

Rehabilitation: Return to Work.

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Focus on Back Rehabilitation



- Extent of the challenge
- Our Approach.
- Rehabilitation Best Practice.
- Working partnerships with rehabilitation providers.
- Case Study.



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Today's Challenges

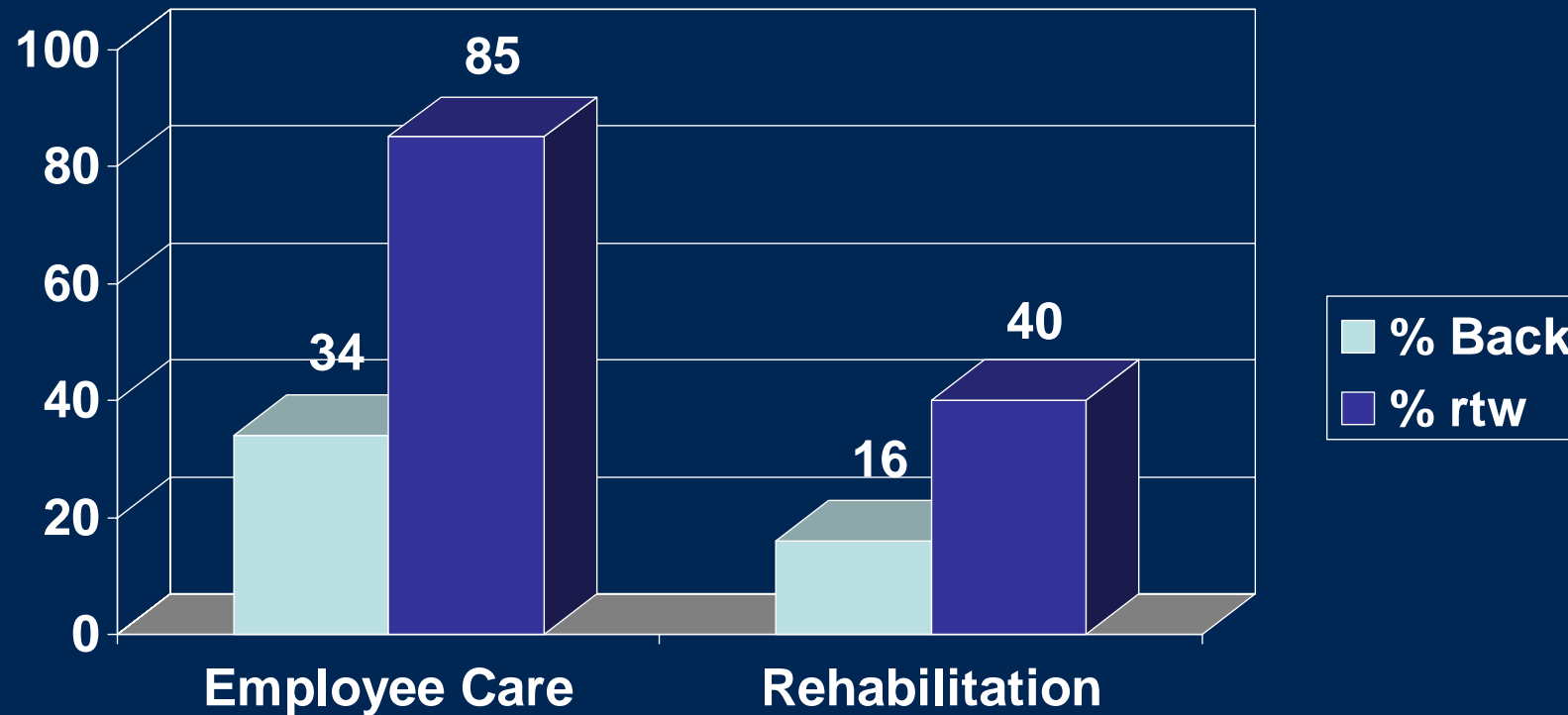
- Back injuries & pain costs UK billions p.a.
- Current medical management = pathway to disability.
- Up to 30% of cases result in disability greater than would be expected from physical factors alone.
- Outcome of injury significantly affected by psychological &





QBE's Challenge

% Back Injury Cases & % RTW Outcomes



Bio-Psycho-Social Rehabilitation

<ul style="list-style-type: none">• Biological	Neurophysiology Physiological dysfunction Tissue damage	Impairments Body structures & functions
<ul style="list-style-type: none">• Psychological	Illness Behaviour Beliefs, coping Emotions, distress	Activity Limits Personal factors
<ul style="list-style-type: none">• Social	Culture Social Interactions Sick Role	ICF (WHO 2001) Environment Participation

Source: Waddell G and Burton AK: Concepts of rehabilitation for the management of health conditions

Best Practice



You

Focus on Health & Well Being Strategies.

