

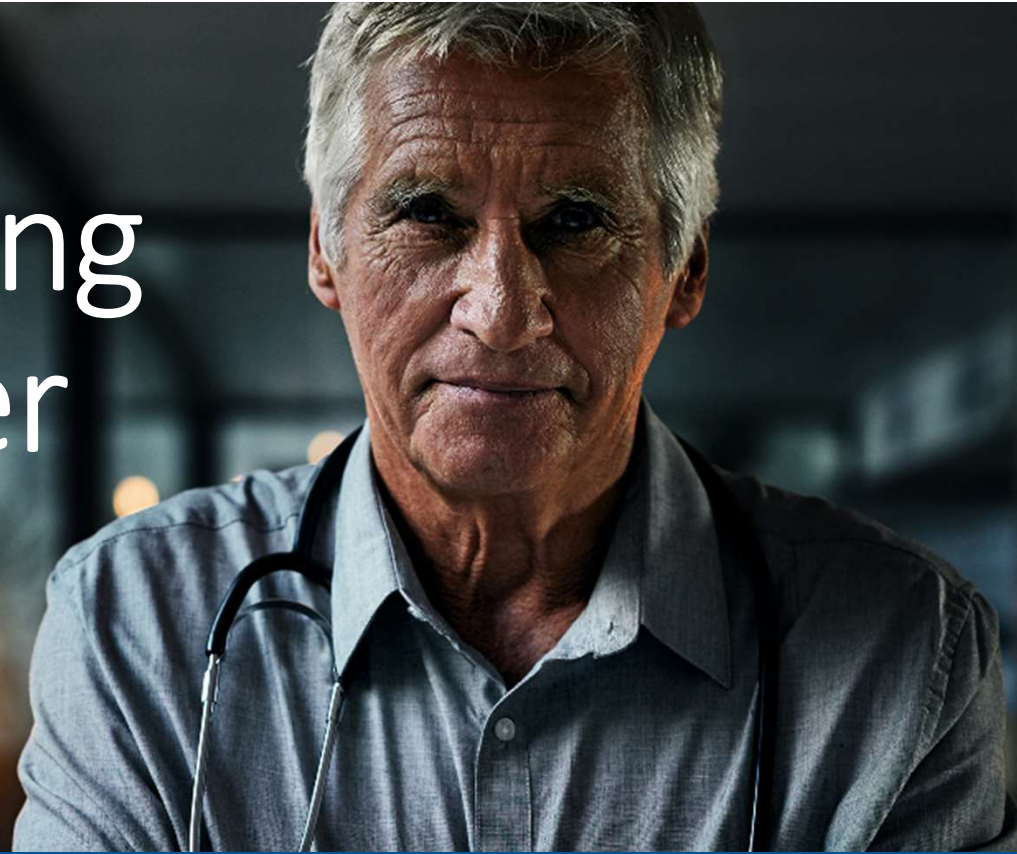
# We're Not Spring Chickens Anymore: *Return-to-Work & the Aging Worker*

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Erin Gallivan Esq; Brit McKenna, MS CRC CVE

## Disclosures

We have no financial interests, relationships, or affiliations to report that could present a conflict of interest related to the content of this presentation.

