

Understanding Work Conditioning and Hardening

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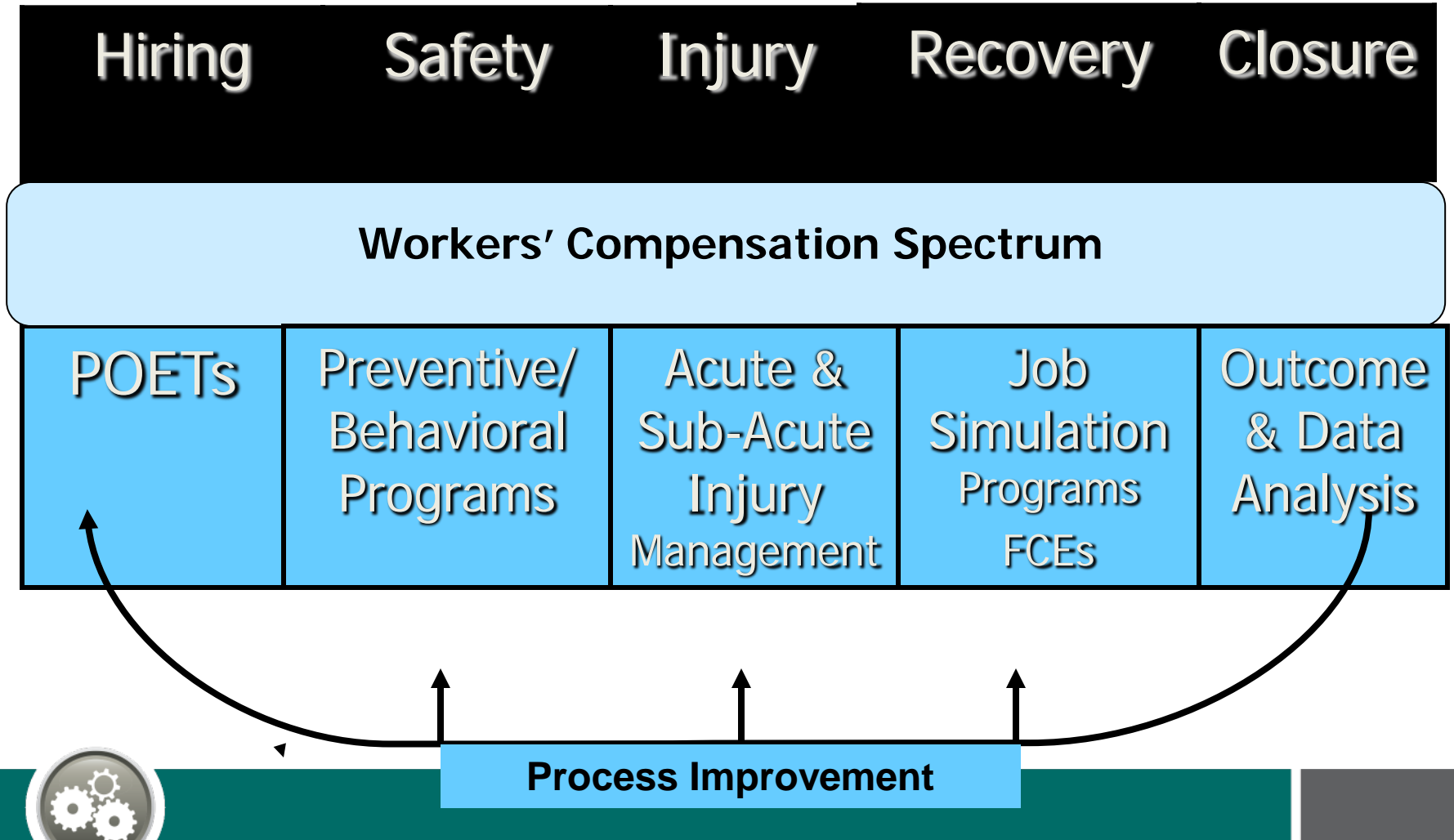


