Injury / Illness and Return to Work / Function

Prepared by *The Physician Education Project in Workplace Health (PEPWH)*

A Practical Guide for Physicians

AUTHORS

The Injury/Illness and Return to Work/Function *guide is on line. See the Workplace Safety and Insurance Board (WSIB) Web site at www.wsib.on.ca for the guide itself and links to other useful Web sites. Copies of the guide are also available for consultation in the WSIB library at 200 Front Street West, Toronto and in all Human Resources Development Centres of Canada (HRDC).*

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About *The Physician Education Project in Workplace Health* and its Steering Committee

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This guide is the result of the input, contributions and cooperative efforts of the members of the Steering Committee who voluntarily devoted their time as representatives of the organizations listed on the previous page. We extend our thanks to these organizations while noting that the views expressed in this guide are those of the authors, the members of the PEPWH Steering Committee only, not the organizations themselves.

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PREFACE

This return-to-work guide has been prepared to assist practicing physicians, residents and medical students to manage the return to work/function of their patients following an injury/illness. It highlights their co-ordination and collaborative roles with other stakeholders (e.g., workplace parties) in the context of encouraging safe and timely return to work. This return-to-work guide can also serve as a resource for other health professionals.

Currently, there is little or no curriculum time devoted to rehabilitation and return to work in undergraduate or postgraduate medical training for either work-related or non-work-related disability and compensation. This deficiency is compounded by the fact that most medical practitioners are not likely to know the nature of specific job functions in various employment settings. This guide recognizes that a number of different workplace factors, individual factors, and the relationships of the physician with other stakeholders can all have an impact on the recovery of the affected worker and the likelihood of the worker's return to work/function.

The enormous economic and social impact of work-related illness and injury has been well described[8]. It is estimated that worker disability costs Canadian employers a total of between $10 to 20 billion dollars per year. There are legal requirements in many provinces for employers to facilitate safe and timely return to work. Additionally, human rights legislation prohibits discrimination in employment due to disability.

The Canadian Medical Association (CMA)[12] holds that it is the community's expectation that physicians participate actively in reducing the burden of illness and injury on society and the health care system. It is therefore the physician's responsibility to understand the patient's roles in the workplace and in the family, and to support patients in their return to a quality of life comparable to their pre-injury/illness state. Prolonged absence from one's normal role is detrimental to physical, mental and social well being. Long-term unemployment post-injury is itself a health problem. It follows that safe and timely return to work/function will benefit the patient.

THE PHYSICIAN'S ROLE

As a physician treating an injured/ill worker/patient, your role is to promote, preserve and protect the health of the worker/patient, and to act as an advocate for policies to benefit his or her health.

In this regard, your responsibility is to:

Assess – take an appropriate medical history (which includes the medical-occupational-social components) including daily activities and functional abilities and/or limitations; conduct a physical examination; and order appropriate investigations.

Diagnose – reach a working diagnosis of the medical condition and perform a functional assessment.

Treat – follow an evidence-based approach.

Develop a Return to Work/Function Plan – including appropriate referrals, consultations and discussion with the patient if the patient needs to be off work or on modified work.

Monitor – the recovery process, including identification of factors that impede or facilitate speedy recovery.

Report – Initially and at periodic intervals during treatment and rehabilitation.

Communicate

- With your patient
- With other health care professionals
- With relevant authorities such as Workplace Safety and Insurance Board of Ontario (WSIB) and other benefit providers
- With the patient's employer(s), worker representative(s) and family (with prior consent of the patient).

Prevent – a recurrence of the condition in the same worker or an occurrence of the same condition in other workers. Ideally, this would involve determining the underlying associated or causative workplace factors of a work-related injury/illness and notifying the workplace parties and/or other authorities.

Since your role extends beyond the injured/ill worker as a patient, there are a number of key factors you must take into account.

