

Getting injured workers safely back to work: A better way

How does WorkSafeBC determine when an early return to work is appropriate? Read on...

A case study

WorkSafeBC accepts a claim for back strain from a 34-year-old sheet metal worker. The worker's physician sees him regularly for 8 weeks, and since the worker's symptoms are consistent with mechanical low back pain, continues to report that the patient is unable to work. Meanwhile, the employer offers light duties, which the worker declines; but the physician is unaware of the offer. A WorkSafeBC officer adjudicates that the light duties are within the worker's abilities, and thus, WorkSafeBC reduces the worker's wage-loss benefits from the date the employer offered light duties. The patient complains to the physician that he was "cut off." What happened?

WorkSafeBC's policy

According to WorkSafeBC's policy, to ensure that the early return to work is appropriate, all selective/light employment arrangements must meet the following conditions:

- While the injury may temporarily disable the worker from performing normal work, the worker must be capable of undertaking some form of suitable employment.
- The work must be safe; that is, it will neither harm the worker, nor slow his or her recovery. The work must be within the worker's medical restrictions, physical limitations, and abilities. If there is a disagreement regarding the safety of the selective/light offer and WorkSafeBC is required to intervene, WorkSafeBC is responsible for determining the safety of the work, after considering

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the medical evidence and other relevant information.

- The work must be productive. Token or demeaning tasks are considered detrimental to the worker's rehabilitation.
- Within reasonable limits, the worker must agree to the arrangements.

Avoiding a "disability mindset"

According to the second edition of *Occupational Medicine Practice Guidelines* by the American College of Occupational and Environmental Medicine, the consequences of disability are profound, yet "many workers and their families are unaware of the harm that may result from unnecessary absence from work" (page 75).

The guidelines point out that, "It is important to stay alert to the issue of elapsed time away from work. Over 4 weeks should be considered in the danger zone. By 1 month, many patients begin to develop a disability mindset" (page 79). Additionally, setting expectations has been shown to play a vital and positive role in influencing a worker's return to work.

Case study: A better approach

Another 34-year-old sheet metal worker slips and falls at work. The injured worker sees her physician on day 3 post-injury.

- The physician does a thorough history and physical examination, reviewing red flags, signs, and symptoms. Apart from pain, tenderness, and reduced range of motion, the exam is normal and the diagnosis is mechanical low back pain.
- The physician reassures the patient that the outlook for patients with

similar injuries is very good; most return to work in a few days and recover completely in 1 month; painful flares will occur, but pain, in and of itself, is not an indication that the activity is harmful. In fact, excessive rest can be harmful.

- The physician acknowledges that activity is beneficial and plays a vital role in rehabilitation, recommending a short period of relative rest/activity modification, such as 2 days of light activity, and referring the patient to a physiotherapist.
- The physician acknowledges that returning to heavy work right away may not be possible, but recommends that the worker return to work within a week to perform modified duties, including sedentary level lifting, ideally at waist level to start—patient should have the ability to change positions; for example, between sitting and standing, as required.
- The patient continues with modified duties and is contacted by a WorkSafeBC nurse advisor in 3 to 4 weeks. She continues to have pain, but is improving; modified duties are reviewed and a plan implemented to progress work hours and duties.
- Patient is seen regularly by her physician. The history and physical examination remain unchanged; the physician continues to provide assurance regarding recovery and remains supportive of modified duties and progression of duties.
- The physician sees the patient for a final follow-up. The physician notes ongoing pain complaints, with improvement, and recommends that the worker return to full hours and full duties at work.

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