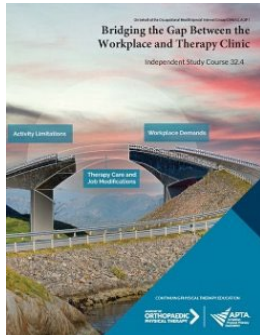


Individual CEU Application Packet

32.4 Bridging the Gap Between the Workplace and Therapy Clinic



Course Description

This course is coordinated by the Occupational Health Special Interest Group (OHSIG) of the Academy of Orthopaedic Physical Therapy, APTA. The aim is to provide the clinician with essential information to develop an advanced practice in occupational health, consistent with the OHSIG vision of *optimizing movement, musculoskeletal health, and work participation from hire to retire*. Accordingly, the combined information from the 3 monographs listed to the right is intended to guide the reader

through the understanding and process of providing comprehensive occupational health services benefiting both the employees and employers.

Discussed comprehensively is the role of therapists to assist employers with *Total Worker Health*® policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness-prevention efforts to advance worker well-being. Course highlights include best practice examples and regulations to optimize design of workplace wellness, functional job analyses, functional employment tests, and entry point care models for the evaluation and management of musculoskeletal injuries, including the use of transitional work or simulated work tasks to promote stay-at-work or return to work after injury or illness.

Learning Objectives

The intent of this monograph series is to prepare therapists and other health practitioners to:

1. Deliver health promotion services that relate to employer programs for wellness, physical fitness, and population health.
2. Assess functional job demands for job accommodation and design job fitness exams.
3. Promote early intervention for workers who are unable to perform usual job duties.

Author Biographies

32.4, Author Biographies

Steve Allison, PT, DPT, OCS, CME is a doctor of physical therapy and U.S. Army Gulf War Veteran. He has been licensed to practice physical therapy since 1991, and he has been board certified in orthopaedics since 2002 (OCS). He is one of only a few physical therapists in the United States who is as a certified DOT medical examiner (CME) for the Federal Motor Carrier Safety Administration. He has focused his practice to the sub-specialty area of occupational health which includes areas such as job analysis, essential job function validation testing, functional employment testing, DOT physical exams, functional capacity evaluations, transitional work program development, and reasonable accommodation consulting. Dr. Allison served as the lead author of the FCE best practices guideline adopted by the American Physical Therapy Association (APTA) in April 2018. He has also authored and/or contributed to numerous other articles related to FCE, job analysis, and medical fitness for duty. He has been recognized in various federal courts and district courts in Louisiana as an expert in FCEs, job analysis, and orthopedic physical therapy. He currently serves as chief executive officer for Functional Capacity Experts, LLC and Disability Management Group, LLC in Bossier City, Louisiana.

Todd E. Davenport, PT, DPT, MPH, OCS serves as a tenured associate professor in the Department of Physical Therapy in the Thomas J. Long School of Pharmacy and Health Sciences at the University of the Pacific in Stockton, California, where he teaches in the Doctor of Physical Therapy (DPT) program. Todd is a graduate of the University of Southern California's DPT and Orthopaedic Physical Therapy Residency programs. He is a past clinical research fellow at the Warren G. Magnusson Clinical Center at the National Institute of Health in Bethesda, Maryland. Todd is a graduate of the Master of Public Health program at the Berkeley campus of the University of California. He has been continuously recognized as a Board-Certified Orthopaedic Clinical Specialist by the APBTS since 2005. Todd has worked to translate evidence from scientific research into best practices for physical therapy. He is a member of the Evidence-Based Documents Task Force of the AOPT of the APTA, through which he has been involved with authoring 2 clinical practice guidelines to date with emphasis on foot and ankle health conditions. He also has served on the multidisciplinary Primer Writing Committee of the International Association for Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (IACFS/ME) and as a content reviewer for clinical practice guidelines created by the American College of Occupational and Environmental Medicine. Todd is an associate editor of the *Journal of Orthopaedic & Sports Physical Therapy*, as well as a reviewer for several journals in the fields of rehabilitation and rheumatology. In addition to his teaching, scholarship, and service work, Todd practices clinically at the Kaiser Permanente offices in Stockton, California.

Shanna Dunbar, BSN, RN, COHN-S, BS is the founder and President of Workplace Health Inc. focused on improving the health and productivity of employees. She is a Registered Nurse and board certified in Occupational Health Nursing as a Specialist. She is the immediate past President of the Ohio Association of Occupational Health Nurses (OAOHN). She holds a Certificate in Workers' Compensation Administration and Management from the University of California. Her educational preparation at UCLA in Kinesiology brings a particular expertise in Ergonomics and job analysis. She is a 2015 graduate of the Goldman Sachs 10,000 Small Businesses program, cohort 8. She is a member of the Healthy Business Council of Ohio, Northeast Ohio. She has been certified as a health coach since 2009. She has worked with employers in Occupational Health since 1986 and has promoted cost effective program



management in Employee Assistance, Substance Abuse Prevention, Injury and Illness Prevention, Disease and Disability Management, Workers' Compensation Risk Management, Injury Care and Case Management, Medical Surveillance, and Transitional Work. She has been instrumental in the development and implementation of *Total Worker Health*[®] (TWH) programs. More recently, as a certified occupational health nurse she has led COVID workplace prevention programs.

