



Management of the Injured Worker:

An Information Pack for Physiotherapists

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Introduction

This project explores the research available in the management of patients facing difficulties in maintaining their working lives due to musculo-skeletal conditions. It has been designed to assist physiotherapists in their reasoning processes during their assessment and management of injured workers. It offers ideas on what works and what doesn't, based on the latest evidence.

It is intended as an information pack containing examples of best practice in this area. The document is NOT presented as a clinical guideline, but DOES provide guidance which will assist the clinician in optimising outcomes for the injured worker. The document summarises the conclusions of contemporary literature concerning vocational rehabilitation and aims to provide a framework for discussion amongst stakeholders.

A review was undertaken of the most recently produced guidance on vocational rehabilitation. The literature fell into four broad categories: government reports, case reports, surveys and commissioned documents. In addition to this, a brief review of the medico-legal issues relating to work was undertaken.

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Background

Physiotherapists working in out-patient departments regularly encounter patients who are in danger of falling into the disability trap that can result from long term sickness absence. Dame Carol Black's recent review of the health of the working age population: "Working for a Healthier Tomorrow", London: TSO 2008, highlights the fact that physiotherapists are perfectly placed to provide early intervention with these patients. Physiotherapists can assess, monitor, advise, encourage and support these patients in their attempts to remain at or return to work during and following a musculo-skeletal injury or painful condition. Physiotherapists play a key role in preventing the minor musculo-skeletal condition from developing into a long-term disability with its attendant social, economic and health risks.

The development of an information pack on work-related issues came initially from the work being done by the Greater Glasgow Practice Development Group. At the same time funding was secured from East Dunbartonshire CHCP to support this physiotherapy project which focused on employability issues. The project echoed the objectives of the Joint Health Improvement Plan of East Dunbartonshire CHCP and East Dunbartonshire Council to "improve access to opportunities for community learning and employment." Moreover the essence of the project found a strong ideological basis in the Delivery Framework for Adult Rehabilitation in Scotland: "Co-ordinated integrated and fit for purpose." Scottish Executive 2007, where references to vocational rehabilitation highlight the role of the physiotherapist as a key member of the support team providing a patient centred service. The two projects were brought together and the outline for a practical guide on work-related issues for physiotherapists was created.

This project was driven by recognition of the increasing prominence of vocational rehabilitation and employability issues in day to day health care

practices and a consensus that physiotherapists must have access to best practices and evidence in the area of return-to-work interventions.

An enormous body of work has been produced on the subject of health and employment in relation to the patient with work-related problems. Furthermore, vast resources and multiple agencies are dedicated to the task of returning people to work. This report condenses some of this information down to the most relevant facts and figures, answers the questions physiotherapists ask most frequently in relation to these patients and their problems and summarises the available evidence. In a situation where the solution lies out of our hands this information pack indicate the agencies that are best placed to provide an answer. It is mainly directed at physiotherapists working in out-patients but will have resonance with health care professionals in all areas. Many of the concepts addressed in this report will be as relevant when dealing with those patients who have been absent from work for ten years as with those who have been off work for ten days, but may be most useful when managing patients whose work issues are more recent.

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Section One: Facts and Figures

Statistics

- Estimates of self-reported sickness absences from the Labour Force Survey suggest that in any one day about 2 – 3 % of the working population are on sick leave.
- Approximately 40 million working days are lost each year as a result of illness or injury
- It is estimated that the cost of sickness absence to the British economy is £11-12 billion per year
- Including forgone taxes, the healthcare costs, informal care and loss of productivity brings that cost to over £100 billion more than the annual budget of the NHS
- Around 2.7 million people are on incapacity benefit - approximately 7.6% of the working age population
- In 2004, 7.5% of working age adults were out of work due to ill health or disability
- Workers average 8 days of sickness absence per year
- 12% of absence is due to LBP
- 74% return to work in 4 weeks and no longer seek health care
- Unemployment is generally associated with greater morbidity and mortality

Those off work 4 – 12 weeks have a 40 – 60% chance of being off work at 1 year

If a worker is off work for six months they have less than a 50% chance of returning to work

Intervention is likely to be most effective and cost effective in the first six months

Separating Fact from Fiction

1. Health problems are not usually caused or worsened by work

- They are common across the whole population
- Work may aggravate symptoms but not necessarily cause them
- Work does not usually cause lasting damage

