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## The physiotherapist's role in occupational rehabilitation

### Background

For most people work is a key determinant of self-worth, family esteem, identity and standing within the community, in addition to material wealth, level of social participation and fulfilment and ability to maintain a chosen lifestyle. Without fulfilling work people may not achieve their potential at the expense of themselves, their families and their communities. Recently, work has also been confirmed to be of great importance to an individual's health and wellbeing.<sup>1, 2</sup>

As our population ages and our recognised skills shortage grows it is becoming increasingly important to ensure that employees are not affected by chronic injury or illness. Many of the common disorders that physiotherapists treat are preventable to a great extent. Work design, education, training, early intervention where injury does occur and appropriate health supervision are some of the ways we can deal with reducing the incidence and impact of injury and illness to workers. In this way, physiotherapists play a key role in extending and optimising the productive working lives of Australian adults.

Pain and disability in working age people is a primary contributor to Australia's significant health burden. During the period 2008/2009 NSW WorkCover claims payments totalled \$2,525 million.<sup>3</sup> These direct costs represent the "tip of the iceberg". Indirect injury costs related to lost productivity and health service usage increase this figure by an estimated 5 to 8 times.<sup>4</sup> Work-related injury or illness may arise from a range of conditions with global impact, much of which increases with age. The most prevalent injuries are musculoskeletal disorders, particularly disorders of the lower back, which represent the largest category of workers compensation claims.<sup>5</sup>

The majority of costs attributed to back pain are associated with a small number of back pain sufferers who develop chronic pain and disability.<sup>6</sup> Workers with persisting difficulties in returning to work following musculoskeletal disorders are at risk of permanent disability once they have been off work for three to six months.<sup>7</sup> A number of reviews show a lack of modified work as one of the risk factors for long-term disability.<sup>8</sup>

Occupational rehabilitation may be defined as "the effort made to maintain or return-to-work (RTW) those people who have sustained work-related injuries or illness".<sup>9</sup> The advantages of rehabilitation programs are being recognised and they are being extended to cover non-work-related illness and injury in workers. An injured or ill worker's recovery and return to productive work are key objectives of the occupational rehabilitation process. Physiotherapists have an integral role to play in this process.

### Physiotherapy and Occupational Rehabilitation

Physiotherapists treat injured and ill workers, as appropriate to the nature of their injury or illness, at varying stages throughout the span of the RTW process, with treatment goals aimed at facilitating the recovery and work capacity of the worker. In addition to clinic based interventions, occupational health physiotherapy interventions can include workplace based ergonomic and risk management

processes, and case management. These processes will assist ill or injured workers to achieve and sustain their RTW and will optimise the worker's health and well-being. Physiotherapists recognise the importance of work-related physical conditioning, functional education, RTW planning, independence and self-management.

Excellent clinical reasoning ability, refined assessment skills and expert knowledge of physiology, tissue healing and biomechanics enable physiotherapists to provide a broad range of services to assist workers and employers in both injury prevention and injury management. Physiotherapists have extensive knowledge and understanding of the relationship between work history, work practice, work environment, lifestyle and mechanisms of injury and illness, which allows them to assess work capacity and identify suitable duties in all phases of the injury/illness-recovery continuum.

Physiotherapists actively contribute to preventing long-term disability and work loss through:

### **1. Early intervention and identification of needs**

Physiotherapists possess knowledge and skills that enable early accurate diagnosis of injuries or musculoskeletal problems and timely implementation of appropriate treatment modalities and rehabilitation interventions for injured or ill workers, which may include referral to other service providers. Early intervention for injured or ill workers improves health, social, financial, interpersonal and intrapersonal outcomes by promoting recovery and preventing long term disability and work loss.<sup>10,11,12,13,14,15</sup> Injured or ill workers who stay at work or make a timely RTW avoid isolation from the workplace and the employer benefits from retention of the worker's skills, knowledge and experience. Assessment based on a biopsychosocial model that considers physical, physiological, psychosocial and environmental factors, including workplace organisation, facilitates early accurate diagnosis and identification of the worker's needs. Physiotherapists understand the importance of early notification of injury, initial acute injury management and referral for appropriate management.

Information required for an effective occupational rehabilitation intervention is obtained from the following sources:

- Interviews with the injured or ill worker and other key stakeholders;
- Assessment of the worker's capabilities and tolerances, with consideration of individual and workplace psychosocial factors;<sup>16</sup> and
- Job and task analysis.

