Critical Determinants of Outcome Oriented Best Practice

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Occupational & Environmental Health Network

Work Related Injuries Workshop
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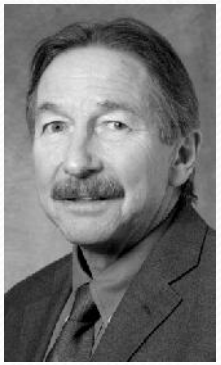
Tom Winters, MD Profile



- Thomas H. Winters MD, FACOEM, FACPM, Principal and Chief Medical Officer for Occupational & Environmental Health Network (OEHN).
- Dr. Winters has over 25 years experience in occupational and environmental medicine. His previous positions have included Medical Director for several manufacturing companies and numerous hospitals, colleges and universities throughout Massachusetts.
- He is a the former State Police Surgeon - Massachusetts State Police and owner/Medical Director of Medsite-an occupational and primary care medicine center. Dr. Winters has expertise in musculo-skeletal disease, toxic tort & radiation exposures, occupational & infectious diseases, and corporate medical consulting.
- Dr. Winters is also a Certified Medical Review Officer, Certified Medical Disability Examiner and Certified Independent Medical Examiner.
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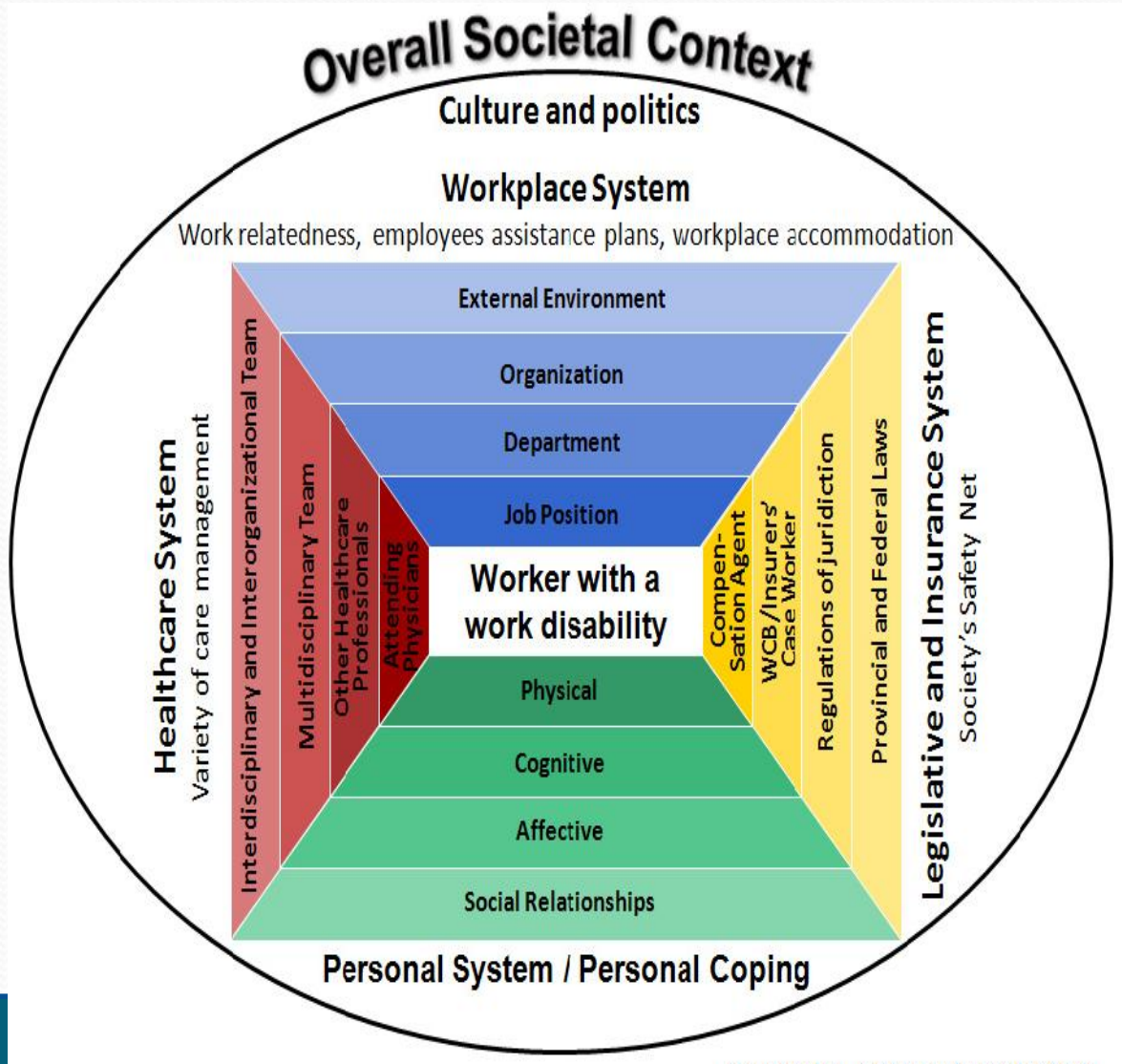
The Importance of the First Visit



