Saint Alphonsus | Rehabilitation Services

WORK HARDENING PROTOCOL

Work Hardening

A systematic program of gradually progressive work-related activities performed in a controlled environment, with proper body mechanics which recondition the person's musculoskeletal, cardiorespiratory, and psychomotor systems to prepare that person for return to work.[1]

The main purpose of the Work Hardening program is to prepare the worker to resume his normal work activities, or to assist the worker to reach his maximum work potential as quickly as possible so that he/she may become feasible for employment at a different job with the same or different employer. [1]

Those who benefit the most from Work Hardening programs include: seriously deconditioned individuals secondary to an impairment brought about by an injury or disease process and those individuals who have problem pain as their primary disability.[2]

The Work Hardening program may be utilized from one to six weeks for an individual client (typically four weeks). Work Hardening continues until the client has either reached his work tolerance goals or a work tolerance plateau, or until the client has conclusively demonstrated that he/she is non-feasible for employment.[2]

The Work Hardening program is designed to achieve the following goals:

1. Decrease the client's functional limitations.[2]
2. Improve the client's vocational feasibility.[2]
3. Improve the client's employability.[2]
4. Educate and train the client to use safe and proper body mechanics for a variety of handling situations to prevent or minimize re-injury.
5. Define the client's maximum physical capacities through job simulation tasks and specificity of training in a controlled environment with endurance factored.
6. Improve the quality of the client's work performance through techniques of symptom control.

[1] Blankenship, K.L., Work Capacity Evaluation: Industrial Consultation Manual, American Therapeutics, 1985.

[2] Matheson, L.N., Work Capacity Evaluation: Interdisciplinary Approach to Industrial Rehabilitation, Employment and Rehabilitation Institute of California, 1984.

I. REFERRALS

A. Persons appropriate for referral include:

1. Deconditioned persons secondary to an impairment brought about by an injury or disease process, who are capable of returning to normal work activities, or who may become feasible for employment at a different job with the same or different employer.

2. Persons who have problem pain as their primary disability, and may adapt symptom control strategies to their own work behavior.

B. Referrals are to be verified by written document.

C. Referral sources are acceptable from:

1. Primary care physician, physiatrist, occupational medicine physician, or chiropractor

2. Rehabilitation counselors and rehabilitation nurses
-Those individuals who are supervising vocational rehabilitation programs of people who have suffered industrial injuries and are being underwritten by Worker's Compensation carriers of Self-Insured Employers.[2]

3. Insurance claims representative (Examiner, Adjuster, NCM)

4. Employer

5. Attorney

II. ORIENTATION

A. Prior to admission to the Work Hardening program, the client is screened through an interdisciplinary staffing. This staffing is attended by our medical director, neuropsychologist, the coordinator for the program, and therapists working with the client in the program. During this staffing, any existing Barriers to Recovery will be identified and discussed; it will then be determined if the client will be admitted to our program, including specific goals and duration.

B. Prior to initiating the Work Hardening program, the client should be informed of the following:

1. Purpose and goals of the program

2. Program format, including criteria and guidelines

3. Discharge criteria

[2] Matheson, L.N., Work Capacity Evaluation: Interdisciplinary Approach to Industrial Rehabilitation, Employment and Rehabilitation Institute of California, 1984.

III. REQUIRED INFORMATION

A. Obtain an accurate diagnosis and current medical information from the client's primary care physician.

B. A physician's release is required if the client is currently under a physician's care, and has not been rated "permanent and stationary" or has a history of hypertension, diabetes, or cardiac problems, or other medical problems impacting their return to work.

C. Obtain job description or appropriate job site evaluation(s).

IV. FUNCTIONAL MUSCULOSKELETAL EVALUATION

A. Perform the functional musculoskeletal evaluation in the following order: (refer to evaluation form)

1. Personal
2. Subjective
3. Functional
4. History
5. Posture
6. Flexibility
7. Test Movements
8. Strength
9. Neurologic
10. Palpation
11. Lifting Evaluation
12. Obstacle Course Evaluation
13. Inconsistencies for Symptom Magnification Syndrome

V. EDUCATION

A. Back School: Education in Back care, Joint protection (including literature, lecture, demonstrations & performance)

B. Coping Strategies: positioning, pacing, medicine management, ice/heat, coping with flare-ups, and symptom control strategies

C. Stress management: Effects of Tension, relaxation strategies, visualization, journaling, breathing techniques

D. Sleep Hygiene

E. Nutrition

VI. INDIVIDUALIZED WORK PROGRAM

Prior to beginning each work hardening session, the client is required to clock in

A. Warm-up exercise program

1. The professional lists specific exercises to be performed by the client

2. The number of repetitions are to be indicated by the professional

3. The warm-up exercise program is to be performed at the beginning of each work hardening session

B. Work activity program

1. The professional lists specific activities to be performed by the client (this is typically based on the current job description or job site evaluation)

2. The number of repetitions and weights are to be indicated by the professional

C. Job simulation activities

1. The professional sets up job-specific activities to be performed by the client

2. The number of repetitions are to be indicated by the professional with time parameters

Note: the following comments are applicable to A, B, & C above:

1. The client may be supervised by an assistant, trainer, or aide, who is under the supervision of a licensed therapist

2. A professional will be available for discussion with the client regarding his/her work program

3. The client is to complete a productivity index form as indicated (refer to productivity index form) if/when appropriate

VII. MEETINGS/APPOINTMENTS

Prior to admission to our program, each client's case will be reviewed in an initial interdisciplinary staffing; at this time it will be determined if the client is a candidate for our program.