Learning Objectives

- Understand the components of an injured worker rehabilitation program and stages of intervention
- Understand how Disability Guidelines can assist in case velocity.
- Distinguish the difference between work conditioning and work hardening treatment and how each program differs
- Recognize how the application of work conditioning and work hardening treatment can be used as a successful tool for return to work



WorkStrategies™ Spectrum of Services



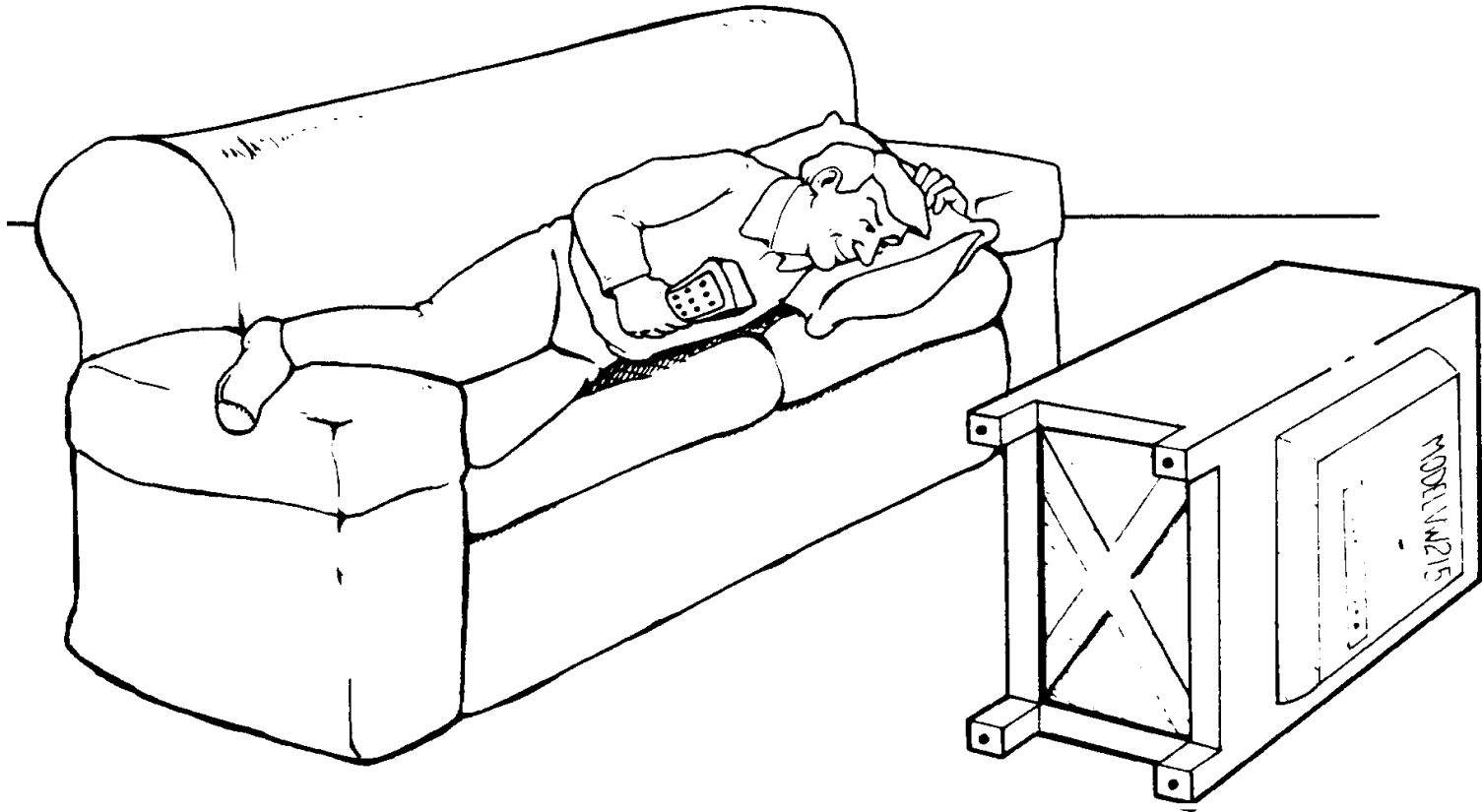
Levels of Intervention

- Level I Acute Stage of Rehabilitation (Days 1-3)
- Level II Sub-Acute Stage of Rehabilitation (Day 4 - 3 Weeks)
- Level III Chronic Stage of Rehabilitation (3 Weeks – Months, Years)

Triage



What happens to an individual after an injury?



Deconditioning

- The initial time of return to work after injury presents a higher risk to re-injury. By gradually increasing the work levels to those the worker was accustomed to prior to the injury, the risk of further injury or re-injury is minimized.
- **Endurance capacity** quickly reduces when activity levels are reduced through either bed rest or cessation of training. MacDougall et al., 1980
- **Specificity** – Training needs to be specific for the muscle action, range of movement, type of contraction, energy system and functional need. Training that mimics the activity for which the action is needed is more effective than if conditions are different. Ackland and Bloomfield, 1995.

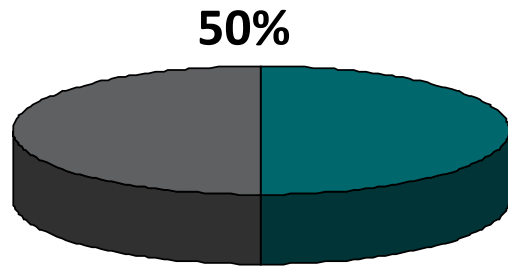