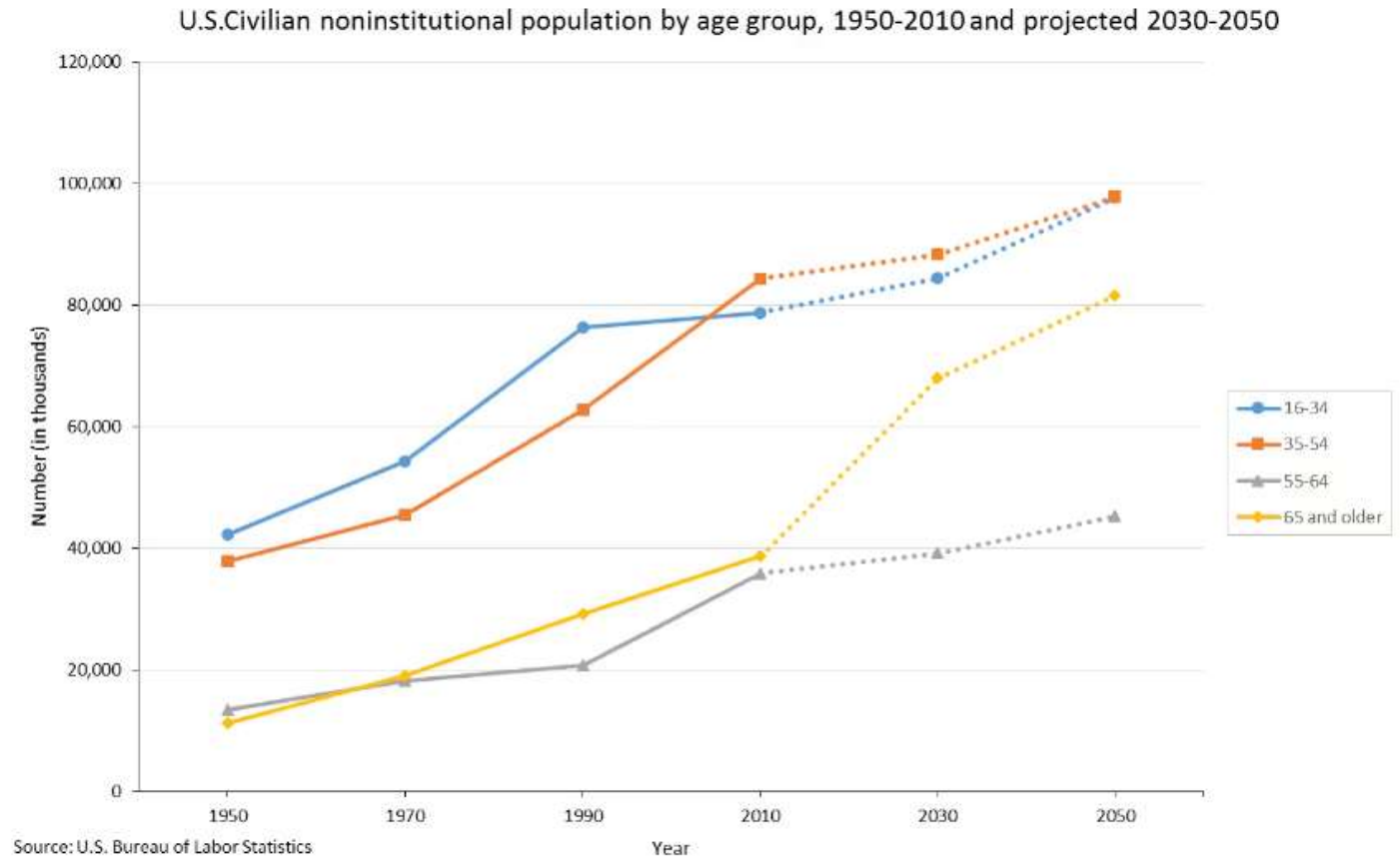
# The Aging Worker



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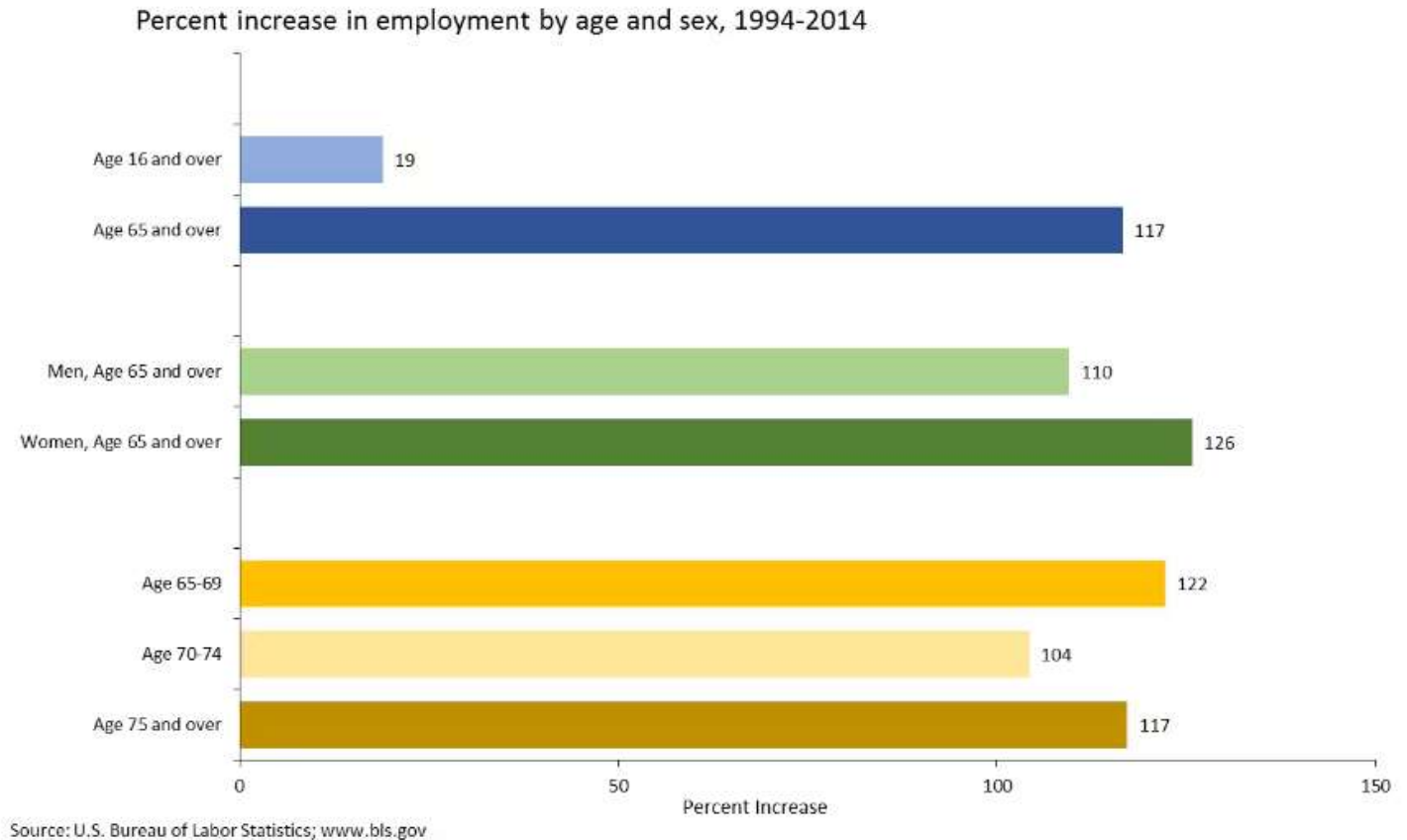
# The population is aging

- The number of older individuals in the U.S. noninstitutionalized population has grown in the last five decades and is projected to continue to grow.
- Population aging is one of the driving factors of the aging of the U.S. workforce.



## The percentage of older workers employed has grown

- According to the Bureau of Labor Statistics, employment of workers aged 65 or older has grown by 117% within 20 years
- Employment of individuals 75 years or older has increased by 117%

