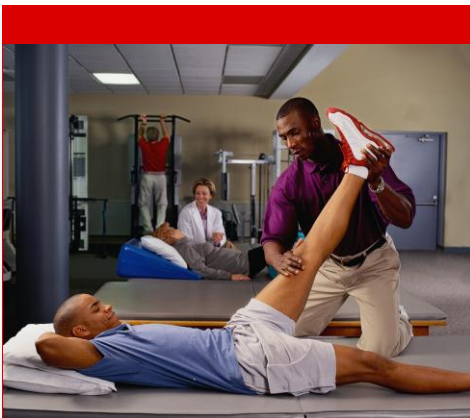




JOB READY SERVICES

YOUR STAMP OF APPROVAL FOR WORKPLACE FITNESS

July 2014 Issue



IS MY EMPLOYEE READY TO RETURN TO WORK?

Why is it that an injured employee who has been out of work for some time, suddenly receives a full duty release to return to work? What was the difference between yesterday (and the past 6 months or more) and today? Did the injured employee have a miraculous overnight recovery? There is concern, and rightly so, about the risk of putting that employee right back into the workplace at full duty. The physician most likely does not know all of the physical demands required for the position, so what proof is there that the employee is functionally able to return?

In this scenario, there are a couple of options for testing this individual. The two options are called the **Return to Work Test** and the **Fit for Duty Test**. Sometimes, the terms are used interchangeably, but there is a difference: The Return to Work Test is a general function test. The person is tested in how much they can lift, push, climb stairs, climb ladders, crawl, squat, kneel, reach, walk, or whatever other postures or activities may be required on the job. A job description is helpful to ensure that the essential functions of the job are addressed as part of the functional test. If the job description was not the result of a thorough and accurate analysis to measure and determine the physical demands, the demonstrated abilities of the injured worker cannot be matched with the job demands with any real accuracy. However, the very least that can be done is to document the injured worker's current physical abilities. The employer then has the onus of determining whether the worker is safe to return to that job within their demonstrated abilities. The report may not tell the employer/Case Manager/Physician for sure that the employee can or cannot do the job safely, but it will provide some information for the employer and employee to have a conversation about where to go from here. (**NOTE:** The Return to Work Test can be used the same as a physician's "release to work" note. So, instead of asking a physician to determine when it is safe for the worker to return to work, ask the physician whether the worker is medically stable to undergo a functional test.)

The second option is the **Fit for Duty Test**. In this scenario, a job analysis is completed prior to the test by actually visiting the worksite, measuring object weights and forces required to do the job. As a result, a list of essential job specific tasks are determined and documented. These tasks are then validated with other incumbent workers performing the same

Our Services:

- Functional Capacity Evaluations
- Work Conditioning
- Job Analyses
- Fit for Duty Testing
- Employment Testing

position. This process can take as little time as a few days, and it will provide the employer with a functional, objective and accurate job description that they can use in the future. Once the job analysis is complete, the employee can be tested immediately, and the report completed in a couple of hours. The report will then give the employer an outcome of “Return to Regular Work” or “Modified Duty” with all restrictions noted during the testing. The report provides a way to match the worker’s capabilities with the physical demands of the job. The guesswork is eliminated in determining whether the worker is safe to return to work. These job specific tasks can also be used in the future as a foundation for a post offer testing program for new hires.

With both of these options, the employer gains valuable information about the employee’s ability to do the job, as well as the accurate physical demands of the job. Instead of waiting and hoping that the injured worker is able to do their job safely and does not experience reinjury, putting legally compliant testing policies in place will have a much better outcome. For more information about functional testing programs from hire to retire, contact Job Ready Services.

-Submitted by Kathryn Willamor, Office Manager of Job Ready Services

IDENTIFYING NON-ORGANIC LOW BACK PAIN

Recently an article was published in The Spine Journal titled “Risk factors for nonorganic low back pain in patients with worker's compensation” by Rohrlich, Sadhu, Sebastian, and Ahn.

The article reported the findings of a study that was conducted to identify high risk factors for NOLBP (non-organic low back pain) in the worker’s comp population. NOLBP does not have a direct anatomical cause and/or relationship to the reported injury and are distinct from physical findings of organic pathology.

We have long seen outcome studies that demonstrate longer return to work scenarios, increased disability levels and poor treatment outcomes in those who were treated under the worker’s comp umbrella. The findings of this study indicated a

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95% correlation of NOLBP in low back patients who demonstrated 3 or more of the following criteria: mechanism of injury including slip and fall or lifting of a patient, alleged injury in greater than two bodily areas, presence of concomitant cervical and/or thoracic complaints, initial presentation to chiropractor, and areas of pain different from first report of injury.

Looking at the outcome of the study, we need to do a better job of identifying these risk factors early after an injury as to not spend monies or time to treat these individuals whose symptoms will not improve with traditional treatment protocols. Use of a functional assessment that includes objective data on sincerity of effort, distraction techniques and focuses on work-related deficits can act as a basis for engaging in an interactive dialog with the worker to discover the more likely psychosocial causes that are contributing to the pain and facilitate an earlier return to work.

SAVE THE DATE!

November 13 is the date for Job Ready's next Worker's Comp Seminar. Save the date on your calendar and watch for details coming soon!