



“Ask Dr. J”



The “Ask Dr. J” columns are authored monthly by Jennifer Christian, MD, MPH, President of Webility Corporation. See previous columns at www.webility.md.

Dr. J’s columns also appear in the monthly Bulletin of the Disability Management Employer Coalition (DMEC). To purchase a book of Dr. J’s collected columns, go to www.dmec.org.

The columns often summarize issues discussed by the Work Fitness and Disability Roundtable, a free, multi-disciplinary e-mail discussion group moderated by Dr. Christian. Apply to join the Roundtable at www.webility.md.

December 2007 – Advice to People Coping with Illness / Injury / Impairment

Dear Dr. J:

I’m not sure what I should say when I see someone struggling to cope with the life disruption caused by injury, illness, or the normal aging process. Any advice about giving advice?

Cathy in Chattanooga

Dear Cathy:

I’m not aware of any school that teaches people how to have the best possible life despite illness, injury, aging, or impairments. I’m not aware of any widely-used educational materials on this topic either. Most often, the brochures and counseling offered by healthcare providers as well as health and medical educators and disease management companies tends to focus on how to take care of yourself medically, but not how to manage this problem’s impact on the rest of life – especially home and work.

Don’t you think people would benefit from some practical guidance on how to minimize the negative impact of injury, illness, or impairment – be it minor or major – on their lives, whether for this week or the rest of their days? I do. And, if you are like me and have seen the difference between well- and poorly-managed health-related employment situations, you must be longing to help point people in a direction that is likely to achieve the best possible overall result.

Recently, some physician colleagues and I developed a first shot at a single page of advice to patients – to people who are being forced by illness or injury to cope with life and work disruption. It was fascinating and a real stretch for us as physicians to shift our minds around to look at these issues from the patient’s point of view. We then shared our draft with the Work Fitness & Disability Roundtable, a multi-disciplinary email discussion group I run with about 1000 professionals of many kinds working in a wide array of settings where they get involved in the stay-at-work and return-to-work process. They provided additional ideas and suggestions

that improved our document. We are submitting that very brief (less than one page) sheet to the Journal of the American Medical Association in hopes they will publish it in a future issue on their Patient Page. If they do, doctors can make copies and hand it out to their patients. Let's hope so.

Inspired by that project, I have now developed another (slightly longer) version addressed to professionals like you. You can refer to it when you are advising a person who is dealing with these issues. The Roundtable hasn't commented on this version yet. Maybe you can suggest improvements or other helpful issues that should be addressed. Please let me know.

Smiling,
Dr. J

Giving Advice to People Who Are Coping with Disability / Impairment at Home or Work

People facing either short-lived or long-term challenges due to changes in their ability to function at home or work as a result of injury, illness or aging may lack information as well as a sense of perspective. They need to know the following things:

- **It's a good idea to "get right back in the saddle."** Rather than spend a lot of time resting, it is better for most people to keep or get life back to normal as quickly as is medically safe. The ability to function normally will probably come back step-wise rather than all at once. Prolonged withdrawal from daily activities and work can actually have bad effects on people's physical, mental, social, and economic health. Recovery from many medical conditions is more rapid and complete when people are able to stay active. This also tends to slow or reverse the progress of chronic conditions.
- **It's good to ask doctors for "activity prescriptions."** At medical appointments, it is wise for people to ask their doctor to spend a little extra time with them explaining what activities or tasks they need to avoid, as well as what they can and should be able to do safely both at home and at work, and what to expect in the way of change over time. The doctor should write these instructions down like an "activity prescription." In order to formulate a good activity prescription, the doctor (with input from the patient) needs to consider:
 - the specific tasks or functions that the person needs to do at home and at work,
 - any risks or specific medical harm that might result from doing particular things,
 - the simple lack of capacity to do things (whether temporary or permanent) that has occurred, such as the inability to run or climb stairs due to being out of shape, the inability to flex a "frozen" joint, the loss of depth perception due to blindness in one eye, impaired judgment or memory due to a stroke or head injury or side effects from medications, etc., and
 - the ability to tolerate or endure symptoms such as pain, fatigue or other symptoms that are uncomfortable but not medically harmful.
- **Impairment evaluation is sometimes required, but does not predict ability to work.** An employer or insurance company may ask a physician to do a formal examination to objectively determine the extent of someone's permanent impairment for insurance or legal purposes, especially when the impairment is due to a work-related injury that was covered under workers' compensation insurance. However, scientific research has shown that the ability to work does not track with the extent of impairment. In fact, many people with