- Distinguishing impairment (objective evidence of derangement of body part and function limitation) from disability (inability to work and loss of capacity to meet personal and social demands).

- Considering psychosocial factors that may impede readiness to return to work (including issues such as magnification of symptoms subconsciously or consciously), when the disability appears out of proportion to the impairment.[35.]

- Interacting with multiple stakeholders (which includes recognizing the roles of other health care providers).

- Documenting the event (record keeping) and submitting reports to appropriate authorities.

The physician's role is to document the extent of impairment and its impact on the activities of daily living and work tasks as well as to assess the ability to perform them safely and without further aggravation of the condition. In the view of the CMA and the Ontario Medical Association (OMA)[46], it is not the treating physician's responsibility or role to determine the patient's status with respect to whether the condition meets the insurer's definition of disability, (i.e., the justification for the patient to be off work), especially when the physician is not aware of all jobs available in the workplace.

In addition, the CMA[12] holds that the physician should be aware of the risks to the patient, co-workers or the public that could potentially arise from the patient's condition or medications. If you are unsure about the safety of your patient returning to or remaining at work, such as in the case of work-related contact dermatitis or occupational asthma, referral to specialists may be necessary to clarify the risks and safeguards. If the medical condition of the patient and the nature of the work-related tasks performed are likely to endanger the safety of others, the physician must place the public interest before that of the individual patient.

COMMUNICATION CHECKLIST

Timely and effective communication with the patient and with the various other stakeholders who have an interest in the patient's wellbeing, is critical to the success of any return to work plan.

Communicate with your patient

- Explain to your patient the expected clinical course of the condition, and the reasons for your choice of treatment while you do your assessment, investigation and treatment. How you communicate the condition to your patient in this early stage could affect the eventual treatment outcome. For example, using words such as "ruptured disc" indiscriminately in a soft tissue injury of the back could give the patient/worker an impression of permanency, poor prognosis and unnecessary fear related to return to work.

- Be empathetic to your patients' complaints and encourage your patient to focus on his/her capabilities rather than limitations. Recognize the therapeutic importance of the patient being as active as possible, as early as possible in the course of illness/injury.

- Ask the patient/worker whether the employer has a return to work program or is prepared to provide alternative work through job accommodation or modified work.

- Provide your patient with an accurate and objective assessment of the impairment and functional abilities to be given to the employer.

- Encourage your patient/worker to maintain regular contact with his/her employer. The OMA[45, 46] holds that it is the patient who should make the physician aware of the employer's return to work program; that good communication should occur among employee, employer, physician and patient; and that the patient should understand and communicate the physician's concerns and recommendations to the employer.

- Advise your patient that you, as the physician, may inform the employer about the work capacity and/or restrictions and the approximate duration of the expected absence but the employer need not be given information related to the diagnosis and treatment unless the patient/worker chooses to do so.

Communicate with other health care professionals

- A physician who is seeing a patient for the first time concerning a longstanding condition should obtain and consult medical records on prior care before offering advice on a return to work plan.

- Referral to other health care professionals may be necessary to clarify the diagnosis, treatment and potential risks associated with return to work.

Communicate with relevant authorities

- Depending on the circumstances of the injury/illness, your patient may need to make a claim with one or more benefit provider(s). You may then be required to complete various applications/forms/reports.

  - Canada Pension Plan Disability (CPPD): Appendix 1.

  - The Workplace Safety and Insurance Board (WSIB): Appendix 2.

Communicate with the employer

- If your judgment is that the patient could safely remain at work, you should provide the functional abilities information to the employer with the patient's consent. You should also give the employer an estimate of the approximate duration of any restriction (which may be difficult if evidence on prognosis is weak), and when you will re-evaluate the patient.

- If you are able to determine that the underlying cause of the injury/illness is work-related, you should ensure the workplace and other authorities are alerted to ensure preventive measures are instituted to reduce risk to co-workers and/or re-aggravation of your patient's condition.

