervisor feel supported – and outcomes improve

Relevant ACOEM Recommendations

1. Adopt a disability prevention model.
2. [Instill a sense of urgency.] Urgency is required because prolonged time away from work is harmful.
3. Simplify/Standardize Information Exchange Methods between Employers/Payers and Medical Offices

Therapeutic Approaches That Produce Better Treatment Results – and Less Work Disability

Treatment Plans

Therapeutic Approach

- Drive towards functional recovery in treatment planning
- Assign the patient an active role in recovery
- Select & explain evidence-based therapies
- Predict intervals of interest to patients
- Prescribe activity as part of therapy
- Use OTs/PTs for patient education, testing, and rehab services– but make sure they are focused on functional recovery.
- Employ team approach when problems arise

Two Patient Vignettes

- *Mario's Knee Injury*
- *Patty's Car Accident*

Mario's Suboptimal Outcome of a Knee Injury

- 51 y/o male injured his left knee October 2010 when he slipped and twisted. Aggravated his pre-existing DJD and a prior surgical repair of a torn meniscus. Early referral to orthopedist.
- Total knee arthroplasty in January 2011. No post-op therapy, just activities as tolerated. Released to sit-down work March 2011.
- Deemed stable and stationary May 2011. Chronic knee pain and restricted ROM limit ambulation. Permanent work restrictions: seated work only.

Patty's Recent Car Accident

- 46 yo female involved in a MVA 3 days ago. She was the restrained passenger of a small car that was rear-ended. She was twisted around to tend to her grandchild in the back seat at impact.
- C/O neck pain and stiffness, low grade constant HA and R anterior. shoulder pain. No extremity sx.
- Sub-occipital tenderness; tender to palpation of the R PS and UT. HA worsens if certain spots are pushed. Neck AROM mod. limited in all movement planes w/ pain during most motions. Full AROM of R shoulder w/ pain midway through movement arc and at full end range elevation. Mild weakness & pain on MMT.

Patty's Decisions & Requests

- Patty works as a mobile massage therapist for a local company. She intends to file a work comp claim and may have a liability claim against the driver of the car that rear-ended her. Asks you to sign some forms.
- She has not worked since the MVA. She asks if it is OK to work. She uses her arms a lot in her job; she is concerned about making things worse.
- However, she needs the money, and customer tips are a major supplement to her wages.

Drive towards functional recovery in treatment planning

- How has the condition disrupted daily life?
- What does the patient need to be able to do?

Assign patients an active role in their own recovery

- What are their responsibilities?

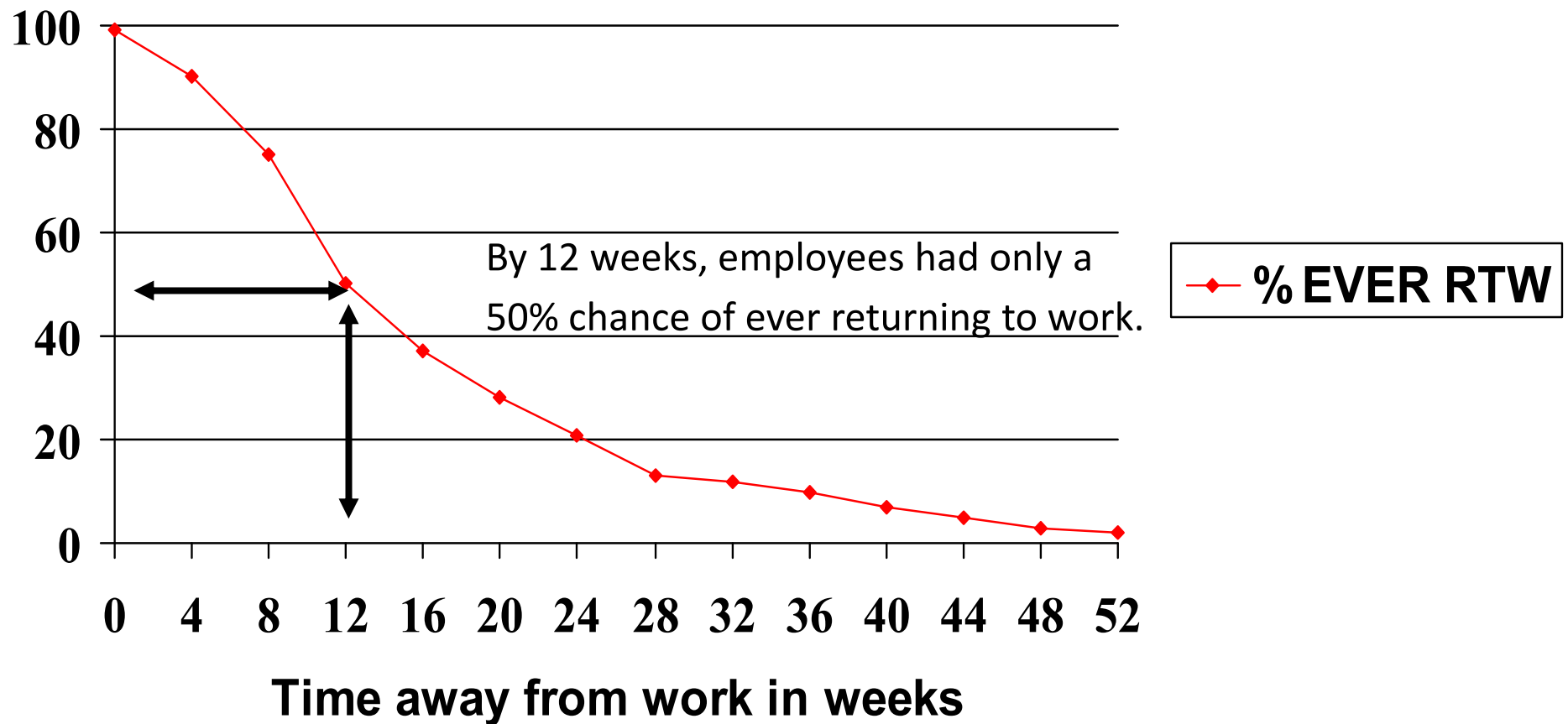
Select & explain evidence-based therapies