profound congenital or acquired disabilities and severe chronic illnesses are at work today. Advocates for these people insisted so strongly that they had a right to work that the Americans with Disabilities Act was passed!

Although the following things may seem obvious to you, the person you are talking to may not know them. In particular, they may not realize that how they behave sends a signal to their employer and insurer. For example, people who reach out to their employers and offer practical solutions appear very different than those who passively wait for others to make a move. Therefore, always remember to make the following things explicit.

- **Experts are available to help find new ways of doing things.** People facing either temporary or permanent challenges in doing key tasks at home or work should ask their physician for a referral to an expert who can analyze their home or workplace situation and suggest modifications or find adaptive equipment. Most commonly, these experts will be occupational therapists, physical therapists, ergonomists, or physician specialists (either in occupational medicine or physical medicine & rehabilitation (PM&R)).
- **Employers often will make temporary adjustments – if a sensible solution is proposed.** Working people with temporary limitations on their ability to function should talk to their supervisor or human resources representative to see whether short-term adjustments can be made to their job responsibilities, or if there is something else productive they can do at work while their recovery progresses – as long as the proposed tasks are within their current ability and their doctor says they are medically appropriate. Work is a distraction and a good way to keep your mind off your discomfort. Keeping busy helps keep spirits up.
- **Employers can also make permanent adjustments – if a sensible solution is proposed – and they are sometimes legally obligated to do so.** When people are experiencing a long-term or permanent loss of function that affects their ability to do key tasks at home or work, they should either informally ask their employer to work with them to find a solution, or make a formal request for a reasonable accommodation under the Americans with Disabilities Act if their impairment meets that law’s definition of disability. Many times, suggesting a simple and very low-cost change is all that is required.
- **Difficulty bouncing back is a signal that it’s time to look at the whole situation and remember the mind-body connection.** Whenever a person seems passive or distressed and their recovery is difficult or slow (for example, the duration of work absence exceeds the mid-point of a disability duration guideline), it is time for them to look at their whole situation. Remind them that:
 - Non-medical issues delay recovery, especially when they are allowed to remain hidden from view and fester. Is there fear of discomfort, re-injury, teasing, embarrassment or frank harassment? Is there anger at themselves, their supervisor or co-workers? Are they avoiding facing up to concern about inability to perform up to standards, impending discipline, layoff or termination? Do choices need to be made about dealing with fatigue from a part-time second job; career dissatisfaction, hunting season; a child care or marital problem? Often, acknowledging and getting the issues out in the open is all that is required because then they can be dealt with straight on.
 - A person’s “self-talk” – their thoughts in challenging situations and their beliefs about their own capability to deal successfully with difficulties – affects their ability to bounce back. As the saying goes, “if you think you can’t, you’re usually right.” Resilience can

often be increased with a few sessions of educational counseling with cognitive-behavioral techniques or even just reading a book about it (so-called bibliotherapy).

- The co-existence of undiagnosed, untreated, or inadequately treated significant mental illness, most commonly depression and anxiety, is another common explanation for cases that fail to progress. When work disability has already exceeded normal durations, referral to a qualified mental health professional for appropriate evaluation and aggressive therapy is imperative.
- **When one door closes, another one may open.** For some people, changes in their ability to function at work may make a previous job less enjoyable or suitable, or may result in job loss. In those circumstances, vocational rehabilitation professionals and career counselors can be good resources to help consider other employment options.

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