What does the research suggest

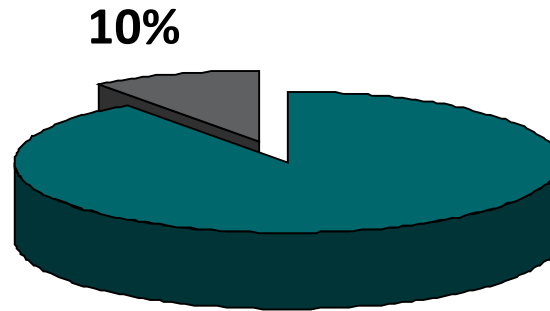
- Researchers conducting a study on low back pain commented
 - “The danger is that the longer anyone is off work with back pain the greater the risk of chronic pain and disability, and the lower chance of ever returning to work.
 - By six weeks off work, there is a 10 – 40 percent risk (depending on circumstances) of still being off work at one year.
 - By six – twelve months off work, there is a 90 percent chance of never returning to any form of work in the foreseeable future.”



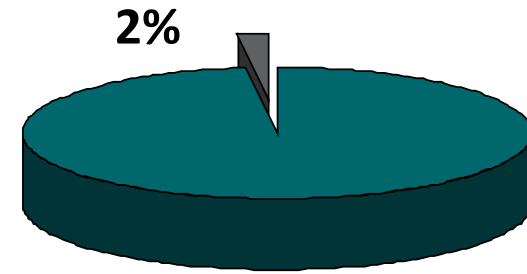
Return to Work Rate



Six Months



One Year



Two Years

*50% Never Return to Work
After 6 Months*

Case Velocity is Critical!

1 day = \$100 to \$200 cost to employer



What do the experts say?

- **Avoiding a “Disability Mindset”**
- According to the second edition of *Occupational Medicine Practice Guidelines by the American College of Occupational and Environmental Medicine*
 - The consequences of disability are profound, yet “many workers and their families are unaware of the harm that may result from unnecessary absence from work”.
 - The guidelines point out that, “It is important to stay alert to the issue of elapsed time away from work.”
 - Over 4 weeks should be considered in the danger zone. By 1 month, many patients begin to develop a disability mindset”.
 - Additionally, setting expectations has been shown to play a vital and positive role in influencing a worker’s return to work.