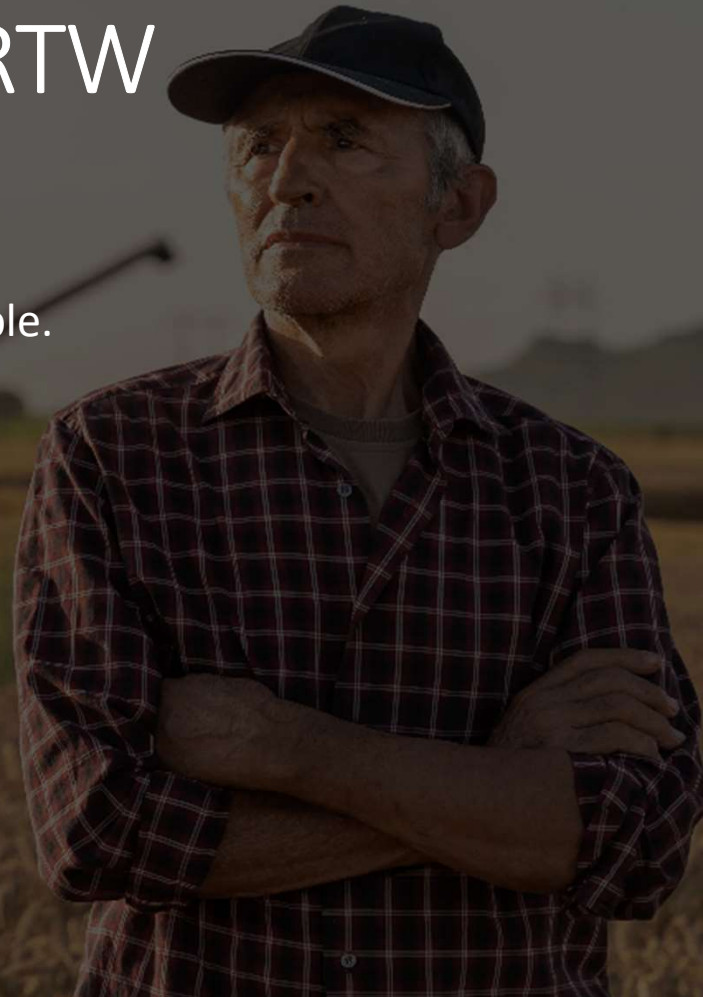


# Demographic Shifts

Age Group	Labor Force (2023)	Percentage of Total (2023)	Projected Labor Force (2033)	Projected Percentage of Total (2033)
16–24	14,850,000	9.0%	14,000,000	8.0%
25–34	35,000,000	21.2%	34,000,000	19.5%
35–44	36,000,000	21.8%	38,000,000	21.8%
45–54	32,000,000	19.4%	33,000,000	18.9%
55–64	27,000,000	16.4%	27,000,000	15.5%
65+	11,000,000	6.6%	15,000,000	8.6%

# Misconceptions about RTW and the Aging Worker

1. Older workers want to retire as soon as possible.
2. Older workers are financially prepared for retirement.
3. They are resistant to learning new skills.
4. Older workers will leave soon, so hiring them isn't worth it.
5. Health issues will make them less reliable.
6. Social security will cover their needs.





## Importance of Vocational Rehab

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1. Physical recovery and workplace accommodations
2. Retraining and job adaptation
3. Navigating employer and legal protections
4. Emotional and psychological support
5. Financial stability and independence



# Legal Considerations and Other Benefits for the Older Worker



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# Age Discrimination

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Age Discrimination in Employment Act (“ADEA”) (federal law) - Unlawful to discriminate against a person because of his or her age “with respect to any term, condition, or privilege of employment, including hiring, **firing**, promotion, **layoff**, compensation, **benefits**, **job assignments**, and **training**.” (US EEOC Fact Sheet)

ADEA- applies to private employers with 20 or more employees, state and local governments, employment agencies, labor organizations and the federal government.

State Anti-Discrimination Laws



# Other Potential Benefits for Older Workers

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## Social Security Retirement

- Full retirement age is 67, can retire after age 62 but benefits will be lower
- (Should still apply for Medicare within 3 months of age 65 because if wait longer Part B and Part D coverage may cost more)
- Get personalized estimate of SS Retirement by creating a My Social Security Account (<https://www.ssa.gov/myaccount/>)
- Deceased spouse or ex-spouse