The assessment results should determine the following:

- Rehabilitation goals;
- The worker's capabilities;
- Past, current and required [recommended] treatment;
- The worker's pain attitudes, beliefs, recovery expectations and involvement with worker's compensation;
- The worker's physical and mental health, social situation and job satisfaction;
- The role requirements, with consideration of pre-injury duties and hours and the worker's capacity to meet these, including physical and mental job demands, ergonomic factors, risk and appropriate accommodations and modifications;
- Workplace environmental factors relevant to work health, safety and rehabilitation, including work relationships and employment arrangements;
- Suitable work duties and hours that facilitate recovery and a safe and durable RTW, while considering and balancing the needs of a range of stakeholders;
- Appropriate steps for a tailored RTW plan and rehabilitation progress;
- Barriers to RTW, including risk factors; and

- Support, equipment, activities or modifications to help sustain and progress work and productivity.

Safety, reliability, validity, utility and practicality are important considerations for all work-related assessments.<sup>17,18,19</sup>

### **2. Clinical evaluation and treatment**

Clinical evaluation and a range of physiotherapy treatment interventions may reduce disability and promote return to activity, including work. Such interventions should be implemented in accordance with available evidence-based and best-practice guidelines.

### **3. A focus on early RTW and work maintenance**

Early RTW and work maintenance are associated with better health outcomes for injured workers<sup>20</sup> and are top priorities in occupational rehabilitation. Early occupational rehabilitation interventions with an integrated worker and work-focused approach facilitate effective communication, collaboration and a shared commitment to common goals between stakeholders. Research has found greater RTW success with programs that include workplace arrangements aimed at facilitating RTW.<sup>21,22</sup>

### **4. Development of a supportive workplace culture**

Timely rehabilitation interventions and appropriate work accommodations for injured and ill employees make important contributions to a culture of workplace safety and to excellence in business management. Returning to productive work following injury or illness is recognised as a socially fragile process.<sup>23</sup> Barnett et al<sup>24</sup> confirm that the workplace has a critical role to play in achieving positive RTW outcomes, with specific features of the workplace able to facilitate effective RTW. A supportive workplace culture is the strongest correlate to effective and durable return to work.<sup>25,26,27,28,29</sup> Amick, et al<sup>30</sup> found that the rate of RTW six months post-surgery was nearly twice as high for workers who perceived a higher level of 'people-oriented culture' in the workplace and higher safety culture including 'active safety leadership'.

### **5. Targeted education and self-management focussed on active rehabilitation**

Providing active rehabilitation, rather than simply the provision of symptomatic relief (analgesia and manual therapies), is an effective way of speeding up RTW and reducing work loss in the longer term.<sup>31</sup> The basic elements of an active rehabilitation program include: advice on activity management including work; graded physical exercise and early resumption of avoided or ceased activities using a cognitive behavioural approach<sup>32</sup>, including a range of active coping strategies.

Education should be targeted to meet the specific needs of the worker, based on current evidence, provided consistently by all stakeholders and be consistent with promoting activity, independence and self-management. Appropriate educational topics include beliefs and attitudes, expectations, activity, safe work practices, risk management, job and workplace design and an understanding of injury, pain and the recovery processes.<sup>33,34,35,36</sup>

The language and procedures of the worker's compensation system are often unfamiliar and confusing for workers. This may increase levels of stress and produce an adverse impact on neurobiopsychosocial pain mechanisms, both of which may impede a timely and effective RTW.<sup>37,38</sup> Physiotherapists have specialised assessment and communication skills and are skilled in principles of adult education including accommodation of individual learning styles, active and reflective learning, goal setting and problem solving. Physiotherapists are therefore well placed to inform, educate, guide and support the worker to restore function and achieve timely and effective RTW.

### **6. A planned, integrated and collaborative multidisciplinary approach**

Physiotherapists are committed to working within a collaborative, integrated and multidisciplinary model that supports cost-effective and evidence-based RTW planning and management of injured

and ill workers. Their collaborative focus is based on problem solving, negotiation, conflict resolution and team building skills and includes the development of action plans and strategies for managing symptoms and flare-ups. This approach is in line with guidance published by the Head of Workers' Compensation Authorities (HWCA).<sup>39</sup> Clear and consistent communication and active involvement of all stakeholders in decision-making and planning assists the RTW process.<sup>40,41,42</sup> Conflicting stakeholder advice can enhance fear and avoidance.<sup>43</sup> Clayton<sup>44</sup> reports that the best RTW results have come from a combination of a workplace intervention involving a worksite ergonomic assessment and a clinical intervention involving a multidisciplinary work rehabilitation program. Loisel<sup>45</sup> demonstrated that RTW was 2.4 times faster following workplace intervention.

