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Work Solutions Insight

Your work injury management newsletter August 2008

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FUNCTIONAL INFORMATION: BETTER RETURN TO WORK MANAGEMENT

By Russell Green MD

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I'm a pretty smart person. I have studied pretty hard and with effort have received a Master's in Biomedical Engineering, an M.D., board certifications in different medical specialties, and licenses to practice in 2 countries and 5 different states. I have visited all manner of work places since I was 10 years of age. (Fire had just been discovered and Isaac Newton had a theory about something he called gravity).

...and yet, (even being a pretty informed sort of person) I really don't know what people do functionally when they do their jobs. I would like to think I am better informed than some because I am interested in the worker, have visited many workplaces, and have spent a lot of time learning about ergonomics and biomechanics. But, you know, I have found that may not be the case.

My engineering tells me to quantify and it tells me to be methodical. Even though much about medicine is artful, there are some very important underlying scientific principles that define anatomy, physiology and tissue mechanics. As I have used job function testing results more widely, I am finding that I can recommend safe performance of certain job tasks even when people are hurt, coming to work for the first time, or even after an illness. After the therapists do functional testing, my patients seem more accepting of my advice because it is based on what they really do. Recently, a worker, after performing a job function test said, "that test makes me feel like I am at work" and another said, "this is exactly what I do during my day."

I initially referred for Job Function Matching for pre-placement evaluations and after people had sustained sprains and strains. I have now started applying the same logic when people have suffered laceration, certain fractures, and when a worker wants to return after a complex or prolonged medical illness. I have been surprised to find how functional people are and how comforted they are with the results of their testing. What has also pleased me is how other stakeholders have taken to this information. Supervisors are no longer demanding persons be that magical 100% before they allow their workers back. Adjusters are amazed that fewer folks want to litigate. Even skeptical colleagues are starting to refer post surgical cases for functional testing because they understand that surgery is their thing, not so much function.

I am experiencing increased confidence in my advice as it relates to the person I am seeing and the jobs they actually perform, want to do or

want to get back to. The testing is confirming what the anatomy and physiology have been telling me all along....I just didn't have a tool to listen. Now I do!

ARE INJURY PREVENTION AND STRETCHING THE SAME??

In the May issue of the Journal of Rehabilitation Medicine (Vol 40, No5), a systematic review by daCosta and Vierira, faculty of University of Alberta, Canada, reviewed stretching as a component of work injury prevention.

Studies on the effectiveness of stretching for prevention revealed that effectiveness measures were in reducing discomfort and pain and preventing some musculoskeletal disorders. Previous reviews of similar studies have also demonstrated relief of discomfort with no reduction in productivity (Hess and Hecker in Applied Occupational and Environmental Hygiene Vol 18 (5): 2003).

Thus, the experience of many working in industry has been verified. With stretching, workers do experience less discomfort with no loss of productivity and some possible reduction in work injury reports. When worker comfort and work satisfaction is considered important, stretching can play an important role.

This JRM study, however, also raises some important issues. In reducing discomfort, the stretching may suppress awareness of risks. With the work risks not being addressed or changed, there is a likelihood of more debilitating injuries. Also, if inadequately performed (as is the case with any inappropriate exercise), stretching may cause or aggravate injuries.

The injury prevention spectrum includes:

- Reduction in ergonomic stressors
- Improvement of work techniques
- Assuring that the abilities of the worker match the demands of the job
- Education in proper work techniques
- Stretches designed by a professional with strong physiology and kinesiology background. They should be supervised for adequacy of stretching, safety in technique and early recognition of problems that stretching cannot address.

Employers can implement excellent safety and injury reduction programs by understanding that injury prevention is multifaceted and working with internal or external experts in comprehensive work injury prevention/productivity enhancement programs.

VIEWPOINT: ARE WORK CONDITIONING AND WORK HARDENING STILL RELEVANT? IS THERE A BETTER ANSWER TO RETURN TO WORK?

By Susan J. Isernhagen PT

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Twenty years ago physicians, rehabilitation providers and employers worked on methods to improve a worker's capability to return to work. Workers with chronic medical conditions were off work for long periods because of complex case management. Functional Capacity Assessment and Work Hardening/Work Conditioning became popular during those times. Both FCA and Work rehab programs provided outcomes studies that demonstrated effectiveness in returning workers back to productive employment.