2. Work is generally good for health and well being

- Worklessness is generally bad for health and well being

3. Health problems do not usually require sickness absence

- More often they don't. Most workers manage to remain at work or return to work fairly quickly
- Long term sickness is rarely necessary

4. Health problems should not mean workers only returning to work when they are completely symptom-free

- Work is therapeutic and an essential part of rehabilitation
- Workers should be allowed to return to work as early as possible even while some symptoms remain
- A sickness certificate is not an absolute barrier to work
- Work should accommodate people with health problems

Legal Issues

There is no law that requires employers to rehabilitate their employees who are off work sick. However the employee should be aware of the implications of these legal requirements which may apply. For more information on how these may affect the employee go to <http://www.hse.gov.uk/sicknessabsence>

Disability Discrimination Act (DDA) 1995

Health and Safety at Work etc. Act (HSWA) 1974

[Employment Rights Act 1996](#),

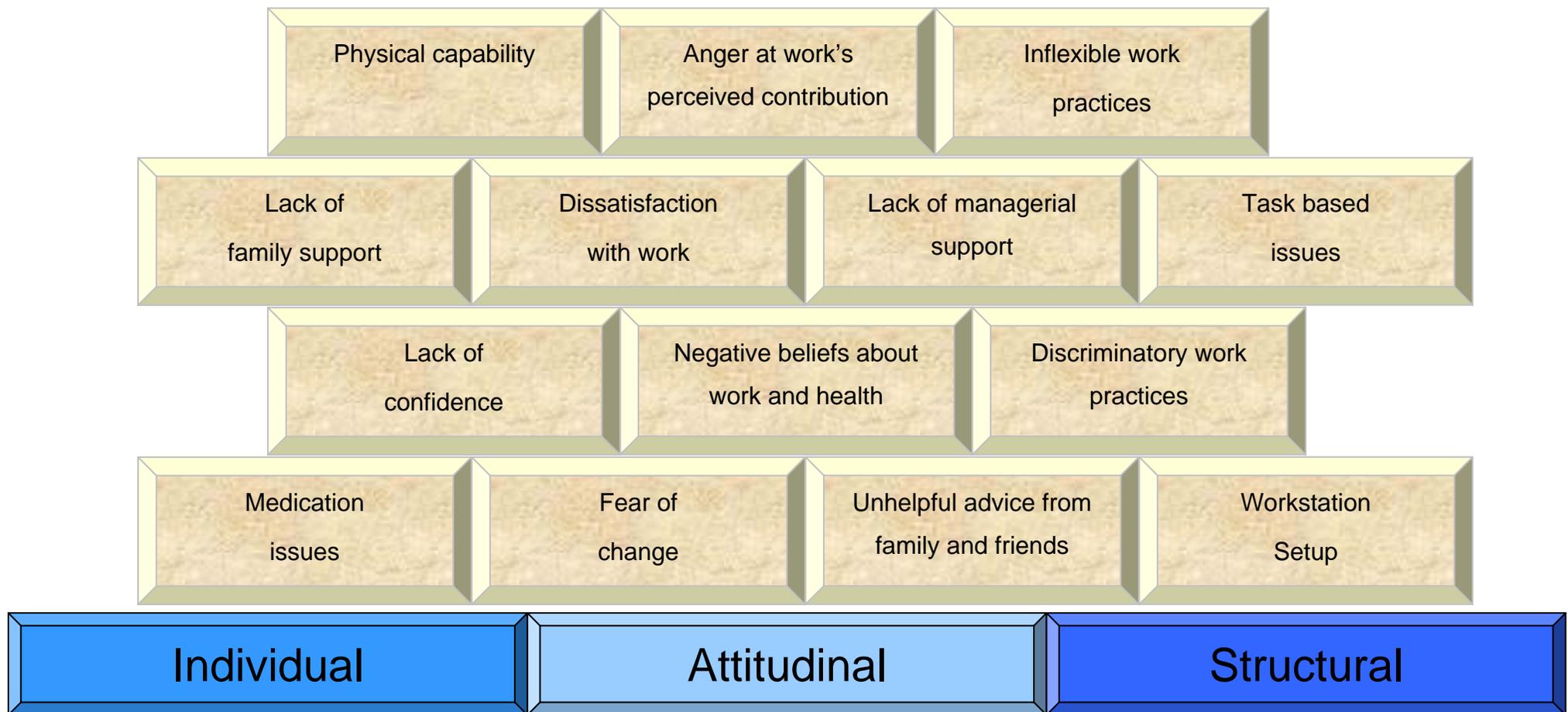
[Employment Act 2002 \(Dispute Regulations\) 2004](#)

