

OBJECTIVES

1. Effective Rehabilitation To Restore Function And Improve Worker's Welfare

- Contain Compensation Costs



Essentials of an Effective Rehabilitation Program

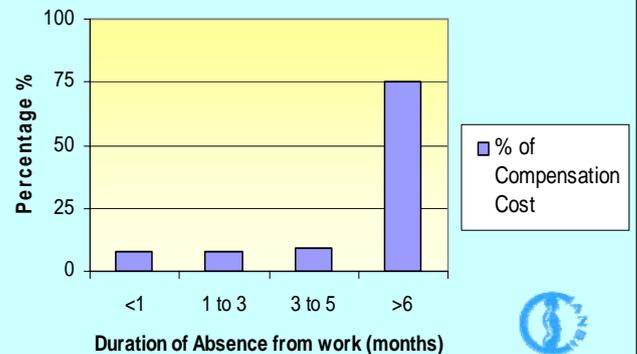
	Involvement			
	Patient	Therapist	Sponsor	Employer
Early Intervention	✓	✓	✓ ✓	
Active Approach	✓ ✓	✓ ✓		
Identification and Management of Barriers	✓ ✓	✓ ✓		✓
Planned return to work	✓	✓ ✓	✓	✓ ✓
Goal Oriented and Outcome Based		✓ ✓	✓	

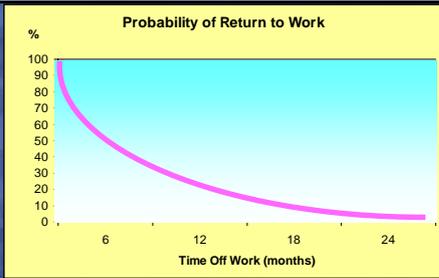
Early Intervention

- Early Intervention / Proper Rehabilitation should start < 2 –3 weeks
- Understand the Consequences of Delay



Compensation Cost for Back Injury





Data from Hrudey and the Workmen's Compensation Board of B.C.
Reproduced from Spine Vol 12 No. 7, 1987

The chance of returning to work after an injury decreases with an increase in time away

- 50% chance of return to work after 6 months
- 25% chance of return to work after 1 year
- 0% chance of return to work after 2 years



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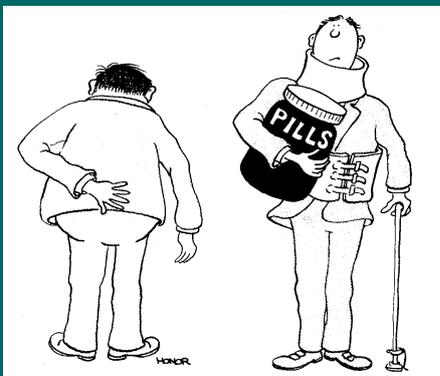
	Involvement			
	Patient	Therapist	Sponsor	Employer
	✓	✓	✓ ✓	
Active Approach	✓ ✓	✓ ✓		
	✓ ✓	✓ ✓		✓
	✓	✓ ✓	✓	✓ ✓
		✓ ✓	✓	



Active Rehabilitation

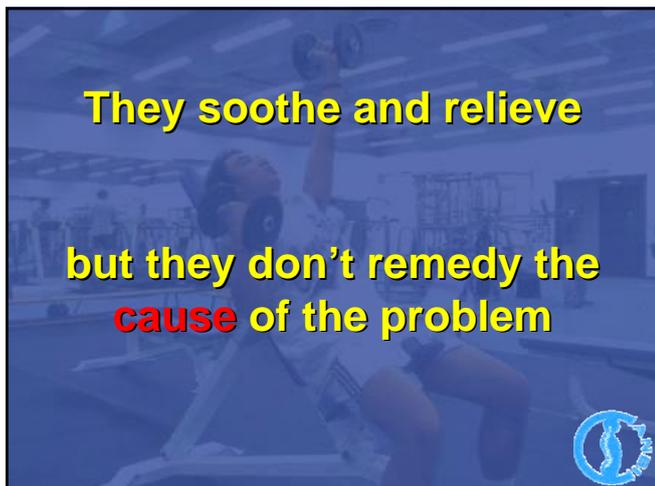
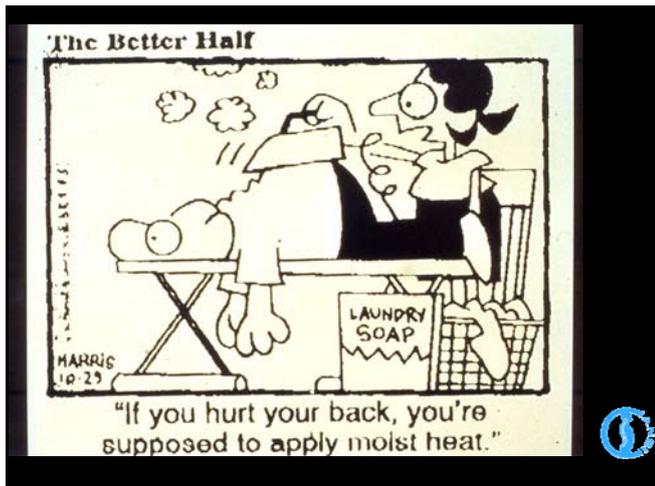


Familiar Modes of Treatment



"Does that hurt?"