Rehabilitation Policies

Occupational Health and Safety

Us

Advise on health and well being products.

Advise on rehabilitation policies and guidelines.

Fast track treatment=
early intervention

Don't medicalise the
problem

Best Practice



You

Provide early advice and psychological first aid

Identify potential problem cases early

Provide early treatment

- onsite physio
- ergonomic/work task assessments

Liaise with us, especially re: medical ill health retirement

Us

Employee Care: Early intervention
In house team experts.
Monitor problem cases.
Rtw focus

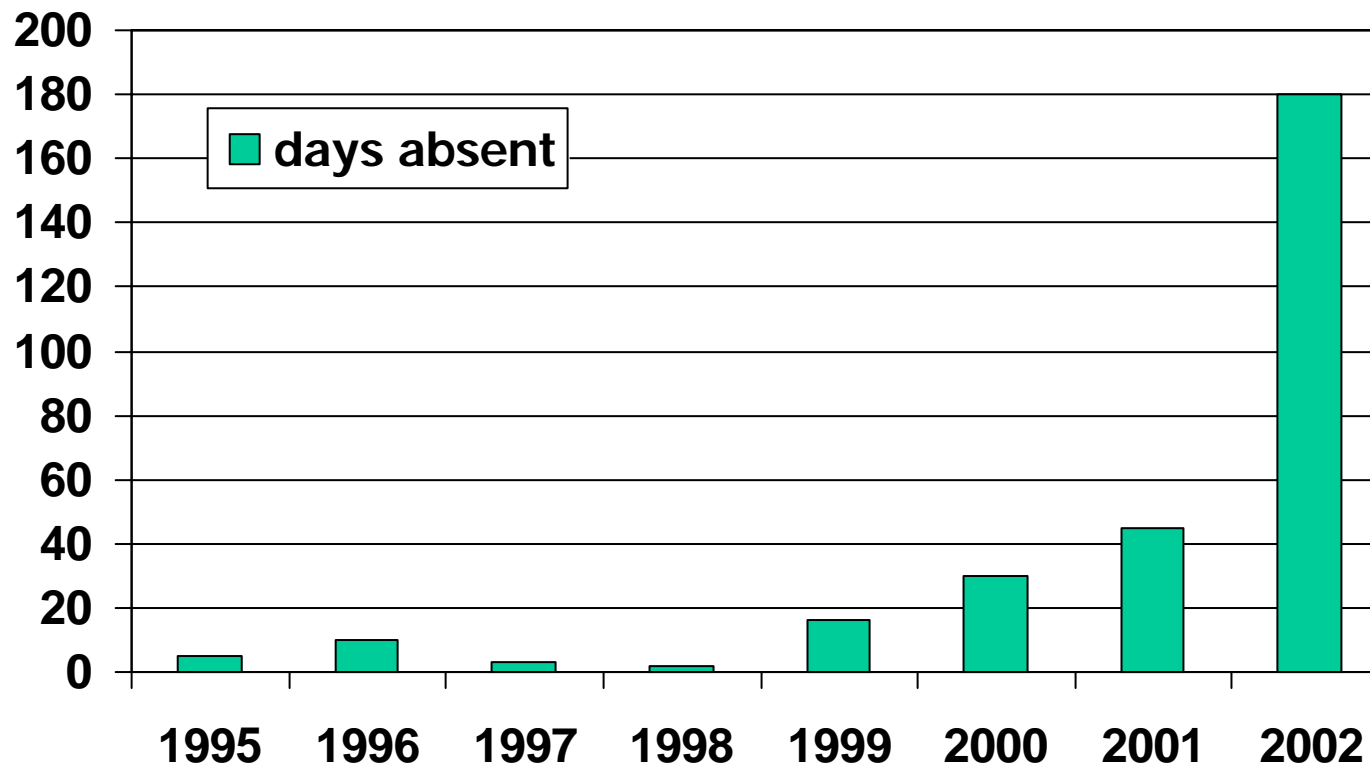
Cost effective physiotherapy triage
OT/Ergonomic Team Member

Bio Psycho Social model of health
Case selection
FRP for those not responding.....