Data Protection Act 1998

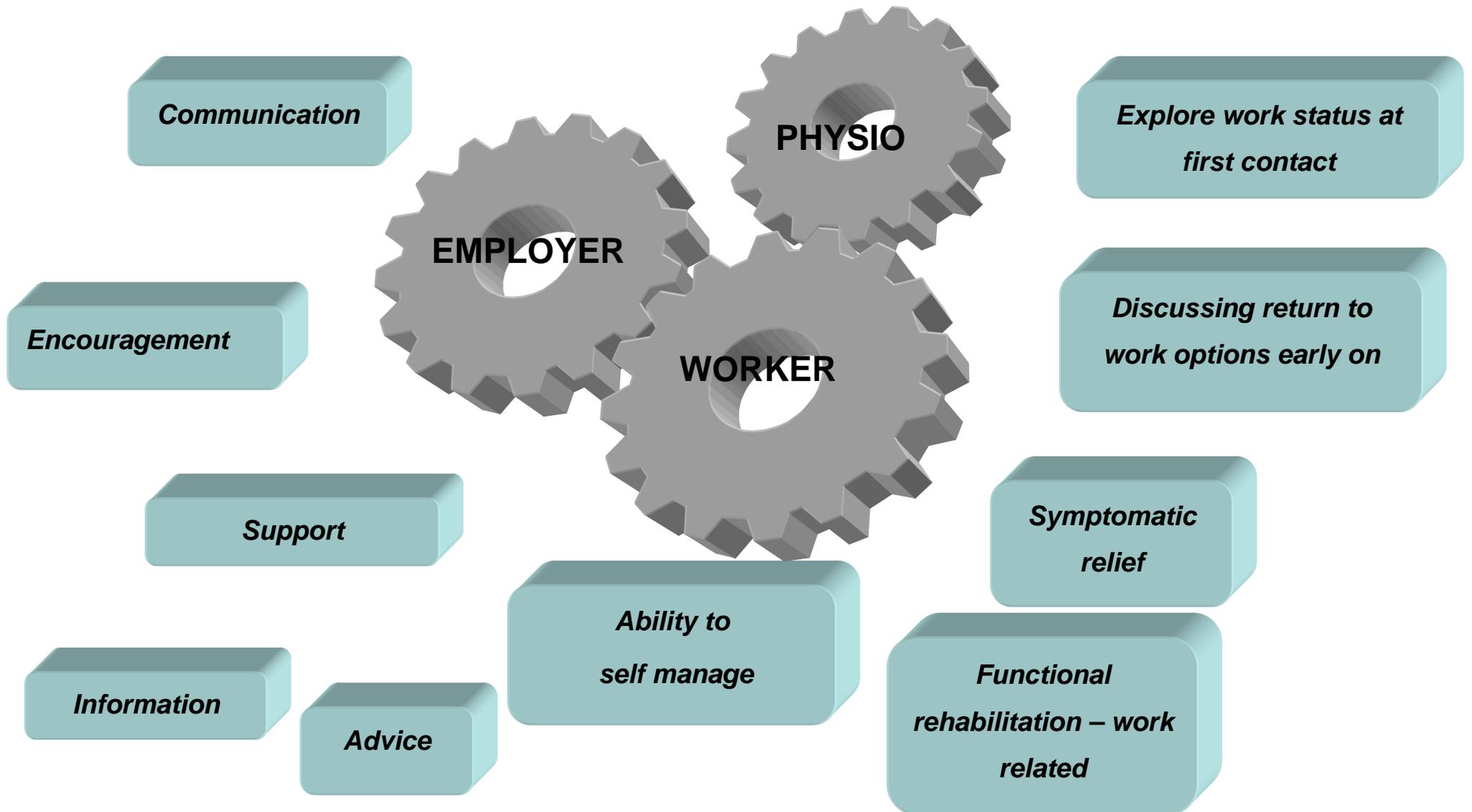
In some workplaces there is a rigid approach in which employees are seen as either fit or unfit for work and partially fit people are not allowed back into the workplace until they are deemed 100% fit again. This attitude delays the return to work and may contravene DDA legislation. If this was thought to be the case the patient could be directed to a Disability Employment Advisor for further help.