- Encourage the employer to keep in touch with the worker.

Communicate with the family

- You need to ensure the family is aware of their role in the patient's return to work plan (with prior consent of the patient).

GOALS OF OCCUPATIONAL REHABILITATION & FACTORS AFFECTING OUTCOMES

The physician's approach to the injured/ill worker should be guided by the principle that safe and timely return to work is the desired outcome. Developing strategies for occupational rehabilitation should begin at the patient's first visit.

A successful return to work/function is influenced by many factors. These include the patient's age, occupation, severity of injury/illness and support or lack of it in the workplace and at home. Clinical care, income support and access to a variety of services are also important determinants. Some of the factors listed here are modifiable and should be considered to prevent initial episodes, delayed recovery, or recurrences.

- Individual: age;[6,19,20,24] gender;[6,24] marital status;[63] income;[4,15,37,63] education;[15,16, 28,33, 58] residual impairment affecting functional status and work capacity;[56] initial diagnosis;[1, 24] patient's initial perception of injury/illness;[1] previous report of injury;[19, 20, 50, 59] previous number of episodes;[3, 10, 60] previous lengths of absence;[33, 60] perception of work relatedness;[33] fear of re-injury or aggravation from the assigned job;[63] the ability to be retrained for alternative employment; severity of self-rated symptoms and/or health status;[3, 15, 20, 37, 49, 56, 57] previous experience with benefit providers[41] including workers compensation;[23] presence of evidence of alcoholism and substance abuse.[38,48]
- Workplace: work environment;[22] job security;[8] job satisfaction;[3,5,7,13,19, 37, 61] job demands;[17,24,26, 27, 40, 43,53, 56, 57, 61] degree of work control;[19, 27, 33, 42, 43] physical characteristics of job tasks;[3, 14, 18,19,39, 44, 54] willingness of employers to accommodate impairment;[19, 20,21, 24, 34, 62] workplace support[11, 42, 43, 57,] contract language and seniority issues, co-workers' perception.[6]
- Access/barriers to services: benefits for coverage of treatment/rehabilitation services from the Workplace Safety and Insurance Board (or other workers' compensation boards) and other insurance carriers, for work-related and non-work-related conditions; availability of needed services;[64] availability of retraining opportunities; awareness concerning these opportunities.
- Socioeconomic factors: labour market and economic forces;[8] family history of disability;[52, 56] family support;[11, 30, 51] union membership;[30,31] compensability;[13,11,23,30,52, 58] whether litigation is pending.[13,25]

A key challenge is that the physician has a variable amount of control over some aspects of the return to work process. For example, the worker/patient may have a sub-optimal recovery from the injury despite the recommended treatment, or alternatively the rehabilitation plan may not be carried out due to financial or other constraints. Additionally, the specific work tasks or environment may continue to aggravate or perpetuate the health condition following the return to work, particularly if the worker/patient is returning to the same job.

Return to work/function is a co-operative effort. Of all the factors that contribute to the prospect of re-entry to the workplace following an injury or change of health status, the physician's care[20, 21,36] and the worker-employer relationship[6, 9] are potentially strong determinants of the outcome.

Prompt diagnosis, timely and appropriate treatment, appropriate advice and guidance, and ongoing liaison with the workplace increase the likelihood of a favourable outcome. Misdiagnosis, or failure to properly investigate or failure to identify slow clinical recovery, could prolong disability.

The physician's role involves a blend of clinical expertise, sound judgement, administrative ability and highly developed communications skills. The physician also has the responsibility as the "gatekeeper" for services as well as providing guidance and advice to the patient/worker, employer and insurer. There is some evidence which suggests that close association of workplace intervention with clinical care is an important factor in returning patients to work and in impeding progression toward chronicity.[34]

See pages 18-21 for some selected resources and references with respect to return to work.