Joshua Prall, PT, DPT, EdD, MS, OCS is the owner of Coastal Consulting LLC, specializing in providing ergonomics education and workplace safety programs that benefit both the employees and the employers to reduce workplace injuries, increase productivity, and decrease spending on healthcare costs. He is a board-certified orthopaedic physical therapist through the American Board of Physical Therapy Specialties. He is an adjunct professor at the University of Scranton and Misericordia University where he is active teaching in the Occupational Health, Therapeutic Exercise, Grand Rounds, and Orthopedic physical therapy curriculums. He has guest lectured on ergonomics and work hardening at various universities including Bloomsburg University of Pennsylvania on the topic of ergonomic consulting to reduce workplace injuries in the Master of Athletic Training Program and internationally on topics including ergonomics and postural training for the Master of Science in Physiotherapy Program at the Bangladesh Health Professions Institute. He is a member of the American Physical Therapy Association and is a member of the Orthopedic, Research, and Health Policy and Administration sections/academies. He is also a member of the OHSIG through the Academy of Orthopedic Physical Therapy (AOPT) and is currently serving as OHSIG Vice Research Chair. He has also published multiple manuscripts in peer-reviewed journals on the effects physical therapy delivered workplace injury prevention and ergonomics has on injury reduction and costs in the workplace.

Michael Ross, PT, DHSc, OCS, FAAOMPT is an Assistant Professor in the Department of Physical Therapy at Daemen College in Amherst NY. He is a board-certified Orthopaedic Clinical Specialist from the American Board of Physical Therapy Specialties and a Fellow of the American Academy of Orthopedic Manual Physical Therapists. Prior to his appointment at Daemen College, Dr. Ross served in the U.S. Air Force for 20 years where he was credentialed as a direct access provider with diagnostic imaging and pharmacological privileges. He completed his Bachelor of Science in Physical Therapy from Daemen College, his Doctorate of Health Science in Physical Therapy from the University of Indianapolis, and a Fellowship in Orthopedic Manual Therapy and Musculoskeletal Primary Care from Kaiser Permanente Medical Center in Vallejo, CA. He has made numerous scientific presentations and has lectured extensively at the entry-level, graduate, and postgraduate levels on medical screening and differential diagnosis in physical therapist practice. Dr. Ross maintains a pro bono practice for community residents and has published over 150 manuscripts and abstracts related to orthopedic physical therapist practice. He served as the Editor for the Musculoskeletal Imaging feature of the *Journal of Orthopaedic & Sports Physical Therapy* from 2008 to 2016 and is a manuscript reviewer for several medical and rehabilitation journals.

Roderick C. Stoneburner, MS, CRC(rtd) received his Master's in Rehabilitation/Vocational Evaluation from the University of Arizona. He completed additional graduate work in Rehabilitation Counseling Psychology at the University of Southern California and Organizational Leadership at Pepperdine University. He has been a Certified Rehabilitation Counselor since 1979, retiring in 2016. During the past 35 years, Mr. Stoneburner has been affiliated with graduate programs in vocational rehabilitation at California State University locations in Los Angeles and San Bernardino, having served as a graduate



advisor board member and adjunct professor in the Rehabilitation Program/College of Education. He has worked in California's Workers' Compensation system since 1975 and has supervised the vocational rehabilitation plan development and job placement of more than 25,000 individuals. He has developed Vocational Evaluation programs for sheltered workshops, IEP educational programs, family law, and employment law. He has been retained as an expert witness (both applicant and defense) for Workers' Compensation, Personal Injury, Employment Law, Family Law, and the Social Security Administration, having testified in numerous court cases relating to disability, employment issues, vocational assessment, residual earning capacity, and determination of employability. He has been actively involved in the California IARP organization (state) and has co-published articles in the IARP professional journal on evidence-based vocational evaluation, a forensics-based approach designed to formalize vocational evaluations to meet demands of credibility and conformance to legal standards. He participated in the development of the vocational evaluation training for ICVE, including preparation of test questions, and is currently involved with VECAP for training and mentoring for Vocational Evaluation professionals. He is currently involved in mentoring professionals in the field who have interest in vocational evaluation forensics.

Jennifer Gaul, PT, OCS, CSCS is a Center Therapy Director in Franklin, Ohio. She has worked exclusively as an industrial medicine Physical Therapist with Concentra for 7 of her 20-year career. She currently rehabilitates acutely injured workers in the outpatient setting where she also performs pre-employment job specific task screens and has provided insight onsite to employers looking for safety recommendations. She is a member of the OHSIG of the AOPT. Jennifer is also an Adjunct Faculty Member in the University of Dayton's Doctor of Physical Therapy program. She received her master's degree of physical therapy from Andrew's University. She has been an APTA Orthopaedic Certified Specialist for 11 years and a NSCA Certified Strength and Conditioning Specialist for 18 years.

