



# JOB READY SERVICES

## YOUR STAMP OF APPROVAL FOR WORKPLACE FITNESS

March 2013 Issue



## WHAT'S WORKING WHEN IT COMES TO RETURN TO WORK?

- Studies show that workers today are not more likely to sustain an injury than they were 25 years ago, but once an injury occurs, they are **staying off work for a much longer time** than they were 25 years ago.
- **More than 80%** of health and rehabilitation resources will be consumed by the 15% of individuals who are still off work 6 months post injury.
- While time off work might lead to work stress reduction, **time off work can also increase financial stresses, social isolation and feelings of alienation.**
- Considerable research has shown that bed rest or immobility following a musculoskeletal injury, interferes with the body's natural repair mechanisms. Further, duration of bed rest was the strongest predictor of chronicity. Yet, physicians are still recommending "rest" or time off of work following a back strain. Should the physician be asking, **"How will staying at home cure your condition?"**
- The longer someone avoids an activity, the more likely it is that the person will **believe that they are unable to perform the activity.**
- As long as symptoms determine the duration of activity involvement, **the injured worker will experience life as being "controlled" by their health condition** (e.g., "do it until it hurts and then stop.")
- Most symptom-focused tools reach their limit of efficacy at 6 weeks following injury. In some cases, **symptom-focused treatments have actually been shown to increase disability** instead of decrease it.
- **An MRI should be diagnostic**, but studies show that it only leads to 3 more specialty consultations.
- The more a patient is exposed to "failed treatments", **the more they expect all future treatments to fail.**

Even if we are not able to cite particular studies and research, all of us who deal with injured workers know that current treatment approaches for return to work just aren't working. Otherwise, NC wouldn't be facing a statistic that the **average time out of work for injured workers (more than 7 days) is 25 weeks!**

According to some research completed and compiled by **Dr. Michael Sullivan**, in the development of his PGAP (Progressive Goal Attainment Program) treatment regimen, there appear to be 3 significant psychosocial factors impeding return to work:

### Our Services:

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



## Fear, Perceived Injustice, and Catastrophic Thinking

“Catastrophizers” are described as having a “tendency to focus excessively on symptoms, magnification and helplessness.” Sometimes we question catastrophizers’ authenticity of their pain behavior displays, but studies show that the increase in their pain behaviors might actually be reinforced by our (rehab professionals) interaction with them. **Just asking someone to rate their pain level is sufficient to increase their pain behavior displays.** Furthermore, although we may want to try and ignore their pain behaviors so as not to reinforce them – we are actually doing the opposite, as they are likely thinking we don’t recognize their pain and therefore they increase the behaviors to be “noticed.”

Those that perceive an injustice was done when they were injured or impaired (perhaps an error on the part of the employer or another worker) “might be reluctant to resume occupational activities because such action would be paramount to admitting defeat. Under some circumstances, it is possible that ‘disability’ might become the only currency that will bring about retribution for losses sustained.”

Fear of re-injury or fear of increased pain upon return to work are of course significant predictors of continued disability. But just **like any phobia, the best way to reduce or eliminate the fear is repeated exposure to the feared situation or object.** Taking people out of the workplace following an injury will only increase their fear of returning. When they are medically ready to return, they are often released to “full duty” and regardless of the amount of time out of work, they are expected to be back to “normal.” Obviously physical conditioning has deteriorated during a prolonged time out of work and work conditioning and sometimes a gradual return to work is best (provided they are physically safe to do their job AND they were physically safe to do the job in the first place).

Developing a pathway for stay at work and return to work programs is critical to reducing worker’s comp costs for the employer and disability for the worker. **Asking the physician when the worker is safe to participate in a functional assessment** instead of asking when they can return to work or what restrictions they have, is more conducive to a safe and early return to work. Once they are medically stable, testing their physical ability (Fit for Duty Testing) and matching that with the physical demands of the job, is paramount to preventing unnecessary disability and time out of work.

For more information on the studies mentioned here, consult the PGAP website: <http://www.pdp-pgap.com/pgap/en/index.html> or contact Michelle Morgan: [michelle.morgan@jobreadyservices.net](mailto:michelle.morgan@jobreadyservices.net).

## UPCOMING EVENTS

### April Lunch & Learn Wednesday, April 24, 2013

**Topic:** E-mods and the New Rating Rules - How to Reduce Worker's Comp Premiums

**Time:** 12:00pm - 1:00pm at the Job Ready office

**Cost:** \$10.00

**Speaker:** James Moore, J&L Risk Management Consultants, Inc.

**To Register:** <http://www.jobreadyservices.net/index.php/education/lunch-and-learns-seminars/>

### Safety & Health Council of NC - Joint Presentation: Thursday, April 25, 2013

**Time:** 2:00pm - 4:00pm (Light refreshments provided)

**Topics:** Reducing Worker's Comp Costs from Hire to Retire - Debra Lord

How to Be a Better Safety Leader Through Positive Persuasion! - Matt Thompson

**Location:** Safety & Health Council office: 3739 National Drive, Raleigh, NC

**Cost:** Free

**To Register,** contact Matt Thompson - 919-719-9818 or [matt@safetync.org](mailto:matt@safetync.org)

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