- All will improve with proper management
- Pain may not be directly related to original injury



Active Approach

- Must restore fitness and strength before returning to work
- Must be able to meet job demands



Stretching Exercises



Functional Capacity Evaluation



Functional Capacity Evaluation



Work Hardening



Work Hardening



Work Hardening



Work Hardening



Essentials of an Effective Rehabilitation Program

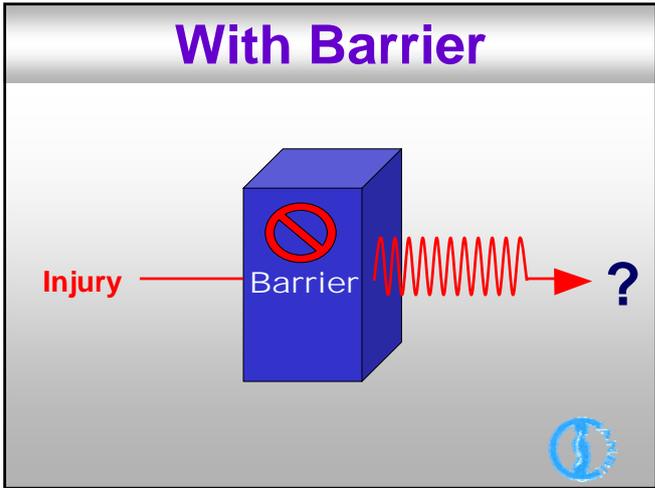
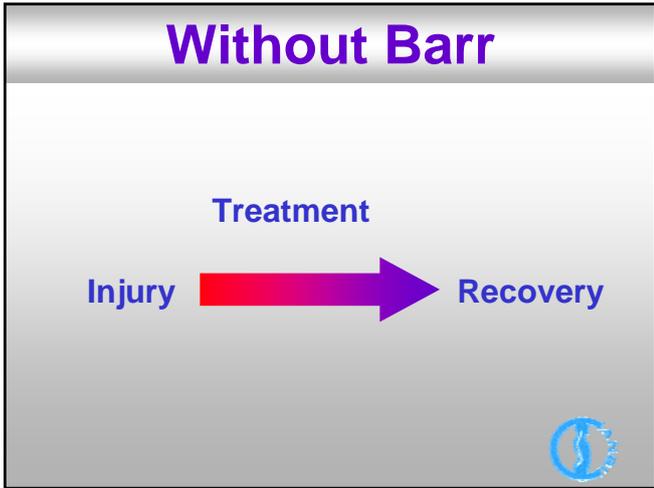
	Involvement			
	Patient	Therapist	Sponsor	Employer
	✓	✓	✓✓	
	✓✓	✓✓		
Identification and Management of Barriers	✓✓	✓✓		✓
	✓	✓✓	✓	✓✓
		✓✓	✓	



Rehabilitaion

- Contrary to popular belief, rehabilitation is NOT principally a medical process or event.
- Most barriers to recovery and return to work are not resolved by medical means





- ### Barriers to Recovery & Return to Work
- Physical
 - Myths
 - Doctors
 - Litigation
 - Job Dissatisfaction
 - Secondary Gain
 - Financial
 - Affection
 - Control
 - Escape
 - Pain Focused Behaviour(Chronic Pain Syndrome)

Myth

Did you know that :

- Hurt does not equal harm!
- “Disability cannot be equated with the patient’s subjective sensation of pain.”
Hall; Bull. Rheum. Dis.1983
- In the absence of any medical findings, pain alone is not a medical reason for the restriction of any activity, including work.
Dr. Hamilton Hall

Let’s go for an X-ray !

- “Disc degeneration appears in the second decade of life and 97% of discs demonstrate degeneration by age 50.”
Miller; Spine 1988

Magnetic Resonance Imaging (MRI) of the Lumbar Spine in People Without Back Pain

- Only 36% of the 98 asymptomatic subjects had normal disks at all levels
- 52% of the subjects had a bulge at least at one level
- 27% had a protrusion, and 1% had an extrusion
- 38% had an abnormality of more than one intervertebral disk

Jensen MC, et al.; *New England Journal of Medicine*, 1994



Doctors as Barriers

- Authorizing prolonged sick leave without justification.
- Complaint of pain alone is not a valid medical reason of prolonged sick leave.
- Early return to work, even with modified duties, is good and effective therapy.



Litigation

- reminding patients that they have a reason for their symptoms (a pending law suit) ensures that pain will remain



Job Dissatisfaction

- Workers who are dissatisfied with their job have little motivation to return
- Boeing Study – The strongest predictor of whether someone files a claim is job satisfaction.
- Subjects who stated that they “hardly ever” enjoyed their job tasks were 2.5 times more likely to report a back injury ($p=0.0001$) than subjects who “almost always” enjoyed their job tasks.