Section Two: Overcoming the Obstacles

Some of the barriers encountered by patients in their attempts to stay at or return to work



Some key components of a successful return to work



The Work Conversation

These are some of the questions frequently asked when contemplating discussion with your patient about employment.

1. When should I start the work conversation?

- Put simply, the earlier the better.
- If the patient is open to it, developing questions related to work at triage will let the patient see that it is a priority for physiotherapists right from the outset.
- If the patient is uncomfortable discussing their work situation on the phone, introduce the work conversation at the first assessment and try to ascertain their perceptions and beliefs early on.
- It makes sense to discuss any developments at each subsequent visit and ensure you are reinforcing positive beliefs.
- By avoiding asking questions, we may enhance our patients' negative beliefs about work.

2. How do I start the work conversation?

Ask questions in order to establish any concerns, fears and expectations about the worker's injury, pain and future recovery (Bramley, SA, 2006).

a) At triage

- *What is your occupation?*
- *Are you at work/not working/off work?*
- *If you are off work, how long have you been off work? Do you expect to be able to go back soon?*
- *If you are still at work, are you struggling?*
- *What are you restricted in doing?*

b) At first assessment

We can encourage conversation with our patients by asking the right questions. Simply asking your patient if anyone from work has been in touch with them or if they themselves have contacted work can be a springboard to further discussion about what they feel are the obstacles to returning to work or staying at work

Here are some examples of questions which may help to create further discussion

- *What does your job involve?*
- *Do you think your work has contributed to your problem?*
- *What could be adapted to help you stay at work?*
- *Have you been in touch with your boss?*

- *Do you think you will return to work? If so, when?*
- *What concerns you most about returning to work?*
- *What support do you need to return to work?*
- *Do you feel that you need to be pain free to return to work?*

Patients may ask us questions about their ability to return to work. What we say and do will depend on what we, as clinicians, believe about pain and work. Unfortunately, clinicians with high fear avoidance beliefs can negatively influence the patient, therefore we must ensure not to use negative talk in our discussions:

Never use:

- *“Your problem is the worst I have seen in a long time”*
- *“I can’t be sure what is going on”*
- *“No way can you return to heavy lifting”*

Instead, use positive talk:

- *“The pain usually improves within days or a few weeks”*
- *“Most people get going quite quickly, even while they still have some pain”*
- *“You may be sorer when you first return to work, but don’t worry, this does not mean the pain is serious”*

Example Conversation at first assessment

Physio: You mentioned on the phone that you are struggling at work; do you think you might have to take time off work for this problem?

Patient: Possibly yes. My neck pain is getting worse and I can't find any way of taking the pain away.

Physio: So you believe that your job is contributing to the problem?

Patient: I'm sitting for prolonged periods of time hunched over my computer. I'm scared I'll injure my neck further if I don't do something about it. Avoiding what is causing pain seems like the best idea.

Physio: Obviously we want to keep you at work as research shows the longer you are off work the harder it can be to return. How is your work station set up? Have you had an ergonomic work station assessment?

Patient: I haven't had an assessment. I work for a small company and we don't have an occupational health department. My computer is on my left hand side and I'm twisting my neck to look at the screen.

Physio: Have you discussed your discomfort at work with your employer?

Patient: No. I really don't think he would be interested.

Physio: You may be surprised. He would like to have his staff at work, rather than off sick. Perhaps you could discuss that you are having problems with neck pain and is there anything that can be adapted at your work to make you feel more comfortable?

Patient: I guess I could try.

Physio: Discuss this with him over the next few days. Sitting with good posture in a supportive chair will ease the pressure on your neck. In addition, moving your computer screen so it is directly in front of you, at eye level, will help you avoid twisting unnecessarily. I'll give you some exercises to work on at your desk and you can see how you get on.