Kevin (39) – Case Study

- Married and has 2 boys ages 9 and 7
- Job – utilities worker 30% driving 70% walking, stooping, bending to clean/ sweep/ dig channels. Climbs ladders and lifts manhole covers up to 40kg
- Heavy PDL
- Liked walking, football, swimming
- 1st injury 1995 - lifting at work -1 week off
- 2nd injury 1996 - at home – 2 weeks off work
- 3rd injury 1998 - hurt back at work no time off
- 4th injury 2000 - 6 weeks off work and reporting pain and niggles all the time
- 5th injury 2002 - 9 months off

Kevin's Absence Profile



Treatment to date

- Osteopathy – helped relieve symptoms at first
- Physiotherapy – gave exercises but they hurt so patient stopped – no real benefit
- Referred back to GP for 2nd opinion
- Waited 6 months for MRI scan
- Mild disc bulge and wear and tear changes – surgery not indicated
- 2 Epidurals and 3 facet joint blocks

The Effect

- Gave up sport in 1996 on advice of GP
- Now can't work
 - Can't sit for very long
 - Can't bend or lift
- Can't play football with boys or walk the dog
- Wife fed up
- Financial problems likely to occur at 12 months
- Consultant says nothing can be done – has to live with it
- Feels very angry
- Likely to make a claim
- Sees only way out is to get ill health early retirement

What happened to Kevin?

- Referred to the OHA and OHP
- Recommended functional restoration programme in line with evidence based guidelines from faculty of occupational medicine

Kevin's FRP Assessment

- Physical (Against work/life demands)
 - Strength, flexibility, mobility, functional strength, aerobic fitness, posture

Lifting / Activity	Sedentary (Perceived)	Sedentary-light	Light	Light-medium (Measured)	Medium	Medium-heavy	Heavy (Required)
Occasional 1-33% of day	5kg	7kg	9kg	16kg	23kg	34kg	45kg
Frequent 34 -66%	negligible	3.5kg	4.5kg	7kg	11kg	16kg	23kg
Constant 67 -100%	nil	nil	negligible	2.5kg	5kg	7kg	9kg
Activity	sit	sit/stand	stand/walk	stand/walk	stand/walk	stand/walk	Stand/walk

Source: U.S. Department of Labor

Kevin's Physical Findings

- Poor posture
- Loss of flexibility
- Weak trunk musculature
- Poor aerobic fitness
- Poor work posture/technique



Kevin's Assessment

- Psychological
 - Stress,
 - Depression,
 - Anxiety,
 - Catastrophising
- Psycho-social
 - Beliefs
 - Fear-avoidance
 - Social support
 - Pain management
 - Litigation
 - Compensation

Kevin's Assessment

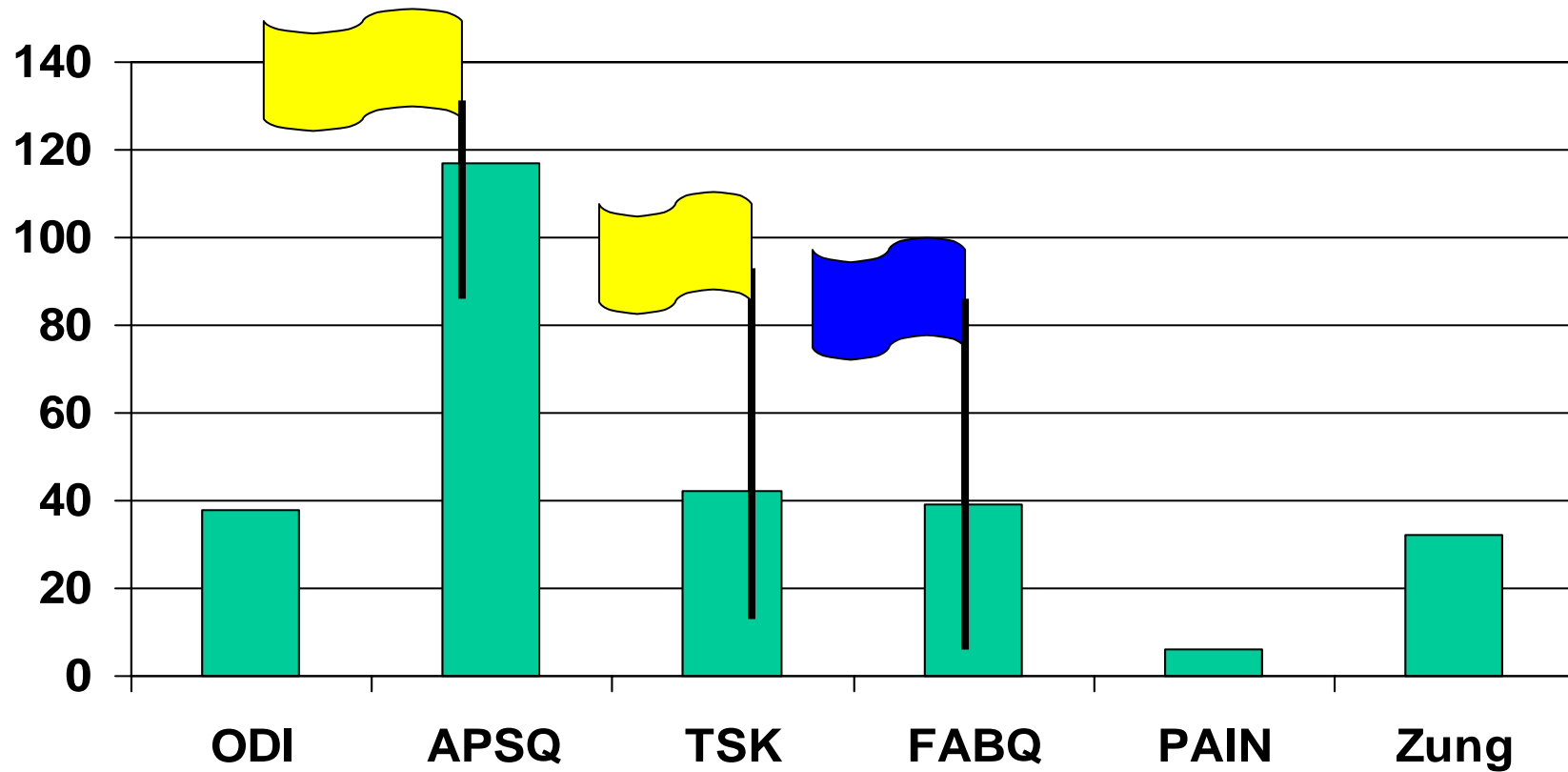
- Work factors
 - Relationships
 - Support
 - Control
 - Beliefs
 - History
 - Restricted duties