Please refer to Appendix 3: *Work-Ready. Return-to-Work Approaches for People with Soft-Tissue Injuries.*

RETURN TO WORK / FUNCTION PLAN

A return to work/function plan must be incorporated into your treatment plan to make it complete. The development of this plan must begin with your patient's first visit.

Points to remember

- Rehabilitation should begin and be planned at the patient's first visit.[47]
- Discussion of return to work/function is one of the treatment goals.
- Return to work is often safe and beneficial for the patient in their own job or an alternative modified job even before full recovery.[12, 43, 45] If, in your judgment, this is the case for your patient, it is important you communicate this to the patient and to the employer.
- Consultation with other health care professionals could help you determine the functional abilities of your patient.
- Monitor the progress of your patient throughout the course of recovery and following his/her return to work, i.e., the change in functional abilities and medical status. In the case of musculoskeletal problems, the early use of self-reported measures of pain and disability may give an indication of caution for those who might become chronic and point to the need for appropriate intervention.

A decision you need to make

- Your overall objective is to determine the functional abilities of your patient. However a decision you need to make is whether the severity of the injury/illness requires your patient to be off work or if he/she could benefit from working in a modified capacity.

The employer's role

- The employer should identify suitable work consistent with your patient's functional abilities. The job may be new or modified, and must be safe.
- The employer may contact you seeking your opinion and advice on suitable work. You could ask the employer to give you a written job description (and a physical demands analysis if available) to assist you in your decision.

Other Sources Of Help

- If your patient works for an employer with in-house occupational health services, contact with the on-site health care professional(s) should help clarify the requirements of the job and the employer's disability management process. Maintaining this contact will facilitate the tracking of your patient's progress.

- If your patient's employer does not have in-house occupational health services, you may have to play a more active role.

- In either case you may be called upon to formulate an opinion regarding whether there is a match between the functional abilities of your patient and the cognitive and physical requirements of his/her pre-illness/injury job, a modified job or another available job.

INCOME SUPPORT

If your patient is unable to work because of illness or injury, he or she may be eligible for some form of income replacement. You may need to complete paper work on his/her behalf.

What You Should Know

There are federal and provincial government disability insurance plans as well as private plans. Eligibility depends on:

- Whether or not the injury or illness is work-related – (Ontario WSIB or other workers' compensation plan)
- The individual's contributory status – (especially for Employment Insurance or Canada Pension Plan)
- Whether there are individual or employer coverage plans or any special purpose plans available to your patient.

For more information on the requirements of the different benefit providers, please consult the appendices.

Government Plans - Provincial

Most Ontario workplaces are covered by the Workplace Safety and Insurance Board (WSIB). Benefits are available to your patient if the absence is due to injury or illness attributable to the workplace and if the worker's employer is covered by the WSIB legislation.

For more information, please refer to Appendix 2, *Workplace Safety and Insurance Board (WSIB)*.

Government Plans - Federal

- Employment Insurance (EI): EI is administered by the Federal Government and available to insured participants. Taxable employment insurance sick benefits begin after two weeks of absence and run up to 15 weeks. The amount payable is based on weekly insurable earnings up to a set maximum. Employees must have worked and paid into the plan for a set number of hours of work.
- Canada Pension Plan Disability (CPPD): Benefit payments are payable to persons prevented from working due to a condition that is severe and prolonged. Taxable benefits start after three months and run until retirement pension begins. The worker/patient must have made valid contributions for a minimum qualifying period and must make application in writing.

- Veteran Affairs Canada: If the patient is absent from work due to a health condition related to military service, disability benefits may be provided by Veteran Affairs Canada.

Private Insurance Plans

Employer-sponsored: Employer paid Group Insurance plans can cover non-work-related absence due to sickness and injury. These often offer Short Term Disability (STD), and Long Term Disability (LTD) benefits.

Individual Disability Insurance: Alternatively, your patient may have arranged for disability insurance through a life and health insurance agent.