In accordance with HWCA guidelines<sup>46</sup>, physiotherapists involved in RTW planning consider HWCA's preferred hierarchy for placement, but not at the expense of the worker's needs or the employer's capacity. Physiotherapists consider personnel, management and industrial issues in the workplace and adopt strategies to address these issues if they are barriers to the worker's RTW.

### **7. Regular monitoring and review**

Regular monitoring and review of the injured or ill worker's progress against defined RTW goals and risk factors is a recognised service delivery and quality assurance need. Physiotherapists have observational, analytical and communication skills that enhance the quality of such monitoring, providing a nuanced perspective of the worker's progress, regress or stagnation in their rehabilitation. They have the necessary skills to match suitable duties to the injured or ill worker's capabilities and to implement regular upgrading of work hours and suitable duties, to assist recovery and RTW. Physiotherapists use appropriate tools to assess and monitor work and rehabilitation processes, as well as changes in work activities and environments.

### **8. Evaluation**

Evaluation of RTW success may include quality of life measures, successful return to and maintenance of pre-injury duties and hours, ongoing use of healthcare services and maintenance of functional gains.<sup>47</sup> This information can then be incorporated into workplace occupational health and safety programs, with the objective of preventing recurrence of similar injuries or illnesses. Physiotherapists ensure the effectiveness of RTW processes is regularly evaluated using appropriate outcome measures, with the objective of continuous improvement.

## **The APA position**

The position of the Australian Physiotherapy Association (APA) is that:

- Physiotherapists working with injured or ill workers and their employers understand contemporary injury management practices, as well as relevant legislation and its practical application to RTW processes. Such knowledge and expert application can positively impact on health, social, financial and personal outcomes of injured or ill workers through early intervention, treatment and occupational rehabilitation services.
- Physiotherapists understand the benefits of cost-effective and evidence-based injury management, rehabilitation and RTW services, including a focus on activity and independence and facilitating interventions that promote the achievement of functional goals and the injured worker's self-management of their symptoms.
- Physiotherapists recognise and promote the importance of the workplace as the focus for the rehabilitation of injured and ill workers. Treating physiotherapists, whose scope of practice includes competency and experience in work health, safety and rehabilitation are well placed to provide RTW services that assist case/claims management and continuity of care.

- Specialist Occupational Health Physiotherapists and APA Occupational Health Physiotherapists (OHPs) are certified to have additional training and experience in working with individuals and employers to improve the prevention and treatment of work related injury and illness.
- Physiotherapists support and contribute to high-quality research focused on the efficacy, cost-effectiveness and continuous improvement of injury management, rehabilitation and RTW services.
- Employers, insurers, worker's compensation schemes and other government bodies must recognise:
  - 1) that early physiotherapy intervention, treatment, health promotion and occupational rehabilitation services are valuable and effective for both injury management and prevention. These interventions help prevent the transition of injury and illness from acute to chronic conditions and optimise the health and wellbeing of the workforce;
  - 2) that the physiotherapists' understanding of the effect of pathology on an individual's capacity to work places the physiotherapist in an important and unique position in injury management and vocational rehabilitation;
  - 3) and ensure that funding mechanisms help injured and ill workers to access the physiotherapy services they need to achieve a durable return to work;
  - 4) the advanced training and expertise of OHPs and ensure that they facilitate timely and affordable access to these physiotherapists for all injured and ill workers through fee structures appropriate to their training;
  - 5) the importance of appropriate communication, early notification of injury, initial acute injury management, referral for appropriate management and the need for identification and removal of barriers to early and appropriate communication and injury management;
  - 6) and facilitate the provision of services by physiotherapists, that assist employers to review their workplace safety culture and implement a framework to develop and maintain an optimal environment using participative ergonomics methods; and
  - 7) the requirement for funding research focussed on improving occupational rehabilitation outcomes, using evidence-based assessment, treatment and rehabilitation interventions.
- Whilst occupational rehabilitation and RTW services mostly apply to workers compensation, the benefits and relevance of physiotherapy services should be recognised by all jurisdictions, employers and organisations, Examples of bodies, and organisations which can benefit from work-related physiotherapy services, in addition to workers compensation authorities include motor vehicle accident insurers, personal and public liability insurers, local, state and national government bodies, private corporations and small businesses.

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