Unless the client's primary physician indicates otherwise, the client's medical needs will be managed by our program's medical director. As appropriate, the client will also be seen by our neuropsychologist once every 1-2 weeks. The client will complete several inventories (BECK Depression Inventory, PAIRS – Pain and Impairment Relation Scale, and MMPI – Minnesota Multiphasic Personality Inventory).

A status report will be sent to the client's primary physician prior to any scheduled appointments with that physician.

VIII. CHARTING

A. A brief daily note is to be written per client, which may include "Follow-Up Symptomatic Responses" as reported by the client regarding the previous day – if there were no Symptomatic Responses, this should be indicated also.

B. An Interdisciplinary staffing, including the entire rehabilitation team, will be conducted weekly. These staffings will allow for individual case review and management. The client's physician(s), insurance claims representative(s), vocational counselor, rehabilitation nurse, industrial commission (ICRD) representative, or employer may attend. In certain circumstances, the client may attend.

1. Interdisciplinary staffing reports (initial, progress, and final) will be sent to all of the individuals listed above (as appropriate) whom are directly involved in the client's case.

C. Discharge Summary

1. Work tolerance level (KEY Functional Capacity Assessment, if indicated)

2. Progress or changes noted during the program

3. Goals met or not met, and why if not met

4. Where client is to return to work, and if not employable, why

5. Behavioral issues, social/psychological issues, barriers to return to work

6. Precautions, special instructions

7. Indicate adaptive equipment, if used

8. List recommendations for modifications of work environment if any were made

9. Control strategies for symptom responses, if they exist

10. Maintenance program (IE: gym membership or HEP provided)

11. Contact vocational or rehabilitation counselor and/or ICRD re: client's maximum capacities determined during re-assessment specific for job placement

D. A copy of the initial Work Hardening evaluation, the interdisciplinary staffing reports, as well as the Final/Discharge report, will be sent to all of the individuals whom are directly involved in the client's case (i.e., physician(s), insurance claims representative, vocational counselor, rehabilitation nurse, ICRD representative).

E. A summary report, after each neuropsychology appointment, will be included in the client's chart.

IX VOCATIONAL EXPLORATION (optional as indicated)

A. Supervised work trial at client's work place, if appropriate

B. Recommendations for job task modifications at client's work place as necessary

C. Interdisciplinary staff to work with ICRD representative, vocational counselor, and/or rehabilitation nurse to assist with transition from the program

D. Job Site Assessment, if appropriate

X. DISCHARGE CRITERIA

A. Client achieves his/her work tolerance goals

B. Client reaches maximal medical improvement or a functional plateau

C. Failure to steadily improve in the program, signaled by one of the following:

1. Symptom magnification

2. Poor feasibility characteristics

3. Limiting pathology

D. Failure to comply with program criteria and/or guidelines

XI. EXIT INTERVIEW

A. To be conducted before the last day of the work hardening program

B. The evaluator, the client, and any of interdisciplinary staff may attend

C. Information to be discussed:

1. Progress/changes

2. Problems

3. Recommendations
   - Restrictions
   - Capacities

4. Vocational Changes

5. Client Satisfaction Survey

Note: The medical director of our program will be available for impairment and maximal medical improvement (MMI) ratings.

XII. WRITTEN REPORTS

A. Cover letter

B. Functional Musculoskeletal Evaluation

C. Productivity Index (as appropriate)

D. Physical Demand Characteristics of Work Level

E. Weekly Interdisciplinary Staffing Reports

F. Daily checklists (optional)

G. For symptom magnifiers – list all inconsistencies on one sheet (from evaluation and work activities)

H. Graphs as necessary
- Productivity Index
- Physical Demand Characteristics of Work (PDC) Chart

XIII. OUTCOME STUDIES

Follow-up telephone calls to clients whom complete the Work Hardening program will be conducted to gather information. This information, along with other data collection, will assist with outcome studies. Outcome studies will identify the following information:

1. Total number of clients admitted to our program

2. Average cost of program

3. Average length of stay in our Program

4. Average time lapse between date of injury and admission to our program

5. Average time lapse between client's discharge from our program and subsequent return to work

6. Average length of disability (from date of injury or surgery to return to work)

7. Percentage of Work Hardening clients who completed program and return to work