

OSC 12
Ohio Safety Congress & Expo

WELL AT HOME. SAFE AT WORK.

394 Transitional Work Therapy (TWT) for Upper Extremity Injuries

Mark Zucker, P.T.

Wednesday, March 28, 1:15 to 2:15 p.m.

Ohio Bureau of Workers' Compensation

Continuing Nursing Education Disclosures

- o **Goal:** To educate conference attendees on specific aspects of accident prevention and Ohio's workers' compensation system
- o **Learning objectives for session # 394 Transitional Work Therapy (TWT) for Upper Extremity Injuries:**
 - Identify appropriate injured workers/candidates for Transitional Work Therapy (TWT) Service
 - Identify the basic methodology behind job task progression and return to work/full duty
 - Define the unique characteristics of TWT and how it differs from typical physical/occupational therapy
 - Explain some of the key direct/indirect cost savings associated with using TWT as a primary therapy service
- o **Criteria for Successful Completion:** Attend the entire event and complete a session evaluation.
- o **Conflict of Interest:** The planners and/ or faculty have a conflict of interest that has been resolved.
- o **Commercial Support:** There is no commercial support for this event.
- o **Continuing Education:** Awarded 0.1 IACET general CEUs and 1.0 RN* contact hour.

*The Ohio BWC (OH-18801-01-2013) is an approved provider of continuing nursing education by the Ohio Nurses Association (ONA-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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WORKERS CHOICE HEALTH SERVICES INC.



Transitional Work Therapy and Upper Extremity Injuries

Mark Zucker, PT
Workers Choice Health Services, Inc.
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Who are we?

We are a privately owned corporation with 17 years of experience exclusively providing work-site therapy and injury prevention to state funded and self-insured employers in Ohio and parts of the contiguous states.

Our Services:

- Onsite PT/OT
- Transitional Work Therapy
- Functional Capacity Evaluations
- Job Analysis
- Ergonomic Assessments
- Clinic Therapy for Occupational Medicine
- Injury Prevention Services/Body Mechanics Training
- Pre-Employment Screenings
- Wellness Programs/Education

“Who am I? Why am I here”

- Graduated from OSU in 2000 – Physical Therapy
- Started at WCHS in 2005 – Prior Experience in Outpatient Orthopedics
- Extensive Experience Treating Injured Workers at the Work-Site
- Job analysis
- Functional Capacity Evaluations
- Ergonomic Assessments

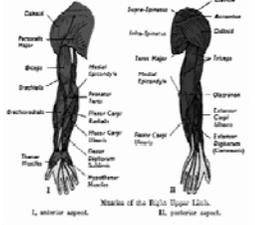
What is Transitional Work Therapy and.... how can it help prevent you from being a prisoner of Upper Extremity injuries?



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"No wonder your arm aches. Shackles should be placed at eye level. Man, it's an ergonomic nightmare down here."

First what are upper extremity injuries and are they a problem?



They include injuries to the muscles, ligaments, bones, tendons and nerves that make up the shoulder, arm, elbow, forearm and hand complex. (1)

Common Injuries

- Rotator Cuff disorders
- Epicondylitis (medial and lateral)
- Wrist sprains
- Tendinosis of the wrist or elbow
- Carpal Tunnel Syndrome
- Cumulative Trauma Disorders (CTD)



Are UE injuries a problem?

Estimated cost of \$6.5 billion in the US (2)



Transitional Work Therapy

- Provided by an Occupational or Physical therapist
- At the work site, while the IW is on modified/restricted duty
- Uses functional work tasks to progress the IW to the target job for safe return to Full-Duty!
- *After all, isn't that what we are all after???*

Transitional Work Therapy, Cont.

- Typically, 1-2 hours per visit
- Program may last up to 48 hours without additional justification
- Programs typically last 4-6 weeks
- Program may include therapeutic procedures (stretching, exercising), training in safe work practices (ergonomics and body mechanics)

Transitional Work Therapy, Cont.

- Limited use of passive modalities
- Allows staffing as needed
- Help identify what the IW is safely able to do
- Provides the physician with functional reports for better management (what is the IW able to do, are they ready to be released to full duty??)

Who is appropriate for TWT???