Finding Solutions Together

1. How do I advise my patient on speaking to their employer?

- It is always useful to know early on if the patient's employer has an Occupational Health Service as they can support the employee in any future conversations regarding return to work. Encourage your patient to contact them at an early stage offering your support in the way of reports as required or agreed
- If there is no Occupational Health Service start by enquiring whether or not the employer seems approachable and supportive – this often starts the conversation off quite naturally. A good question to ask is “Would it be possible to have a discussion about returning to work with your line manager or employer?”
- You can play a lead role in giving them confidence to do this alone, by offering them support e.g. “tell your employer they can contact me for more information about your capabilities”
- Discuss actual work tasks and formulate a plan so that they can put this to their employer
- Some patients will be certain that their employer will not support a graduated return or modified duties and view their employer as very unsupportive. Often after a conversation they realise the opposite is true
- Communication is the key. Get the conversation started
- The patient's employer may be able to access support from employers organisations e.g. ACAS, Employer's Forum or the DEA at the local Job Centre Plus

Example Conversation about talking to Employer

Physio: “So now that you’re happy to start thinking about return to work, do you think you would be able to discuss a plan with your boss?”

Patient: “I don’t think he wants me back until I can do the job properly, I mean you’re either laying carpets or you’re not, there’s no way to modify it.”

Physio: “Does anybody replace you when you’re off sick or do the other staff have to take on your work?”

Patient: “Nobody extra is brought in; the boys just have to work harder”

Physio: “So would I be right to say that your employer would be pleased to have you back for at least some of the day to begin with, laying carpets, rather than being off and gradually increase your shift? Or would you be able to use some of your annual leave to work yourself back in gradually?”

Patient: “I suppose so, but I don’t know how that would work with my pay, because I’m on statutory sick pay and they won’t pay me half wages. And also, our jobs can be miles away. It just depends.”

Physio: “These are the sorts of things you could discuss with your employer and see if there could be a solution or if he has any ideas. Your employer should be aware that graded return to work is best practice and increases your chances of staying at work. It’s in everybody’s best interest as I am sure they want you back. If you go back to a full shift right now, there’s a possibility you may be too sore and end up off again, but quarter or half a day may help you to get back. Would you agree?”

Patient: “Yes, I can see what you’re getting at. I suppose there are always at least two of us on any job, so maybe some of the heavier stuff could be done by my colleagues if I am too sore to manage it.”

Physio: “Yes, absolutely, and as your pain allows you can gradually build up what you can manage back to normal, using your pain killers to help.”

2. What is the best way for me to liaise with the patient's employer?

- The patient must sign a mandate consenting to the disclosure of relevant information to the employer (sample in appendix), this is inline with the data protection Act, 1998
- If the employer contacts you directly then you should write back informing them that you can not comment on individuals, without their specific written consent. You should make no reference to any patient, until you have a signed mandate
- The patient has the right to refuse to give you consent. If they do refuse, you must not release any information to the employer. Explain this will not affect their care, but it may have an impact on any return to work package offered by their employer
- You should agree with the patient on the specific information given to the employer, but only communicate in written form and ensure that the patient reads and signs everything you write before it is sent to the employer
- In these letters we should be detailing our clinical opinion, within our scope of practice, and therefore should be advising on the patients capabilities in their work setting
- Information regarding the patient's clinical condition should preferably not be disclosed i.e. you should be advising what the patient is able to do in their work setting, not what you are treating them for
- When communicating with the employer make it clear that the patient is returning to work as part of their rehabilitation process and not the as the end goal of it
- Clarify the reasons for any recommendations regarding adjustments to work practices

Example Report to Employer

Mr Smith is a bus driver who has had cervical neuropathy. He has been off work for six weeks and would like to return to work despite having ongoing symptoms

Dear Colleague

RE: NAME: ADDRESS:

This gentleman who works as a driver for XXX has been attending physiotherapy for treatment of a neck problem. He has agreed for me to update you on his physical capabilities with regard to his return to work. This gentleman still has residual symptoms although they are substantially improved.

At this stage, based on my findings in the clinic, I feel the benefits of returning to work outweigh any gain from remaining off work. I feel he should be able to return to his job as a bus driver with the recommendation that a phased return to work is implemented. It would be most helpful if you and Mr Smith could discuss this further.

We would emphasise that we have not seen Mr Smith in his work situation and our recommendations are based on findings in the clinic. The final decision on his return to work lies with Mr Smith, Mr Smith's GP and yourself.

Signed:

Physiotherapist

Patient

Date

Date

This letter must be accompanied by a signed mandate from the patient.

Once the patient and employer agree the RTW the patient's GP would be required to sign him back to work.

Furthermore any restrictions from the DVLA would have to be identified and adhered to.