- “Evidence-based” medicine & guidelines
-- a tool to accelerate the dissemination
of new knowledge
- Examples:
 - ACOEM Occupational Medicine Practice
Guidelines for common conditions
 - ODG Treatment Guidelines
 - AHRQ inventory of guidelines
 - Your specialty’s guidelines

Predict intervals of interest to patients

1. How long am I going to be laid up -- out of commission?
2. How long do I have to take it easy?
3. When will life be back to normal – if ever?

Time Is Of The Essence



Forecast for “Out of Commission” Period

DURATION IN DAYS			
Job Classification	Minimum	Optimum	Maximum
Sedentary	1	7	14
Light	7	14	28
Medium	21	42	70
Heavy	70	77	84
Very Heavy	84	98	112

Sample duration guideline for a simple ankle fracture from **MDGuidelines** (formerly Presley Reed’s Medical Disability Advisor) www.mdguidelines.com

Return-To-Work Summary Guidelines

Dataset	Midrange	At-Risk
Claims data	36 days	95 days
All absences	21 days	89 days

Return-To-Work "Best Practice" Guidelines

Closed reduction, sedentary/modified work. 1-7 days
 Closed reduction, standing work w/o cast: 21 days

Sample duration guideline for an ankle fracture with closed reduction from WLDI’s **Official Disability Guidelines** www.disabilitydurations.com

Prescribe activity as part of therapy

The patient is wondering: “What should I do in the meantime?”

- What should I avoid doing?
- What can I do, safely?
- Is there anything I should do to help myself heal?

Use OTs/PTs for patient education, testing, and rehab services

- Make sure they are focused on functional recovery.
 - Your PT/OT order
 - Their progress report

A good rehab report will tell you these things

- Total visits; # / % of missed appts.
- Current work status
- Usual job, available alternatives
- Treatment summary to date; rate of progress
- Problems being addressed: sx and functional limitations
- **Subjective** (patient report)
- **Objective** (inspection, observation, exam, measurements, activity log, results of functional testing)
- Gap analysis: Current capability vs. demands
- Goal & plan: Recommend release or more Tx.

Employ a team approach when problems arise

- Potential team members:
 - PT/OT
 - Mental health professional
 - Employer (patient's supervisor or HR or safety)
 - Claims adjuster / case manager
 - Specialists
 - Orthopedist
 - Psychiatrist
 - Occupational medicine specialist

Approach That Improves Outcomes

- Avoid over-medicalizing; keep it simple.
- Focus on protecting or restoring function as much or more than controlling symptoms.
- Employ evidence-based treatments; use practice guidelines as teaching tools.
- Predict milestones of recovery; use disability duration guidelines as teaching tools
- Prescribe activity & work as part of therapy.
- Educate, build confidence, emphasize self-care.
- If problems arise, patient/family/employer/insurer can be asked to help remove obstacles to recovery.

Thank You, Guests & Sponsors

Scott Krasner, MD

skrasner@pol.net

Mark Hyland, OTR/L

m.hyland@stirehab.com

Arizona Health & Disability Partnership (AHCCCS)

Arizona Work Disability Prevention Assn. (AWDPA)

University of Arizona Health Sciences Center

#	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)
7	When More is Needed: Referral Resources and Reimbursement for Services That Prevent Needless Work Disability and Help People Get Benefits and Keep or Get a Job	Sep 13 (Tues)
8	Difficult Situations II: When You Are Told the Employer Has No Light Duty or Reasonable Accommodations	Oct 12 (Wed)
9	Difficult Situations III: The Rescuer Doctor: Power Imbalance and Social Justice Issues	Nov 8 (Tues)
10	Make Your Job Easier: Get Everyone On the Same Page From the Start	Dec 14 (Wed)

July 12 Guests

- **Randall 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

Session Recording, Slides, Evaluations & CME Certificates

1. Go to Webility's project website
www.webility.md/az-cme
2. Download recording and slides if desired.
3. Click [Get CME](#)
4. Enter **invitation code for 6/8 session:**

az-cme-approach

1. Fill out and return evaluation & CME request.
2. Certificate will be mailed to you.

**In the Future -
Want the Slides Ahead of Time?
Register in advance.**

Open Mike Discussion Time: Your Comments & Cases

THREE ways to participate:

1. Push 5* on phone to raise your “Hand”
2. Write in the “chat” box on bottom right
3. Just speak up (when line is un-muted)!

Session Recording, Slides, Evaluations & CME Certificates

1. Go to Webility's project website
www.webility.md/az-cme
2. Download recording and slides if desired.
3. Click [Get CME](#)
4. Enter **invitation code for 6/8 session:**

az-cme-approach

1. Fill out and return evaluation & CME request.
2. Certificate will be mailed to you.