

Reimagining recovery: A customized approach to interdisciplinary occupational rehabilitation programs for patients with work-related musculoskeletal injuries

In 2023, British Columbia recorded 41 286 new work-related musculoskeletal injuries.¹ While many individuals with such injuries make a swift and straightforward recovery with treatment such as physiotherapy, a significant subset find recovery and return to work complicated, with multifaceted challenges.

These complex cases often involve overlapping physical, psychological, vocational, and social factors. Effective return-to-work solutions in such circumstances hinge on robust collaboration between the primary care physician or nurse practitioner, other health care professionals, WorkSafeBC claims teams, the employer, and the injured worker.

For more than 20 years, WorkSafeBC has contracted with providers in communities across BC to offer structured clinic-based rehabilitation programs to support those facing complex recoveries from injuries such as sprains, strains, and fractures. Until recently, these programs included Occupational Rehabilitation 1 (OR1), Occupational Rehabilitation 2 (OR2), and Activity-Related Soft Tissue Disorders (ASTD).

OR1 used physiotherapy and kinesiology, whereas OR2 and ASTD integrated occupational therapy, mental health services, and medical oversight. While these

programs established an essential interdisciplinary model of care, they were sometimes too rigid to accommodate patients' diverse needs and were often not implemented early enough. These limitations highlighted the need for a more adaptable, evidence-informed framework.

A new, co-created model

In 2024, WorkSafeBC launched the Customized Recovery and Return-to-Work (CRRTW) program, replacing OR2 and ASTD, as well as OR1 in urban centres. OR1 remains in place in more remote areas of the province. The new program was created with significant input from health care providers involved in the legacy programs. It is designed to foster a more collaborative and responsive approach to care that involves the workplace at an earlier stage of recovery through early employer contact, jobsite visits, and a focus on timely return-to-work planning.

Collaboration embedded at the core

The CRRTW program's design has enabled a shift toward deeper collaboration, not only across clinical disciplines (occupational therapy, physiotherapy, clinical counseling, and kinesiology, with guidance from program physicians), but also between program providers and WorkSafeBC. This has been facilitated primarily through mandatory team conferences to enhance goal setting, identify potential barriers early, and foster transparency.

Treating primary care physicians and nurse practitioners remain integral to recovery. If you have a patient in the program, you will be sent program reports, and you are welcome to contact the health care professionals administering the program with your questions or comments. As numerous companies deliver this service, specific contact information will be most easily found on the reports that you receive.

Empowering providers, empowering recovery

The CRRTW program emphasizes the autonomy of the health care professionals within the program. Rather than following a fixed protocol, providers determine the structure of the program for each worker, with occupational therapy, clinical counseling, and the services of a contracted physician being added to the treatment team at the providers' discretion, without further approvals required from WorkSafeBC.

For example, the program physicians may provide an assessment and up to 2 hours of follow-up for the injured patient, depending on the patient's unique recovery. This assessment and follow-up are intended to address any medical barriers to program participation. These physicians help guide recovery by providing diagnostic clarity when needed and recommending treatment. This approach supports best practices and makes better use of the program team's expertise [Box].

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

Early workplace integration

CRRTW program providers initiate employer contact during the earliest stages of the program. This dovetails with the legislative landscape, which favors early and continuous employer involvement. Notably, British Columbia's Bill 41 sets out the duty of an employer and an injured worker to cooperate in early and safe return to work. The CRRTW program was designed with this in mind.

Real-world impact and future potential

Early reports suggest that the new model is helping close gaps seen in previous occupational rehabilitation programs by enabling more timely interventions and improving communication among all parties. The clinical community's involvement in redesigning the program has supported a more individualized approach to care while emphasizing early workplace integration, which holds promise for more durable

BOX. How patients enter the Customized Recovery and Return-to-Work (CRRTW) program.

- WorkSafeBC may refer patients to the CRRTW program if they are likely to benefit from an interdisciplinary active rehabilitation program focused on return to work.
- As a primary care physician or nurse practitioner, you do not need to fill out any forms or refer your patient. You can let us know if you think your patient might benefit from the program by indicating this on a Form 8/11 (Physician's Report) or Form 8NP/11NP (Nurse Practitioner's Report).
- If you would also like to speak with a physician at WorkSafeBC, check the box on the form to speak with a medical advisor. Alternatively, you can reach a medical advisor via the RACE app (www.raceconnect.ca/get-raceapp) to discuss the program or any questions about your patient's recovery and return to work.

recovery and return-to-work outcomes.

Learn more at www.worksafebc.com/en/health-care-providers/rehabilitation/customized-recovery-rtw-program. ■

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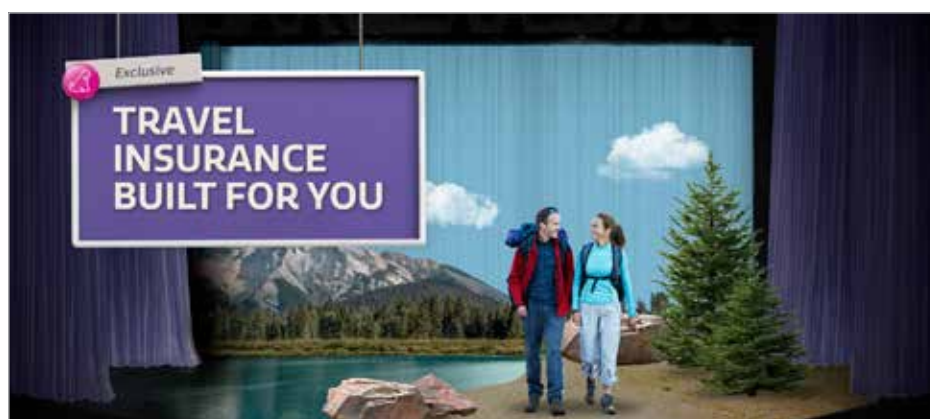
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