

An Approach to Care of Injured Workers

Urgent message: Appropriate treatment of workplace injuries and illnesses minimizes long-term disability while promoting rapid return to work and safer work environments.

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Physicians rendering care to injured workers must be knowledgeable regarding these injuries and the necessary types of treatment. Also, they must provide this care in an empathetic and caring manner, coupled with aggressive intervention to promote prompt healing.

However, physicians must also realize that early return to work is not only important for maintaining the functional capacity of the injured worker, but also minimizes long-term and unnecessary disability.

For example, it has been shown that the risk for developing a chronic pain syndrome after an acute musculoskeletal injury is reduced eight-fold when early activation is initiated.¹ Early return to work also avoids positive reinforcement of issues one wants to avoid, such as receiving disability income or inappropriate family and community sympathy, reduced responsibility, and the use of disability to resolve conflicts.²

Clearly, knowledgeable injury care avoids iatrogenic disability while promoting well being and optimal activity.³

To help with the return-to-work process, the provider must allay the worker's fears regarding the perceived seriousness of an illness where appropriate, as well as concerns of long-term impairment and disability.⁴ Along these lines, discussions must include the natural history of the illness and the expected outcome.



Additionally, close follow-up during the initial post-injury period is critically important. It has been shown that risk factors for poor recovery include the following: 1) a previous delayed recovery in themselves or a family member; 2) chemical dependency; 3) depression; 4) job dissatisfaction; 5) workplace friction; and 6) economic and legal issues.²

Ideally, clinicians providing injury care will deliver intervention along established care paths for specific work-related injuries. Under these circumstances, every time an illness or injury occurs it would be treated in a similar fashion. In addition, it is important to have available 24-hour access to urgent care facilities and emergency rooms where providers are familiar with workplace injury care. It is also critically necessary to maintain excellent communication between the provider and the employers, so that issues surrounding care or other work-related issues can be discussed.

Indirect Healthcare Costs

The initiation of a transitional duty program is critically important in regard to indirect healthcare costs.

It has been suggested that early return to work following injuries, particularly those of the musculoskeletal variety, helps maintain functional capacity while minimizing long-term impairment and disability. This approach has been included in the recently published injury care guidelines established by the Work Loss Data Institute,⁵ as utilized by various state-sponsored workers compensation programs and supported by the American College of Occupational and Environmental Medicine.

In addition, it has been shown that employer-sponsored early-return-to-work programs tend to promote safer work environments by modifying job duties or equipment to reduce the likelihood of exacerbating an existing injury or preventing re-injury.

Also, by demonstrating a desire to integrate the injured worker back into the workforce, employers reinforce their commitment to the safety and well being of employees while fostering a sense of workplace security and cooperation. Without this component of employer participation, medical care alone may be ineffective in reducing lost work time related to injury.⁶

Multi-party Involvement

A successful return-to-work program for injury care must have various levels of responsibility, which include the employer, worker, and provider.

From an employer's perspective, such a program should be started before an injury even takes place by educating management and workers regarding the process. This should result in a positive supervisor/

management response following an injury or onset of symptoms.

In a situation where passive or active hostility is displayed, the worker may perceive work conditions negatively, with an adverse interpersonal climate not fostering a positive incentive to return to work, even if alternative positions are available.

This is particularly true when extended Workers' Compensation benefits or sick leave benefits are available. Ideally, the employer would have transitional job descriptions readily available for a provider to review, and be willing to participate in modification as necessary.

The clinician's role is as has been described previously, utilizing an evidence-based empathetic approach to care with knowledge of the functional requirements of the workplace. Active communication between the provider and both the worker and the company is a necessity.

It is also key for the employee to maintain functional recovery, remaining active, in order to minimize disuse, atrophy, etc. He or she must also adhere to exercise and medication regimens, keep appointments, and take some responsibility for their own treatment.

Finally, during recovery, the worker must work within medical restrictions, and not beyond their capabilities. ■

TAKE-HOME POINTS

- Risk for chronic pain syndrome is reduced eightfold when early activation is initiated.
- The provider must allay the worker's fears regarding the perceived seriousness of an illness where appropriate.
- Every time an illness or injury occurs, it should be treated in a similar fashion.
- A successful return-to-work program must assign responsibility to the employer, worker, and provider.

References

1. Linton SJ, Hellsing AL, Andersson D. A controlled study of the effects of early intervention on acute musculoskeletal pain problems. *Pain*. 1993;54:353-359.
2. McGrail MP Jr, Calasanz M, Christianson J, et al. The Minnesota Health Partnership: Coordinated health care and disability prevention: the implementation of an integrated benefits and medical care model. *J Occ Rehabil*. 2002;12:43-54.
3. Indahl A, Velund L, Reikeraas O. Good prognosis for low back pain left untampered: A randomized clinical trial. *Spine*. 1995;20:2730-2737.
4. Canadian Medical Association Position Paper: The physician's role in helping patients return to work after an illness or injury. *Can Med Assoc J*. 1997;156:680.
5. Official Disability Guidelines, Work Loss Data Institute. 169 Saxony Road, Suite 101 Encinitas, CA 92024.
6. Dembe AE, Himmelstein JS, Stevens BA, et al. Improving workers' compensation health care. *Health Affairs*. 1997;16:253-257.