If you have any concerns about the content of these letters you may wish to contact the Professional Advisor, Practice & Development Unit, CSP – details in Resource Section.

3. How do I involve the patient's GP as effectively as possible?

Contact the GP if:

- You wish to discuss the Return to Work timeframe
- You wish to discuss the functional and workplace barriers
- The patient is ready to return to work – if this is the case the patient can contact the GP themselves
- Discuss with your patient the fact that you wish to discuss return to work issues with their GP and document this discussion in your notes
- Be specific about the topic of this discussion eg length of sick leave, barriers to returning to work
- The GP may not have adequate information about the patient's functional skills or the work demands. You can provide this information
- Contact the GP in the usual way you would if discussing any aspect of a patient's management, normally either face to face or by phone call

Your discussion with the GP might include:

- The GP's views on the barriers to the patient returning to work and how these could be tackled
- The problems associated with prolonged sick leave and the subsequent risk of them never returning to employment
- Discussing appropriate pain medications as there may be an increase in pain experienced by the patient when they initially return to work
- Encourage the GP to write "well notes " i.e. detailing what the patient is capable of and ensure this is supported where appropriate by a graduated return to work process

- Remember that a successful outcome is more likely to be achieved when all Health Care Professionals agree on return to work goals and recommendations
- If RTW recommendations are NOT shared by the GP
- Discuss the rationale behind your opinion
- Emphasise RTW as therapy (early RTW can reduce overall length of disability)

Example conversation between physiotherapist and GP

Physio: I have been treating Mr Smith for a month now for his tennis elbow and I would be grateful for your opinion regarding him returning to work.

GP: I last saw him 2 weeks ago and he told me that he still felt some pain, so I signed him off work for a month.

Physio: He has been working with me on an exercise programme to improve the strength and flexibility and his pain is reducing now and I think he could aim to get back to work in the next week.

GP: His work does involve a lot of lifting and stacking shelves in the supermarket and I would be concerned that if he returned when he was still in pain he would risk injuring it again.

Physio: I have been working on ways that he can lift that will reduce the stress on the affected muscles; this should not risk worsening the problem. In fact I believe it would be a great way to further strengthen his muscles, if done in the correct way.

GP: If we go ahead and look to get him back to work is there anything that I can do to help?

Physio: There might be an increase in pain that he experiences for a short period when he returns to work, this is to be expected and I have discussed this with him. It might be helpful if you were to reinforce this with him and ensure that he has appropriate pain relief when starting back at work.

GP: If you can ask the patient to come and see me I will reassure him about returning to work and ensure he has the right pain control

4. How do I help the patient to make a return to work plan?

- Discuss this with your patient; start a conversation about how to do it
- Discuss rehabilitation for particular tasks or activities that your patient is struggling with and pace them up as work preparation. You may be the key person in helping them with functional/occupational rehabilitation
- Discuss actual work tasks / formulate rehabilitation plan so that they can put these ideas to their employer e.g. if your patient requires bending and lifting as part of their job, then formulating a daily progressive bending and lifting programme for them, resembling their work tasks as much as possible, but perhaps increasing reps gradually. Modify weight only if necessary
- Evidence shows that the most effective way to return and/or stay at work is graded return i.e. reduction in hours, but little or no reduction / modification of activities. However, this may not be possible or feasible. If not, then modified duties on a full shift would be the next option or a combination of the two. They may have to consider using some annual leave to enable graded return, if the employer is not able to offer this
- Help and support the patient in creating a realistic plan. This may take into account how they will be paid, who will review their plan, what sort of support will be given
- Encourage the patient to approach their employer or occupational health department to discuss a return to work plan and to discuss how this will be reviewed and adhered to. Ask the patient to try and get a written plan agreed and signed if possible by their employer specifying hours/days worked or specifying duties and how they will be graduated
- Discuss possible obstacles that your patient may encounter and offer support (see page 4)
- Keep the plan realistic. If your patient has been off work some time, graded return will have to be slow and carefully planned so that the patient does not feel out of their depth
- Encourage the patient to focus on what they can do rather than what they can't or think they can't

- Encourage the patient to contact their GP about the plan. Even if a GP has signed them off sick, it is up to your patient to decide when they want to go back. They do not have to stay off sick until a sick line runs out, but there is a legal requirement for the GP to sign them back on if they are returning to work.
- Make sure your patient knows about the risks of long term sickness and what effects it can have both physically and mentally
- It is advisable to book a review appointment with your patient once they have been back at work for a couple of weeks to check how they are coping.
- Note that the requirement to use annual leave for a phased return to work varies from employer to employer and is often at the manager's discretion. It is therefore always worth including in the discussion.