## Supplemental Security Income (SSI) - if little or no income and resources

## Connected to specific employment

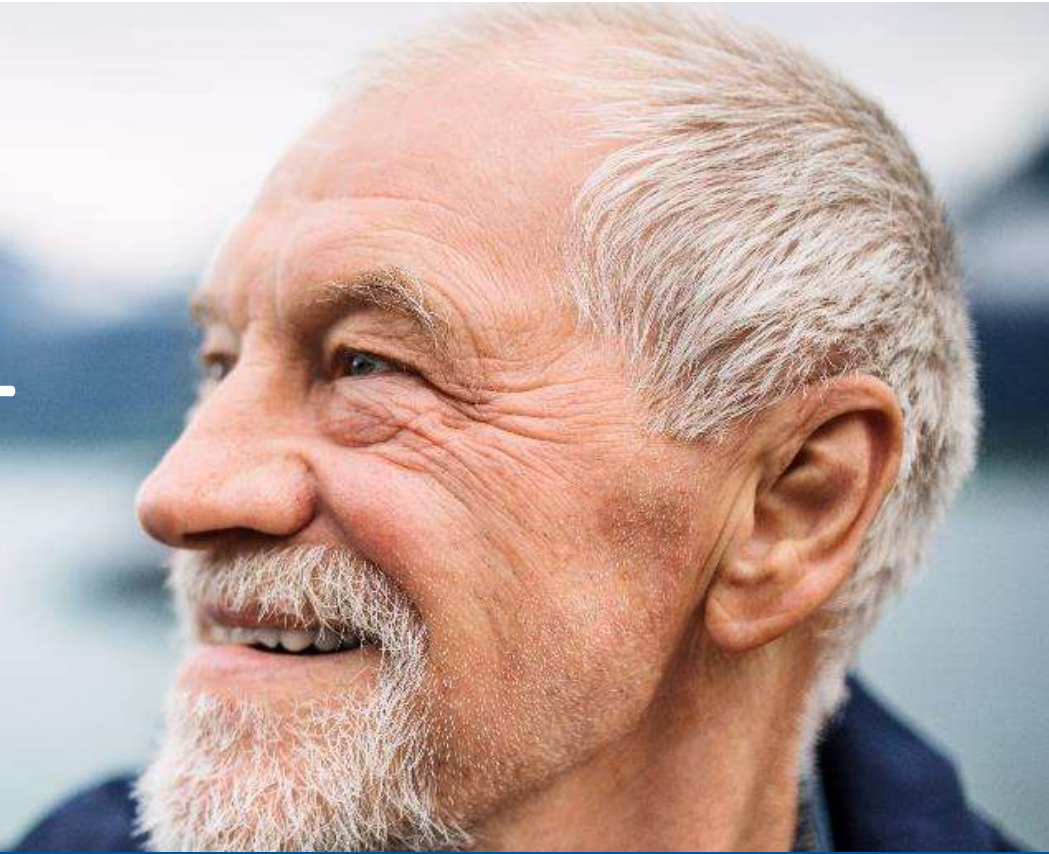
- Pension
- Retirement or Disability Retirement benefits (municipalities)
- Be aware of deadlines (e.g. State of VT Disability Retirement within 90 days of separation)
- Retirement Accounts (IRA, 401k, Simple)

The background of the slide is a dark, high-contrast X-ray image of two human knees, showing the bones and joints in shades of blue and white. The text is centered over this image.

# Pre-Existing VS Compensability

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# Case Study #1



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# Case Study: The Patient

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- Richard C. – 68 year old male injured worker
- Presented to the ED as a modified trauma after motor vehicle collision
- Unrestrained driver of a dump truck going approximately 25 mph and reports that his truck rolled over after trying to avoid a collision, he was found in the passenger side
- Past medical history of CAD, diabetes, hypertension, sleep apnea, on chronic methadone for management of chronic back pain, ADHD, Depression

# Case Study: What Happened?

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- Right clavicle fracture
- T10 spine fracture s/p T7-T12 posterior spinal fusion
- Traumatic Subdural Hematoma
- Significant scalp avulsion with exposed calvarium
- Initially admitted to the trauma team where his scalp laceration was repaired.
- Orthopedic surgery was consulted for his right clavicle fracture which was managed non-operatively in a sling
- His T10 burst fracture was noted to have violation of the posterior spinal elements and operative intervention was recommended
- Underwent T7-T12 posterior spinal fusion
- Transferred to Gaylord Hospital for orthopedic and cognitive rehabilitation