Special Purpose Plans: In addition, the following special purpose plans may also be available to your patient.

- *Automobile Insurance:* Note that the auto insurer is a "second payer" to any other disability income or health benefits plan. Since Ontario has "no-fault" auto insurance, the injured is barred from suing for lost income except in catastrophic situations.
- *Creditor's Insurance:* This is sometimes offered with a mortgage, a bank or credit union loan, car financing or other debt risk protection.
- *Dismemberment Coverage:* This is built into many health insurance polices and pays a lump sum for full or partial loss of use of a limb, hearing or vision.
- *Life Insurance:* Many policies have disability waivers that let the holder stop making premium payments but maintain coverage if the patient is disabled for at least six months.
- *Specialized Accident and Sickness Insurance:* This may pay a set amount to the holder for each day the holder is hospitalized due to an accident or sickness. Some policies cover accidents only; others cover only certain illnesses (e.g., cancer).
- *Other:* Your patient may be covered by another country's social security plan for the years worked there. Health Canada can inform your patient regarding which plans are integrated with CPP/QPP. You may have to complete forms to apply for foreign benefits for your patient.

What You Should Do – Reporting and Documentation

When it becomes evident that the patient/employee may be absent from work long enough to qualify for "loss of income" benefits, your patient could be asked by an insurance plan administrator to have one or more claim forms completed by you, the primary care physician. There are a number of key points you as the physician should be aware of if your patient asks you to complete such documentation.

Payment: While most insurance companies and the provincial health insurance plan do not pay you to complete forms, there are some exceptions, notably CPP (see Appendix 1) and WSIB (see Appendix 2).

Timeliness: Failure to complete the documentation in a timely way after a request from any government or private insurance carrier could put your patient's coverage in jeopardy.

Confidentiality: Employers may be unaware that functional restriction information concerning your patient is confidential. To prevent legal liability, you must obtain the patient's consent before forwarding information to the employer.

Permanent Disability

In instances where the patient has developed an end-stage terminal illness, or has been involved in a very serious accident resulting in, for example, severe brain damage with little prospect of returning to gainful employment, permanent disability benefits may be available from either government or private plans, depending on whether the patient meets the plan's eligibility criteria.

FACTORS AFFECTING RETURN TO WORK/FUNCTION

Physicians play a key role in reducing the burden of illness and injury on individual sufferers as well as on society as a whole.

The physician's responsibility is to understand the patient's roles in both the workplace and the family and to support a return to quality of life. Prolonged absence from one's normal role, especially in work life, is detrimental to mental, physical and social well being. This section discusses some of the different workplace factors and individual factors affecting recovery and return to work/function.

A person's likelihood for successful return to work/function *is better* when:

- The treating physician and/or health professional treat the patient appropriately[2, 21, 36, 55]
- He/she has a good relationship with his/her employer
- He/she has good workplace support[11, 42, 43, 57]
- The workplace is willing to accommodate the impairment[20, 21, 24, 34, 62]
- He/she is satisfied with his/her job[3, 5, 7, 13, 19, 37, 61]
- He/she has control over his/her job[19, 27, 28, 32, 42, 43]
- He/she has social support (family, friends, etc.) [11, 30]
- He/she belongs to a union[30, 31]

When the situation is less positive, a person's likelihood to return to work can be seriously impaired. The likelihood of return to work can be affected by employment situations, personal, emotional or medical factors.