Secondary Gain

Financial
Affection
Control
Escape



Chronic Pain Syndrome

Chronic pain is *pain*
of long duration



Chronic Pain Syndrome

- is a *behavioral* abnormality
- is a *behavioral* abnormality in which *pain is the primary focus*
- also called *Pain Focused Behaviour*
- puts *pain* in charge of everything



Change the patients' focus



The Hong Kong Experience



The HK System

- Up to 70 different insurers involved in insuring Work Injury
- Claims Managers have highly variable levels of expertise, knowledge and motivation in managing work injury cases



The HK System

- Significant number of service providers have inadequate understanding and training in work injury rehabilitation, including the recognition and management of barriers to recovery and return to work
- These inadequacies have unfortunately reinforced misunderstanding and lack of motivation on the part of the injured workers



The Hong Kong System

- Involves different types of health service providers with varying and often **contradictory philosophies** towards rehabilitation
- The system is confusing, at best, to the other stake holders.



The Hong Kong System

- The injured worker can opt not to receive treatment not to his liking
- The worker can spend time away from Hong Kong and not receive treatment



The Hong Kong System

- Receiving treatment is **not** a prerequisite to receiving periodic payments, which often lasts up to 2 or even 3 years, often without justifiable medical reasons



- The claimant may claim both via the Employment Compensation Ordinance, AND via Common Law
- **The system rewards disability, not recovery**



The Hong Kong Employer

- Most employers we have worked with are more concerned about the efficiency and continuation of their business activities than rehabilitating the injured worker
- They do not understand that providing modified duty is an essential component of the rehab and return-to-work process



Essentials of an Effective Rehabilitation Program

	Involvement				Local Experience
	Patient	Therapist	Sponsor	Employer	
Early Intervention	✓	✓	✓✓	✓	☹
Active Approach	✓✓	✓✓			☹
Identification and Management of Barriers	✓✓	✓✓	✓	✓	☹
Planned return to work	✓	✓✓	✓	✓✓	☹
Goal Oriented and Outcome Based		✓✓	✓		☹

The Canadian Experience



The Canadian System

- Workers' Compensation Board (WCB)
- Family Physicians
- Specialists
- Active Rehabilitation
- Employer Involvement



Workers' Compensation Board (WCB)

- Insures ALL work injury cases
- Frequent and regular follow-up with physician, worker and employer
- Has back-up clinical and rehabilitation resources to take over from private sector



The Canadian System

- The claimant may claim either via Workers' Compensation Ordinance, or via Common Law, but NOT both.



The Canadian System

- Pay cheques issued by WCB while on sick leave
- Workers must provide evidence that he/she is undergoing appropriate rehabilitation



The Family Physician (FP)

- The basic and essential unit in Canadian health care system
- Unless hospitalized, the injured worker consults the FP first.
- FP files initial report to WCB within 72 hours, outlining treatment and expected duration of disability



- The FP makes referral to Physiotherapy, Occupational Therapy, and specialist, if necessary
- Mandatory reporting by treating physician to WCB following each follow-up visit




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OUTCOMES MANAGEMENT

GOALS :

- Prove that it works
- Improved clinical treatments and outcomes
- Clinical excellence at a reasonable price



Example of Successful Working Canadian Style Model in Hong Kong



With this (WIRP) program, we have:

- Enlightened Insurer
- Cooperative Employer
- Knowledgeable Medical Panel



Game Plan:

- Except for catastrophic cases, injured workers are NOT sent to HA
- Attend **panel physician** for initial assessment within 2 days of injury
- Sick leave (if necessary)
- Physio (if necessary)
- Employer and Insurer kept informed



Game Plan (cont')

- **Early referral** for physiotherapy
- **Early aggressive active rehab**
- Prompt and timely report from physio
- **Early recommendation** from physio re: modified duty to be confirmed by physician on follow up visit
- Employer complies with implementation of **modified duty**



Co. X – Work Injury Data

	2003	2004
Average headcount	1534	1640
No. of cases (exclude accumulated cases from previous years)	143	158
No. of man-day loss (exclude accumulated days from previous years)	2332	1836
Average no. of man-day loss per case	16.3	11.6



Co. X – Work Injury Data

- No. of average headcount increased by 6.9%
- No. of cases increased by 10%
- No. of man-day loss decreased by 21%
- Average no. of man-day loss per case decreased by 29%
- **No cases for litigation in 2004**



Essentials of an Effective Rehabilitation Program

- Early Intervention
 - Facilitate intake procedure and early identification of potential problems.
- Active Approach
 - Education: patients, sponsors.
 - You must believe.
 - Don't just treat the pain.
 - Emphasize Functions.
- Identification and Management of Barriers
 - Be aware.
 - Be able to manage
- Planned return to work
 - Be proactive.
 - Pain alone is **NOT** a contraindication.
- Goal Oriented and Outcome Based
 - Equip yourself.
 - Gain Confidence.





Questions & Answers