Customized RTW Rehab Process

Phases/Level of Rehabilitation

- **Level I**
 - Acute Management
 - Sub-Acute Management
 - Work Strategies: Education, Transitional Duties
- **Level II**
 - Work Conditioning/Work Hardening: Utilizes real and simulated work activities as part of the rehabilitation program.
- **Level III**
 - Advanced testing for case closure:
 - Functional Capacity Evaluation
 - WorkTask Analysis



Work Conditioning

- A post-acute, work related, intensive, goal-oriented treatment program specifically designed to restore an individual's systemic, neurological, musculoskeletal and cardiopulmonary functions.



Work Conditioning

- Most often performed by a single discipline – Physical Therapy or Occupational Therapy
- Two (2) to four (4) hours per day
- Most often 5 times per week of treatment
- Strengthening, conditioning and job/ work simulation components



Work Conditioning Objective



- Prepare the injured worker for return to work, job search or job retraining by providing an intensive, active, rehabilitation program that addresses the worker's physical needs.

Purpose of Work Conditioning

- Maximize Patient's Physical and Functional Abilities to Return to Work
- Work Relevant, Intensive, Goal Oriented Program Designed to Restore Work Performance
- Emphasize Active Management Techniques through Work Simulation and Work Conditioning



Outpatient Therapy vs. Work Conditioning

Outpatient Therapy

- Physical Therapy or Occupational Therapy
- Effective with acute and post surgical phase of injury
- 2-3 days per week
- Active range of motion, joint mobilization, modalities, stretching & strengthening, education



Outpatient Therapy vs. Work Conditioning

Work Conditioning

- Bridges that gap between outpatient therapy and the physical demands of the job
- 5 days per week, 2 to 4 hours per day
- Isolated strengthening for the injury site
- General total body strengthening
- Endurance and aerobic capacity training
- Specificity of Training - functional job specific work simulation



Work Conditioning Entry Criteria

- Medically stable –Non-related medical problem(s) stabilized.
- No longer in the acute phase of therapy.
- Has a RTW goal.
- Stated or demonstrated willingness to participate.
- Systemic, neuro-musculoskeletal physical and functional deficits impacting work.
- Referral from a physician.
- Not working full duty.



When is Work Conditioning Appropriate?

- When the worker may have reached a plateau from traditional outpatient therapy, but continues to have difficulties with the physical demands that are required for work.
- When unable to progress beyond a light or modified duty work assignment.
- When unable to meet the full duty work demands.



Work Conditioning Referral

- Treating physician may recommend work conditioning if the injured worker has reached maximum benefit from acute outpatient therapy
- Treating physician may refer the patient directly
- Case manager or adjustor can refer the worker to a clinic, provided that a physician write a medical prescription for the service



Program Components of Work Conditioning



- Orientation
- Specific Flexibility Program
- Strengthening Program
- Cardiovascular Conditioning
- Therapeutic Activities
- Functional Job Simulation Activities
- Education/Body Mechanics/Ergonomics Training

Progress Notes

- Performed at a minimum every 2 weeks
- Always prior to physician visit
- Includes comparison of previous assessed musculoskeletal and functional abilities to current.
- Indicates progress or lack of.
- Outlines goals met and goals to be achieved.
- Recommendations and summary include specific reasons for continuing or discharge.



Work Hardening

- An occupational rehabilitation program that is focused on assisting the injured worker to return to the job while minimizing the risk of re-injury.
- This is a program with a sound vocational direction with measurable outcomes.
- A rehabilitative approach performed by a multidisciplinary team of professionals
- Services such as physical therapy, occupational therapy, or vocational rehabilitation and/or social/psychological services are included in a work hardening program.