Example Return to Work Plan

Return to work plan for Mr Jones who is a carpet layer who is recovering from an acute knee injury. His employer is unable to offer a graded return to work but is offering some support with modified duties.

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	full shift, slight modified duties e.g. can ask for help on lifting (this can be specified)	day annual leave	full shift, slight modified duties as per Monday	annual leave	annual leave
Week 2	full shift, modified as week 1	half day annual leave + half modified duties	full shift, modified as week 1	half day annual leave + half modified duties	full shift, modified duties as week 1
Week 3	full shift normal duties	half day annual leave + half normal duties	full shift normal duties	half day annual leave + half day normal duties	full shift, normal duties
Week 4	full shift, normal duties	full shift, normal duties	full shift, normal duties	full shift, normal duties	full shift, normal duties

Section Three: Resources

Useful Resources for Physiotherapists

1. Agencies, Organisations, Books and Websites

- Department of Health – www.dh.gov.uk
- Employers Forum on Disability – www.employers-forum.co.uk
- Equality and Human Rights Commission - www.equalityhumanrights.com
- Health and Safety Executive – hse.gov.uk
- www.workingforhealth.gov.uk - Health work and Wellbeing website with information on review documents, downloads and tools
- Jobcentre Plus – www.jobcentreplus.gov.uk The Disability Employment Advisor's role there is :
 - To help and support people who are off work, due to a health issue or disability, to return to work.
 - To help and support people with a health issue or disability who are not currently working, to start work.

There are various programs available which the DEA will be able to provide guidance on. They can also offer advice on

- Tax credits
- Disability Rights Commission
- Disability Discrimination Act
- Employee rights in the workplace (www.acas.org.uk)
- Vocational Rehabilitation Association
www.vocationalrehabilitationassociation.org.uk
- Work Matters Document – vocational rehabilitation advice from the Association of Occupational Therapy
www.baot.co.uk/public/professional/workmatters/pdf/work_matters.doc

- Workplace assessment tools and templates are available from the following books
 - Holmes J (2007) Vocational rehabilitation. Blackwell Publishing
 - Leach S (2002) A supported employment workbook. Jessica Kingsley
- Pip White MSc MCSP
Professional Adviser
Practice & Development Unit
The Chartered Society of Physiotherapy
14 Bedford Row
London WC1R 4ED Tel: 0207 306 6666
Email: whitep@csp.org.uk

Useful Resources for Patients

1. Health and Work – a self-help booklet for patients:
www.tso.co.uk/bookshop
2. Off work sick and worried about your job - an HSE booklet for patients; www.hse.gov.uk/pubns/indg.397.pdf
3. HealthyWorkingLives.Com - offers free, confidential [Workplace Visits](#), practical information and [advice](#),
4. www.acas.org.uk – some advice for employees on their rights relating to employment law

Patients can also be directed to many of the resources listed above for physiotherapists

References

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Appendices

1. Waddell & Burton's "*Health and Work*" advice leaflet for employees is a useful tool for patients who are struggling to stay at work or struggling to get back to work

2. Consent for Disclosure of Confidential Information.

Pro forma overleaf

NHS GREATER GLASGOW AND CLYDE

PHYSIOTHERAPY DEPARTMENT ADDRESS

CONSENT FORM FOR THE DISCLOSURE
OF CONFIDENTIAL INFORMATION

Name of Patient _____

Date of Birth _____

I hereby consent for my physiotherapist, _____, to disclose information regarding their management of my current condition to my employer, detailed below.

Employer's Name

Patient's signature _____

Date _____

Contacts

You may like to find out a named contact for these agencies in your area and use their expertise as required.

Jobcentre Plus

Disability and Employment Advisor –

Name:

Tel no:

Email address

Jobcentre Plus

Access to Work Advisor –

Name

Tel no

Email address

Jobcentre Plus

Benefits Advisor –

Name

Tel no

Email address

Jobcentre Plus

Condition Management Advisor –

Name

Tel no

Email address

Add your own useful contacts here

Organisation
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