# Case Study: Rehabilitation

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- Length of stay at Gaylord – 35 days
- T10 burst fracture s/p ORIF of T10 with T7-T12 posterior spinal fusion, right mid clavicle fracture, cervical fractures and ligamentous injuries noted on imaging, pain, impaired mobility and ADLs - Received comprehensive PT/OT with improved mobility.
- Traumatic Subdural Hematoma - OT and speech for cognitive evaluations
- Non weight-bearing for RUE throughout inpatient stay, sling for comfort, no bending, lifting, twisting, no push, pull or lifting >10lbs
- Soft cervical collar for comfort, stable without orthosis
- Surgical incisions in back: Open to air. Monitor back surgical site
- Hypertension - BP overall controlled
- Psychosocial: Adderall - 5mg twice daily, Psychology for supportive visits, Duloxetine 60mg daily

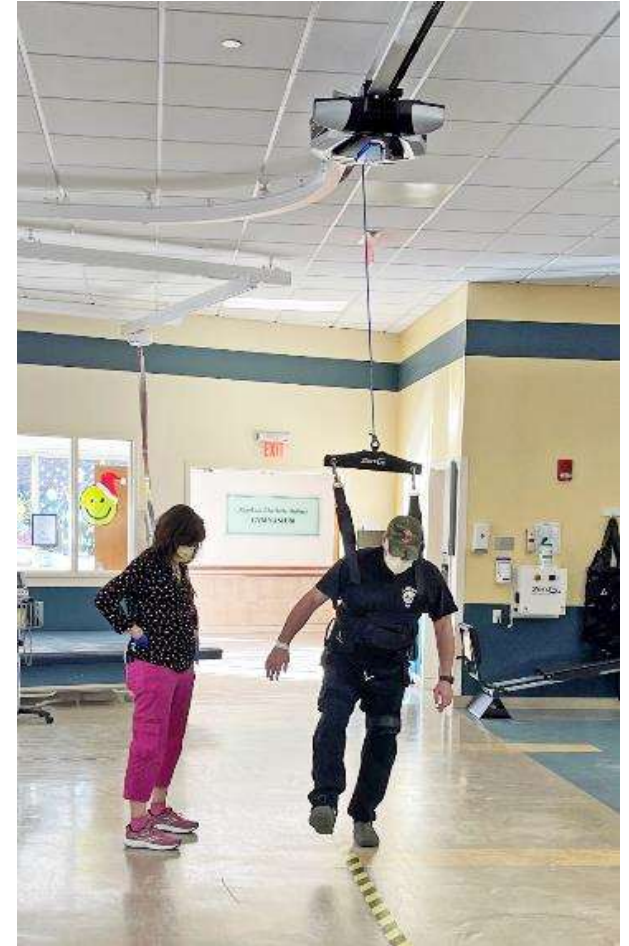


# Cutting Edge Rehab Technology

## ZeroG<sup>®</sup> Gait & Balance System

The Only Facility in Connecticut with ZeroG<sup>®</sup> Technology

- Mounted to an overhead track
- Protects patients from falls while providing dynamic body-weight support as patients practice walking, balance tasks, sit-to-stand maneuvers and even stairs
- Patients can begin rehab as early as possible in a safe, controlled environment



# Vestibular Rehabilitation

- Exercise-based program designed to reduce vertigo and dizziness, gaze instability, and imbalance or falls
- Performed by a certified physical or occupational therapist with the goal of promoting compensation
- Compensation techniques teach the brain to use other senses (vision and body sense) as a substitute for a deficient vestibular system
- Vestibular deficits may often be permanent, but VRT can help patients feel and function much better by establishing an exercise program that can be performed regularly at home



# Cutting Edge Rehab Technology

## Bioness Integrated Therapy System (BITS)

- Multidisciplinary tool for vision, motor, cognition & balance training
- Multiple assessment and therapy programs
- Tracks patient progress allow document objective outcomes

## BITS Balance

- Versatile balance tracking using a balance platform to detect posterior, anterior and lateral movements



# Cutting Edge Rehab Technology

## AlterG® Anti-Gravity Treadmill

Available in Three Outpatient Locations

- Anti Gravity Treadmill with NASA Differential Air Pressure technology
- Unweights the individual from 100% to as low as 20% of body weight to support normal gait mechanics and avoid compensatory strategies for increased balance, strength and ROM
- Provides real time gait data and video monitoring with visual feedback to increase awareness



# Case Study: Return to work

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Richard was determined to return to work.