Work Hardening

- Uses real or simulated work activities designed to restore physical, behavioral and vocational functions.
- Work hardening addresses the issues of productivity, safety, physical tolerances and worker behaviors.



Work Hardening Criteria

- The worker is able to participate in a progressive rehabilitation program for a minimum of 4 hours a day, three to five days a week.
- A specific return to work goal is identified.
- Ability to benefit from the program is based on a screening process (FCE) to establish a baseline level of functioning.



Work Hardening Criteria

- The injury is less than two years old.
- Exceptions to the above criteria may be made, but the exception must be made clear to and be authorized by the claim manager in advance.
- The physician, claims manager, case manager, employer, or vocational counselor may initiate referral to a Work Hardening Program.
- The attending physician must approve the work hardening plan of care and agree to the job specific goal.



Work Hardening Referral

- The claims manager/adjuster must authorize the program in advance.
- Employers and other treating healthcare providers may request that a work hardening program be considered.



Who Provides Work Hardening?

- Physical Therapists, Physical Therapist Assistants, Occupational Therapists and Certified Occupational Therapy Assistants typically provide work hardening treatment.
- Rehabilitation Physicians, Vocational Counselors, Psychologists, Social Workers and Case Managers and may also provide services within a Work Hardening Program.



Work Hardening

- Work Hardening addresses the issues of:
 - Physical tolerances
 - Job Specific Physical Rehabilitation
 - Productivity
 - Work Place Safety
 - Job Performance and Injury prevention
 - Worker Behaviors



General Guidelines

- Progressive multi-hour sessions
- 4-8 hours/day,
- 3-5 days/week
- Up to 8 weeks max



Work Hardening Program Entry Criteria

- Must be able to safely return to work or meet job requirement due to injury of subsequent de-conditioning.
- No pathology that would contraindicate participation
- Must have no severe psychopathology
- Must have job goal/ motivated to RTW
- Non-related medical problems stabilized
- Physician referral



Work Hardening Initial Evaluation

- FCE Preferable
- Includes:
 - Subjective and PMH
 - ADL Functioning
 - Formal Job Description
 - Musculoskeletal Screening of gait, posture, ROM, flexibility, strength
 - Aerobic Capacity Assessment
 - Material Handling Baseline
 - Positional Tolerance Assessment



Treatment Program

- Orientation
- Specific Flexibility program
- Strengthening Exercise Program
- Cardiovascular conditioning
- Functional Activities
- Job Simulation
- Education/Body Mechanics Training
- Education in pain management, stress management as indicated
- Vocational and Behavioral education as indicated
- No modalities



Work Conditioning / Work Hardening Program Discharge



- Program discharge is recommended when:
 - Return to work goals are met
 - Lack of consistent progress
 - Lack of compliance
 - Maximum benefit has been realized
 - Medical contraindications
- Discharge Evaluation and Report

Summary - Program Comparison

- Work Hardening
 - No specific program time frame mandated. Typically 2 up to 8 weeks
 - No specific date post injury for initiation. Must Be medically stable
 - Program component: Specific job simulation, cardiovascular and musculoskeletal strengthening and reconditioning, no modalities
 - Multidisciplinary Approach
- Work Conditioning
 - Should not to begin earlier than 30 days post injury
 - Program component includes: Musculoskeletal ROM, cardiovascular, strengthening and conditioning with functional work related activities
 - Single Discipline Approach



References

- U.S Department of Labor, Dictionary of Occupational Titles, Fourth Edition Revised, 1991 .
- Occupational Health Guidelines: Work Conditioning and Work Hardening Programs, Amended BOD 03-00-25-62; BOD 03-99-16-49; BOD 11-94-33-109; Initial BOD 11-92-29-134] [Guideline]
- Work Hardening: Occupational Therapy in Industrial Rehabilitation, Leonard Matheson, Linda Dempster Ogden, Kris Violette and Karen Shultz. 1985.



Questions?

Thank You!



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