

OCCUPATIONAL HEALTH

SPECIAL INTEREST GROUP

President's Message

Lorena Pettet Payne, PT, MPA, OCS

Members of the Occupational Health Special Interest Group had a busy Combined Sections Meeting in Indianapolis. Here is the summary. The group will emphasize expanding educational opportunities during various meetings this year. Also, keep watching for the popular podcasts and literature reviews in your inbox. The OHSIG Board is searching for liaisons in each chapter to help keep members up to date regarding work compensation payment and policy changes in each state. The Board is also interested in getting the word out to members regarding related organizations, conferences, and trade shows. If you are involved in a group and feel it would benefit your colleagues or provide opportunities for speaking, let us know. The outline of specialty services including work hardening, work conditioning, functional capacity evaluation, etc is due for review and revision. You can access these on the OHSIG web page, under guidelines. Work groups will be convened for each topic area. If you want to be involved or have information related to any of these initiatives, contact any Board member. Detail can found on the OHSIG page under special interest groups on the Orthopaedic Section web site. Additionally, please feel free to contact Lorena P. Payne at lpettet@aol.com.

Physical Therapy Care for Modified Work Duty vs Off Duty Workers Who Have Back Injuries

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INTRODUCTION

Sprain and strain injuries (most often involving the back) have constituted 40% of work-related injuries and illnesses in the United States from 2005-2010 and were the leading cause of days away from work.¹⁻⁴ Workers' compensation has annually paid \$11 billion in the United States to treat back injuries and employers have lost \$7.4 billion annually in productive time.⁵ Evidence has revealed once a worker was injured and off work, the longer they stayed off work, the less likely they returned to work (RTW).⁶

Physical therapy (PT) has played a crucial role in helping patients regain their preinjury functional level in an effort to get them back to work. What has not been known, however, was how PT aided in a person's RTW when it was coupled with an employer's RTW program. The purpose of this study was to compare the full duty RTW outcomes of workers placed in modified work duty versus those off work. Both groups of workers received PT following a back sprain or strain. The full duty RTW outcomes included the number of days off work, days of modified duty, days from injury to full duty RTW, the number of PT visits, and reported low back pain disability with full duty RTW using the Oswestry Disability Index.⁷ We hypothesized workers placed on modified work duty while receiving PT intervention would have faster full duty RTW with fewer PT treatments and less perceived disability than those individuals who were off work during their PT intervention.

METHODOLOGY

The subjects recruited for the study were consenting workers with low back sprains and strains referred to PT at an occupational health outpatient clinic in Kentucky from 7/1/12 thru 12/31/12. Exclusion criteria included any past history of surgery or pre-existing condition to the specific area of treatment and any radicular symptoms stemming from the cervical or lumbar regions. The University of Findlay Internal Review Board approved the study.

There were two groups of subjects. Group one included subjects placed on modified work duty as determined by their physician while participating in PT. Group two included subjects who received PT while placed off of work by their physician.

24.1

The Injured Worker

COURSE DESCRIPTION



This course covers topics related to the roles, responsibilities, and opportunities for the physical therapist in providing services to industry. Wellness, injury prevention, post-employment screening, functional capacity evaluation, and legal considerations are covered by experienced authors working in industry. Current information is also related to how the Affordable Care Act impacts physical therapy services.

**Additional Questions:
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or visit our Web site at:**

www.orthopt.org/content/c/24_1_the_injured_worker

Subjects in either group did not return to full duty work until cleared by their physician. The treating PT had subjects complete the Oswestry Low Back Disability Questionnaire⁷ at the time of their initial evaluation and recorded all demographic information in the subject's clinic medical record. The physical therapist also recorded the date of the subject's injury, the date the individual was placed off work or on modified duty, the date PT was initiated and concluded, and the date the individual returned to full duty work. Researchers performed subject medical record audits and phone calls post PT discharge to capture full duty RTW outcomes and Oswestry scores.⁷ All data descriptives and differences were analyzed with SPSS Statistical Software using t-tests for scaled variables and nonparametric tests for nominal or ordinal variables. The level of significance was established at .05, power was .80, and confidence interval was 95%.

RESULTS

There were 42 subjects who met the inclusion criteria with 23 subjects placed in group one by physician assignment and 16 subjects placed in group two. Three subjects were excluded from the study due to not returning to PT. There was no difference in mean age between groups ($t(37) = -.200, p = .842$). The mean age of group one was 36.7 years (s.d. = 12.5) and group two was 37.5 years (s.d. = 12.1). There was also no difference in evaluation Oswestry disability percentages between groups (Group 1 = 35.13%, Group 2 = 35.22%, $p = .954$). Following discharge and full duty RTW, group 2 had a 17% improvement in reported disability compared to only 12% in group one. There was no significant difference between groups in any RTW outcome measure except days off work ($t(37) = -5.68, p = .000$) and modified work duty ($t(37) = -5, p = .000$). Refer to Figure 1.

DISCUSSION

This study supported previous studies where workers with low back sprains and strains had a faster full duty RTW when working in modified work duty while recovering versus being off work.⁶ In contrast, this study revealed the worker who performs modified work duty may have greater reported or perceived low back pain disability than workers who are able to be off work during recovery. Our hypothesis was partially supported. Limitations to this study included self-report on the disability questionnaire, a small convenience sample, and no randomization of the groups.

CONCLUSION

Physical therapists will need further clarification of best practice in RTW strategies to minimize long-term low back pain disability so those workers are able to continue being productive.

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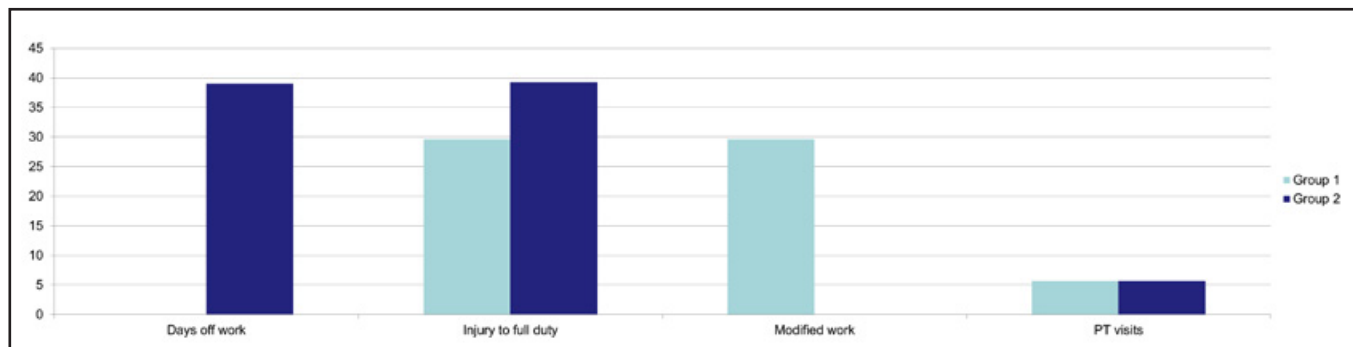


Figure 1. Time until full duty return to work in days.