His employer, nurse case manager and rehabilitation team worked closely to develop a **gradual return-to-work plan**, ensuring he could safely transition back to his job while considering his physical and cognitive limitations.

- Comprehensive outpatient program including occupational, physical and speech therapies.
- Cognition improved back to functional levels as work capacity increased
- Transitioned to Work Conditioning Program
- Initially returned to part time, light duty with no driving.
- A coworker was assigned to assist with tasks that required heavy lifting or climbing.
- Continued outpatient focusing on core strength and mobility.

After four months of progressive rehabilitation and workplace modifications, Richard was able to return to full-time work in a modified yet fulfilling role. He successfully resumed driving and site supervision while prioritizing his long-term health.

# Work Conditioning

## Helps injured workers return to their lives/work sooner

Work Conditioning Programs offers injured workers and treating physicians a structured program that provides a safe and successful return to work.

The program uses a progressive conditioning and loading program that is based on the injured worker's specific job tasks.

### Additional program information includes:

- Physical therapy 3-4 hours per day, 3 days a week
- Short and long-term goals that are specific to job tasks
- Treatment oversight that includes a physiatrist, care manager and physical therapy team



# Case Study #2



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# Case Study: The Patient

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- Christine M. – 75 year old female injured worker
- Job Title: Medicare Specialist
- Presented to the local ED after a trip and fall onto her left side with head strike (no LOC), epistaxis and inability to stand on left leg
- Past Medical History:
  - Polymyalgia Rheumatica
  - Bilateral Hearing Deficit
  - Breast Cancer (remission)
- Past Surgical History:
  - Right wrist surgery
  - Left shoulder arthroscopy
  - Right reverse total shoulder
  - Right mastectomy with reconstruction
  - Tonsillectomy



# Case Study: What Happened?

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- Diagnoses:
  - Acute Left Distal Femur Fracture
  - TBI without LOC
  - Weakness
- Initially admitted to the orthopedic trauma team for consultation and further recommendations (surgical vs non-surgical)
- ORIF with IM nail of left distal femur was performed without complications
- Posthemorrhagic anemia developed complicating her postoperative course
  
- Transferred to acute rehab for inpatient stay of 8 days
  
- Discharged to home post acute rehab with VNA services (OT, PT, RN)
  
- Orthopedic postoperative follow up appointments

# Case Study: Outcome

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- Orthopedic Course: Uneventful; NWB initially with progressive LLE WBAT; Hinged Knee Brace; Rx for outpatient PT
- Rehabilitation Course (post Acute Rehab Discharge):
  - VNA- Approximately 4 weeks with primary focus on PT at home for ROM and safety; OT 1 visit only to ensure proper and safe set up at home with focus on ADLs; RN evaluation for intake only required
  - Outpatient PT- 24 visits; 2x/week for 10 weeks; Transitioned to 2 visits at 1x/week and 2 visits to ensure compliance with IHEP that was developed
- Return to Work:
  - Released to RTW from home only at 4 weeks postop
  - Released to RTW in office at 6 weeks postop with adaptive workspace (allow for wheelchair or walker use)
  - Released to RTW without restrictions/accommodations for adaptive workspace at 12 weeks (utilizing cane only)

# Case Study: Factors

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Christine M. had multiple factors that resulted in the positive outcome of her injury and recovery. These ranged from overall health at time of injury to proactive approach by treating providers and carrier/NCM.

## **FACTORS IMPACTING RECOVERY AND RTW:**

- Age
- Overall positive health at time of injury
- Motivated to recover, RTW, and return to normal life
- Positive support system including family, friends and colleagues
- Single story home with 2 stairs to enter
- Left vs right leg involvement
- TBI resolution without significant treatment
- Early involvement of NCM to ensure discharge from hospital/rehab was successful
- Supportive employer
- RTW discussions early on in claim with all parties
- Progressive RTW plan developed with ability to work from home and transition back to the office

2025  
WORK RELATED  
Injuries Workshop

Thank you!