- Must be on restricted or light duty
- Medically Stable
- Be able to attempt progression of work tasks

Key Differences between TWT and Physical or Occupational Therapy services:

1. Takes place at the work site
2. Uses the work tasks and work tools in the rehab process (Specificity of Training)
3. Limited use of passive modalities
4. Facilitates communication between all parties and allows employer to be an active participant in the process!

Transitional Work Therapy in Practice

Evaluation

- What is the current level of function???
- What are the impairments???
- What are the essential elements of the Full Duty job???
- Are there any ergonomic barriers???

Transitional Therapy Work, Cont

Treatment

- Exercise program to address impairments (for home and/or work)
- Offer Ergonomic Recommendations
- Provide education on the use of proper body mechanics
- Safe progression of work tasks by either increasing the load or duration based on response to previous treatment

Transitional Work Therapy Treatment, example of a progression

School bus driver, restricted from driving due to a shoulder injury.....

- Provided instruction on stretching and warm up exercises along with strengthening exercise for her home program
- Began work tasks by having her operate the gear shift and emergency brake in a parked bus
- Had her drive in the bus depot parking lot
- Drove a portion of her route, increased route distance gradually
- Completed entire route safely,...Released to full duty

Transitional Work Therapy, Treatment example of ergonomic intervention

Moving the seat forward decreased her reach for the gear shift lever and emergency brake.



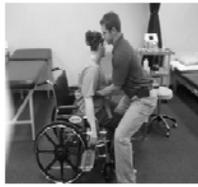
Another example of Ergonomic intervention with TWT

What's wrong with this photo?



Providing instruction on proper body mechanics is also an important component of a TWT program.

Which is a safer lift?



Benefits of TWT over clinic therapy:

- Safety for Injured Worker
 - Insure work progression occurs safely
- Time Efficient for EOR & Patient
 - No loss time travelling to and from PT clinics or waiting for reports/updates
- Appropriate AND Meaningful Tasks for Employee
- Reduce Time Away From Work And On Restricted Duty
- Hands On Assistance with Professional Monitoring of RTW
- Communication to POR with RTW Recommendations

Communication with the Physician, Continued:

Transitional Work Therapy allows the treating therapist to be the “eyes and ears” of the physician.
Thus, providing feed back on the appropriateness of the level of restrictions, compliance issues, the work environment, and other variables that may influence the timeliness and safe progression back to full duty

Benefits, continued...

- Prevent the 8th Day Scenario
- Employees Off Longer than 60 Days Have a 50% Chance of Returning to Work
- Proven to Reduce Lost Time Days
- Proven to Reduce Number of Restricted Duty Days

STATISTICAL HIGHLIGHTS:

1. **2009, Transitional Work Therapy return to work rate was over *92%**...despite the fact that injured workers were (on average) **two months** post-injury before starting the program.
** Excluding those injured workers whose programs ended due to termination, non-compliance or medical instability.*
2. Our **Transitional Work Therapy, (TWT)** program for **2009** averaged **11.5 visits per case at a cost of \$3105.00** Note: BWC currently allows 192 units of TWT at a cost of \$8,640.00.

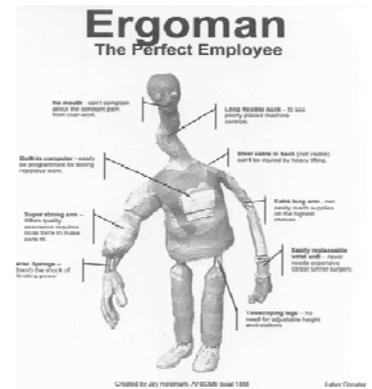
Statistical Highlights Continued,

3. **Average cost of a 6-8 week work hardening program is \$8000.00-\$10000.00**

Workplace upper extremity injuries are a significant cost to the economy.

Transitional therapy is a BWC approved program to efficiently manage those injuries. It keeps the worker involved with his/her work environment, uses real work activities and tools as part of the rehab process, provides timely feed back to the physician, and fosters communication with all parties.

Of course, you could eliminate all worker's Comp Injuries by hiring this guy.



Questions???

Notes

1-2Harris C, Eisen EA, Goldberg R, Krause N, Rempel D. 1st place, PREMUS best paper competition: workplace and individual factors in wrist tendinitis among blue-collar workers – the San Francisco study. Scand J Work Environ Health. 2011;37(2):85–98. doi:10.5271/sjweh.3147

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