(Loisel et al, J Occup Rehabil, 2005)

Managing Patient Expectations

Care providers should set the expectation for a patient's functional recovery at initial visit and reinforce that expectation in subsequent visits

Identify and discuss "orange flags"

Care providers should have an open discussion with the patient to portray the meaning of the health condition and to understand the patient's knowledge, beliefs, and expectations about functional recovery

If a patient does not recover as quickly as expected, the patient and physician should seek and address the reasons for delay

Summary of Recommendations and Evidence

Table 1. Summary of Recommendations on Initial Approaches to Treatment

Treatment	Recommended	Optional	Not Recommended
Patient discussion education, and involvement	Patient discussiond Patient involvementb	Patient educationc	
Medication	Acetaminophenb NSAIDsa	Opioids, short coursec Steroid injectionsa	Muscle relaxantsb Opioids >2 weeksc Topical medicationsc
Physical treatment methods	Early physical interventionc	Self-application of heat or coldc Manipulation without radiculopathyb Manipulation, radiculopathy presentd	Manipulation, prior to diagnosis of progressive or severe neurologic deficitsd

Strong Evidence of Factors Influencing RTW

Example：For Workers with Acute Low Back Pain

- Work related factors such as physical job demands, job satisfaction, and opportunity for modified work
- Workers' interactions with health-care providers
- Workers' self-reported pain and functional limitations
- Workers' recovery expectations
- Presence of radiating pain

Strong Evidence of Factors That DO NOT Influence RTW

Example：For Workers with Acute Low Back Pain

Lifestyle (e.g. smoking, drinking)

Catastrophizing pain

Level of education

Steenstra I, Irvin E, Heymans M, Mahood Q, Hogg-Johnson S. Systematic review of prognostic factors for workers' time away from work due to acute low-back pain: An update of a systematic review (Toronto: Institute for Work & Health, 2011).

Moderate Evidence of Factors Influencing RTW for Acute LBP

Claim-related issues (e.g. type, timelines and perceived fairness of claims for disability benefits)

Workplace psychosocial environment (e.g. factors related to work pace, control and social support)

Prior claim injury

Job tenure

Treatment-related issues

Steenstra I, Irvin E, Heymans M, Mahood Q, Hogg-Johnson S. Systematic review of prognostic factors for workers' time away from work due to acute low-back pain: An update of a systematic review (Toronto: Institute for Work & Health, 2011).

How Could Occupational Health Team Improve Return to Work Process?

Early Contact	Principal One:	The employer makes an early considerate contact with the injured/ill worker.
Planning for the Worker's Return	Principal Two:	Someone has the responsibility to coordinate RTW.
	Principal Three:	The employer makes an offer of modified work (also known as work accommodation) to injured/ill workers so they can return early and safely to work activities suitable to their abilities.
	Principal Four	RTW planners ensure that the plan supports the returning worker without disadvantaging co-workers and supervisors.
Implementing a successful RTW program	Principal Five:	Supervisors are trained in work disability prevention and included in RTW planning.
	Principal Six:	With the Worker's consent, employers and health care providers communicate with each other about workplace demands, as needed.
Creating a RTW friendly workplace	Principal Seven:	The workplace has a strong commitment to health and safety which is demonstrated by the behaviors of the workplace parties.

Institute for Work & Health. Seven 'Principles' for Successful Return to Work. (Toronto: Institute for Work & Health, 2007 (rev.2014)).

Summary of Recommendations

Early medical evaluation and early referral for specialty care

Early reporting of potentially hazardous conditions

Understand the patient's work environments and occupational tasks.

(consider: videotaping the job, formal job analysis, ergonomic report.)

Early RTW programs emphasized

THANK YOU

Questions?