Kevin's Psychosocial results

- **Fear Avoidance (Scared of lifting, exercise, sport and activity)**
- **Believe pain is harmful and rest is the only option**
- **Low mood/ depressed**
- **Cant stop thinking about the pain**
- **No confidence**
- **Disillusioned with medical care**
- **Belief his work is too heavy for his condition and scared to go back**
- **Relationship suffering – Wife is fed up**

Kevin's Questionnaires



Kevin's SMART Goals

- **Patient goals (achievable chunks)**
 - To play football with his sons for 60 min
 - To be able to bend and lift
 - To be able to swim for 20 min
- **Rehabilitation goals (correlate to patient goals)**
 - Increase aerobic fitness to average
 - Increase lumbar flexion to 50 degrees
 - Static and dynamic lift to Heavy PDL
- RTW FINAL OUTCOME



Kevin's Programme

- **Based on Ax findings 10-week programme to restore work capability**
- **Not therapy, not rest, not convalescence**
 - Active and exercise based
 - In Group's
 - Educational and use a CBT approach
 - Work related and include work conditioning and hardening
 - Suggest and make ergonomic interventions
 - Encouraging lifestyle changes
 - Started graduated RTW programme
 - Spread over-time
- **Re-assessment (*monitoring*)**

Group & Aerobic Exercise



Medical Exercise Therapy



Work Conditioning



RehabWorks

Restoring Fitness for Work and Life

Work Interventions



Kevin's Outcome

- Pain reduced (7 to 2)
- He can walk, bend, dig, sweep channels
- He can sit for an hour
- He can lift 45kg (was 25kg) with excellent technique
- He is back at work on normal duties
- Understands how to manage his problem
- Play football with kids and swims 3 times per week
- Exercises 3 times a week to prevent recurrence
- Says he is 200% better!

And if we hadn't done anything?

- Ongoing sickness?
- Ill health retirement?
- Claim against the organisation for Accident at work?
- Further medical interventions?

Research Results: Utility Company (SOM 2004)

- SOM Research Paper
 - 85 employees started the programme
 - Absent 8-weeks+ and all failed to respond to physiotherapy and medical management
 - 81 back to full duties
 - 2 on restricted duties
 - 2 dropped out and did not RTW
 - MSD related absence fell by 40%
 - Ill-health retirement due to back pain reduced from 7 to 2 (3 year comparison)
 - ROI 3:1 & Net saving of 270%

Ancient Advice: Return to Work



‘ Employment is nature’s physician and is essential for human happiness’.

Galen ca.180 AD

‘This sickness doth infect the very lifeblood of our enterprise....’

Hotspur, Henry 1V
W Shakespeare

‘A man too busy to take care of his health is like a mechanic too busy to take care of his tools.’

Spanish proverb