A person's likelihood for successful return to work/function *is worse* in the following employment situations:

- When there is an adversarial relationship between the worker and employer[5]
- When there is real or perceived harassment and stress
- When there is little workplace support[11, 42, 43, 57]
- If the workplace does not have a work accommodation program, i.e., when alternative work is not available[21, 22, 24, 62]
- When he/she is not happy at his/her job[3, 5, 7, 13, 19, 37]
- When the job is subjectively monotonous[17, 40]
- When the worker has little control on the job[19, 27, 32, 42, 43]
- When the job demand (physical or mental) is not optimum[19]

- When the workplace characteristics (physical environment and ergonomic factors) need improvement [3, 14, 18,19, 39, 44, 54]
- When there is labelling of the patient[1]
- When litigation is pending[25]
- When there were multiple previous episodes of absence[3,10,60] and when the absence periods were lengthy [33, 60]
- When the patient attributes the cause of the illness/injury to the workplace[33]
- When the injuries occur during the boom periods of the business cycle[8]

A person's likelihood for return to work/function *is worse* in the following personal or emotional situations:

- When the worker has emotional distress[5]
- When the self-rated symptoms are severe[3,15, 20, 37, 49, 56, 58]
- The personal dynamics of the home foster the invalid role [51, 58]
- If the worker has adverse social circumstances outside work [44] (e.g., financial difficulty and negative support)
- If he/she has problems with alcohol and drug abuse [38, 48]

A person's likelihood for successful return to work/function *is also worse* if the primary physician:

- Doesn't manage the case actively
- Doesn't work as co-operatively as necessary with the employer, the benefits provider and other health care professionals
- Doesn't assist with functional abilities information when requested to do so by the employer or worker
- Fails to accurately represent the clinical situation to the benefits provider or employer

Please refer to Appendix 3: *Work-Ready. Return-to-Work Approaches for People with Soft-Tissue Injuries.*

CONCLUSIONS

"Unemployment is an important determinant of ill-health, having detrimental impacts on mental, physical and social (family and community) well being. Health is affected through the mechanism of job loss (as a stressful life event) and the deleterious effect of chronic joblessness."[29]

To be an effective health advocate for the patient, and to lessen the burden of disability to society, the treating physician will need to address many of the above modifiable factors in order to assist in an early and safe return to work/function. The physician should also remember that integrating workplace intervention with clinical care is of primary importance in returning patients to work and minimizing chronicity.[9, 34]

This guide is designed to help you manage your patients following an injury/illness, to return to work/function. In addition to the enormous economic and social impact, work-related illness/injury can devastate individuals, their families, and their workplace.

We have attempted to provide a resource for medical students, residents in post-graduate programs and physicians in practice, covering some of the specific disability-related questions they frequently encounter in working with patients.

GLOSSARY and ABBREVIATIONS

CMA

Canadian Medical Association

CPP

Canada Pension Plan

CPPD

Canada Pension Plan Disability

Disability

Inability to work and loss of capacity to meet personal and social demands. Disability results from an impairment (see below) and results in functional limitations that prevent the fulfillment of a role that is considered normal. Disability is task specific. The term used in this document does not include objective functional limitations which we categorize under "Impairment".

EI

Employment Insurance

HRDC

Human Resources Development Canada

Impairment

Objective evidence of derangement of body part and function limitation. (It represents any anatomic, physiologic or psychological abnormality or loss.) Impairment may be temporary, persisting during active pathology or may be permanent, continuing even after the active pathology is treated and resolved.

IWH

Institute for Work and Health

LTD

Long term disability

OMA

Ontario Medical Association

QPP

Quebec Pension Plan

STD

Short term disability

WSIB

Workplace Safety and Insurance Board (formerly Workers' Compensation Board).

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OTHER RESOURCES ON RETURN TO WORK / FUNCTION:

- www.iwh.on.ca
- www.backguide.com
- www.hrdc_drhc.gc.ca

Appendix 1:

Human Resources Development Canada (HRDC) and Canada Pension Plan Disability (CPPD).

Services for Persons with Disabilities.

Appendix 2:

Workplace Safety and Insurance Board (WSIB).

Appendix 3:

Institute for Work & Health (IWH).

Work-Ready. Return-to-Work Approaches For People with Soft-Tissue Injuries.

WSIB ONTARIO Workplace Safety & Insurance Board
CSPAAT Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

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