Beginning in the 90's forward thinking medical/rehab providers and employers recognized that being off work was counterproductive. (see "Is it healthier to work or be off work by Michael Erdil MD in the DSI newsletter archives., March 07). Medical providers focused on earlier return to work and many employers developed transitional duty programs. With earlier intervention, referrals for work hardening or conditioning substantially decreased and many programs closed.

Simultaneously, however, advancements in diagnostics and treatment technologies lead to increased use. This somewhat offset the early return to work progress as workers were often delayed in return to work for more diagnostics. With the time delays, uncertainty in work abilities surfaced for all parties: the worker, the employer, and the medical providers.

Thus, in the 2000's we have seen mixed return to work results. Those employers and medical providers who focus on safe ability to return to work early and include the worker in work testing and dialogue, have seen excellent results in cost and lost day decreases. For others, however, chronicity may be related to multiple tests showing problem areas or case management focused on the medical components.

As a result, there are now two answers to the issue of relevant rehabilitation.

1. When progressive medical-rehab teams work closely with progressive employers, early return to work without reinjury is being accomplished. This is a team effort, and many professionals are involved. (See Dennis Isernhagen columns in previous DSI newsletters). Rehab professionals are involved in early RTW testing, treatment focused on job specific goals (not pain), temporary job modifications, and interactions with workers to understand their own abilities.
2. When cases become chronic and complicated, the concepts of work hardening and work conditioning have been largely abandoned. Many workers reach multiple months without a successful return to work and have not participated in any work-focused rehabilitation. This may be due to lack of programs that are available or lack of referral for cost reasons. Some workers have chronic issues that those of the mid 80's had. FCA's are on the rise, but evaluating work capacity does not provide for a remedy to physical reduction in work ability. Only work rehabilitation can improve actual physical work capacity to facilitate actual return to work.

A continuum of rehab services, always job related and focused on safe ability will remove the unintended gap between early work return and today's continuing number of chronic cases (who are really workers needing functional work focus, not disability).

AGING: WISDOM AND SCIENCE

By Susan J. Isernhagen PT
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Paraphrased from Thad Franklin CWCP

"Age is only a number: Old is an attitude."

Observations from multiple speakers on aging:

"When I was young, I went to bed injured and was able to wake up fine.

When I am old, I go to bed fine and wake up injured!"

Now for the science:

With age, the progression toward diabetes and heart disease increases dramatically. Scientists have found that there are two main factors:

- Overweight: Diet and exercise are primary answers
- Poor physical fitness and activity levels: Exercise is a primary answer

With two of the three causations related to activity and exercise, employers, workers, and health care providers are encouraging healthy activity in the workplace and at home. Actions being taken by employers include:

- Studying the physical demands at work. While physical demands can create stressors related to work injury, the lack of physical demands can contribute to the sedentary lifestyles of workers. Employers today are having their job demands analyzed to increase safe physical activity for general health improvement.
- Providing more on-site fitness options as many workers will not be able to go to an offsite facility once they leave work.
- Providing employee benefits of discounted or free fitness facility memberships
- Education on health awareness that includes fitness, diet and aging healthfully

To encourage activity off work that can be counted as beneficial to fitness, one can count and improve on activities that are "not exercise" but are daily activities or pleasurable recreational events. The Center for Disease Control and American College of Sports Medicine have categorized activity in a manner that can be helpful. Examples:

Moderate Activity	Vigorous Activity
Walking 3-5 mph outside Roller blading/skating Hiking	Aerobic walking 5 mph or faster Jogging or running Wheeling a wheelchair Backpacking

Bicycling 5-9 mph, level terrain	Bicycling 10 mph or higher or on hills
Dancing	Aerobic dancing
Golf or doubles tennis Swimming recreational	Singles or wheelchair tennis Swimming laps

Studies differ, but some show as little as 60 minutes per week of moderate activity forestalls health issues. Other studies recommend 150 minutes per week.

CONFERENCE FOR DSI JOB FUNCTION MATCHING PROVIDERS

A conference for DSI providers will be held focused on skill building in work injury prevention and management has been scheduled in Duluth MN October 9-11, 2008. It is focused on skill building in work injury prevention and management. The topics covered will be ergonomics, post offer testing, early return to work with job function matching, Functional Capacity Assessment, and building relationships between medical providers and employers.

A brochure is available by emailing Susan Isernhagen at sisernhagen@dsiworksolutions.com.

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