PRESIDENT'S MESSAGE

Rick Wickstrom, PT, DPT, CPE, CME

This is a great time to reflect on why we are here, who we are, and where we are going in volunteer initiatives by the Occupational Health Special Interest Group (OHSIG) and plan next steps for our occupational health practices. From the start of my service as OHSIG President in 2019, I have felt engaged and inspired by the vision and inclusivity of AOPT's President, Joseph Donnelly, PT, DHSc, FAPTA and other Board members. Joe's focus on strategic planning at all levels of AOPT prompted me to work with our OHSIG leaders to revise our mission, vision, and strategic initiatives with consideration of our alignment with other AOPT special interest groups and committees.

Why we are here is reflected in our OHSIG Vision statement to *Lead the world in optimizing movement, musculoskeletal health, and work participation from hire to retire*. To accomplish this vision, OHSIG members must focus more attention on implementing direct-to-employer services that demonstrate value with workplace population health management. We must be bold in our delivery of *Total Worker Health*® interventions that integrate worker well-being with worker safety and health promotion principles. Every therapy referral of an injured worker should be viewed as a portal opportunity to forge a relationship for direct-to-employer services. For example, a starting point may be to ask the injured worker for permission to contact safety or human resources to obtain a written description of job duties and physical job demands. When information is not adequate, this may create an opportunity to facilitate an interactive visit with the worker at the job site to clarify physical demands or identify workplace interventions to address within a job-specific plan of care. Successful resolution of participation barriers for an injured worker may be leveraged to position the therapist as the preferred provider for other therapy referrals or contracts such as providing functional employment screens of new hires or wellness movement exams to promote suitable physical activity. Success with improving client employer outcomes may be leveraged in presentations to groups of employer professionals such as Safety Councils to lead employer programs from hire to retire.

Who we are is reflected in the depth of incredible passion and expertise of our Occupational Health SIG volunteers. The OHSIG has many volunteer opportunities for networking that are organized under our standing committees for Practice, Membership, Research, and Communications. We appoint members to serve on committee teams that are tasked to address one or more OHSIG initiatives. For example, our Practice Committee that is led by Lorena Payne just completed a major initiative of publishing evidence-based Clinical Practice Guidelines in the *Journal of Orthopaedic and Sports Physical Therapy* that are titled "Clinical Guidance to Optimize Worker Participation After Injury or Illness: The Role of Physical Therapists." Researching, writing, and publishing this CPG has been a process that engaged a large group of experts who invested thousands of hours over the past 6 years to see this project through. It replaces our OHSIG Current Concepts document for Advanced Work Rehabilitation Guidelines that was consensus-based and led by the same lead author, Diedre Daley, PT, DPT. This CPG is meant to be used in conjunction with other published CPGs related to specific health conditions.

Where we are going is reflected in our accomplishments and ongoing strategic initiatives that relate to AOPT Goals for:

(1) **Diversity, Equity, and Inclusion:** Our Communications Committee led by Cory Blickenstaff has been coordinating with AOPT staff to implement an expanded member profile to encourage networking among members on the new AOPT website. We are pleased to have individual partners from occupational therapy and other disciplines joining OHSIG to foster diversity and collaboration in occupational health practice. We are planning an OHSIG member survey to get feedback on Occupational Health Advanced Practice credential program and other advocacy issues being considered.

(2) **Value and Payment:** Our OHSIG Membership Committee led by Caroline Furtak is implementing our initiative to establish OHSIG members to serve as state resource liaisons to grow payment for services and facilitate presentations that demonstrate the value of occupational health physical therapy. Ideally, we want to encourage networking among members in all states to share examples that foster a favorable environment in workplace and clinic-based practice.

(3) **Positioning and Public Awareness:** Positioning our members as experts in managing movement. Our OHSIG Research Committee led by Marc Campo is implementing our initiative to establish an advanced practice educational credential to position our members as experts in occupational health services. Stay tuned for the launch of the first of 3 required courses in January 2022 that will address workplace population health management, functional job analysis, design of functional employment exams, and early intervention to prevent needless work disability. This will be followed by advanced program Clinical Care of Workers with Participation Restrictions. Our Steering Committee is developing the credentialing component that includes an interactive webinar for current concepts and an Occupational Health Capstone project with a focus on one or more practice areas.

(4) **Evidence to Best Practice:** Our Practice Committee led by Lorena Payne is now engaging a new sub-committee of members to create infographics and develop educational presentations to disseminate the OHSIG's evidence-based Clinical Practice Guideline to APTA components (state chapters and all academies) and stakeholder groups (ie, therapy providers, employers, payers, case managers, adjusters, medical providers, regulatory agencies).

Employers are recovering from the negative impacts of COVID-19. Our new normal provides opportunities to focus more on direct-to-employment services that optimize movement and function from hire to retire.

Some states have confusing or conflicting regulation that may limit how physical therapists function as the entry point practitioner for workplace injury and disability management. Assignment of diagnostic labels by a healthcare practitioner is usually limited to their scope of practice. For example, a psychologist would not order x-rays to diagnose a foot fracture and a podiatrist would not examine the eyes to diagnose and treat cataracts. The physical therapist is well-positioned to diagnose and certify work restrictions because of our practice focus on physical activity progression to alleviate disability from a broad range of health conditions. As such, we must advocate for inclusion as acceptable medical sources to provide objective medical evidence of physical impairment and functional limitations for disabling conditions.