

Medical management of injured worker amputees

On average about 10 workers per year suffer major limb amputations, based on WorkSafeBC statistics from the past 15 years. Yet between 2011 and June 2015, out of a total 1425 claims with all levels of amputation, only 39 were classified as “major limb.” The average age for a worker at the time of a major limb amputation was 47. While no particular region of the province recorded more such claims than any other region, since 2011 Surrey has had 169, making it the community with the highest total number overall (major and minor) of amputation claims.

For claims management purposes, WorkSafeBC classifies amputations as “major” or “minor.” Limb amputations fall into the major category and include above-the-knee or below-the-knee amputations, partial foot amputations, and all amputations above the level of the wrist. Our Special Care Services unit, based in Richmond, manages major limb amputation claims from a central location for the province. Minor amputation claims are managed in WorkSafeBC’s Service Delivery Locations around the province and include cases involving severed fingers, toes, and partial losses of a hand or foot.

Most workers with a major amputation select their own local prosthetist. While WorkSafeBC has a list of prosthetists throughout the province, there is currently no contractual relationship. If an injured worker requests a recommendation regarding a prosthetist, the case manager managing the claim in Special Care Services can provide the worker with that information.

This article is the opinion of WorkSafeBC and has not been peer reviewed by the BCMJ Editorial Board.

Medical management of injured worker amputees is initially directed through the surgeon and attending physician. If a physiatrist is not provided locally, WorkSafeBC will refer the injured worker to a physiatrist for ongoing medical management through the Visiting Specialist Clinic based in Richmond. This enables the case manager to be proactive in meeting the needs of the injured worker as he or she progresses through rehabilitation.

When appropriate, the case manager will refer the injured worker to a treatment facility to maximize recovery and function. Prosthetic training requires specialist knowledge, and WorkSafeBC typically refers prosthetic patients to GF Strong Rehabilitation Centre in Vancouver or the Centric (LifeMark) amputee program in Langley. With both programs, injured workers are usually admitted for several weeks, requiring them to live away from home.

The WorkSafeBC case manager continues to monitor the injured

worker’s progress and requirements on an ongoing basis through the physician and prosthetist. The case manager will follow up with the physiatrist as required to ensure the injured worker is able to reach his or her maximum functionality.

In subsequent years, as the injured worker returns to work and regular life, his or her need for prosthetics will change. WorkSafeBC will continue to monitor and provide appropriate prosthetics for the injured worker, based on his or her level of independence and ability to return to normal functioning; the injured worker’s case manager will continue to be the primary contact.

If you have questions or concerns regarding an injured worker with a major limb amputation, please contact the case manager in Special Care Services through the WorkSafeBC customer service line, toll free at 1 888 967-5377.

— **Andrew Butterfield**
Client Services Manager
WorkSafeBC Special Care Services



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