Alison Helmetsie, PT, DPT, OCS, Cert MDT received her Master of Science in Physical Therapy degree from Ithaca College in 2007 and her transitional Doctor of Physical Therapy degree from Temple University in 2014. She is currently enrolled in a PhD program in Systems Science/Ergonomics in the Thomas J. Watson College of Engineering and Applied Science at Binghamton University (State University of NY). She is board certified by the American Board of Physical Therapy Specialties in orthopaedics, and she has taken extensive continuing education courses in ergonomics, functional job analysis, and worksite therapy services for the industrial setting. She is a member of the American Physical Therapy Association (APTA), Academy of Orthopaedic Physical Therapy (AOPT), OHSIG, and APTA New York Chapter. She has practiced in several outpatient orthopaedic physical therapy clinics since 2007 and has provided on-site services for a variety of industrial clients since 2009. She is currently employed full-time as a physical therapist for the Occupational Health section of Guthrie Medical Group, PC, in Ithaca, NY.

Jennifer Klose, PT, DPT is the Director of Clinical Services in eastern Ohio and western Pennsylvania. Since joining Concentra in 2001, Jen has been involved in all aspects of occupational health from injury care management to workplace safety and prevention. She is also a member of Concentra's Therapy Medical Expert Panel that functions to develop guidance and resources for therapists to provide evidence-based treatment for injured workers. She received her master's degree in physical therapy from D'Youville College and completed her transitional Doctorate of Physical Therapy degree at Temple University. She has achieved an advanced training certificate in manual therapy through the Manual



Therapy Institute and a Business Excellence in Healthcare certificate from Cornell University. Jen is actively involved in the OHSIG of the Academy of Orthopedic Physical Therapy. She collaborates with this group to provide evidence-based research and best practices to the field to promote positive therapy outcomes.

Moyo B. Tillery, PT, DPT, OCS, FAAOMPT received her Bachelor of Science in Biological Sciences from North Carolina State University in Raleigh, North Carolina in 2008, and her Doctorate in Physical Therapy from Duke University in Durham, North Carolina in 2011. She has completed residency and fellowship training in orthopedic manual physical therapy, is ABPTS Board-Certified in Orthopedics, and a Fellow of the American Academy of Manual Physical Therapists. With over 9 years of clinical practice in Occupational Health at Concentra Medical Centers, Dr. Tillery has completed additional training in developing ADA-compliant employment testing, and she has performed functional job analyses for numerous employers and municipalities. She also serves as a member of the Concentra Physical Therapy Medical Expert Panel, providing guidelines and research on expert practice in occupational health physical therapy. She is an active and engaged member of the Occupational Health Special Interest Group of the APTA Academy of Orthopaedic Physical Therapy, as well as the APTA Academy of Education, APTA–North Carolina, American Academy of Orthopedic Manual Physical Therapists, and the National Association of Black Physical Therapists.

Rick Wickstrom, PT, DPT, CPE, CME is a Doctor of Physical Therapy, Certified Professional Ergonomist, and Certified Medical Examiner. He earned his Bachelor of Science degree in Physical Therapy from the Ohio State University and completed graduate coursework in occupational ergonomics at the University of Cincinnati College of Medicine. As President and owner of WorkAbility Systems and WorkerFIT, Dr. Wickstrom has consulted in occupational health and ergonomics for over 30 years. He has published many articles and technical papers related to functional capacity evaluation, work disability prevention, and ergonomics. Dr. Wickstrom serves as an expert witness on matters concerning the extent of physical disability, fitness-for-duty, or job accommodation. His diverse clinical practice includes transitional work-site therapy, functional capacity evaluation, worker accommodation studies, ergonomic job analysis, development of worker fitness screening and transitional work programs, systems development, research, and training. He has invented several products including the patented Physical Agility Tester, WorkerFIT software, ExamFIT software, Total-Body Dexterity Tester, Ergo-Totes Set, and WorkAbility Rate of Manipulation Test. Dr. Wickstrom has dedicated his career to preparing employers and occupational health professionals with skills and tools needed to assess job demands, evaluate worker fitness-for-duty, resolve worker performance barriers, and promote physical wellness. He currently serves as OHSIG President of the AOPT and is on the Board of Directors for the Ohio Chapter of the International Association of Rehabilitation Professionals (IARP).

Bibliography

Clinical guidance to optimize work participation after injury or illness: Using the evidence to guide physical therapist practice. *J Orthop Sports Phys Ther.* 2021;51(8):380-381. doi:10.2519/jospt.2021.0505

Holzgreve F, Maltry L, Lampe J, et al. The office work and stretch training (OST) study: an individualized and standardized approach for reducing musculoskeletal disorders in office workers. *J Occup Med Toxicol.* 2018;13:37. doi:10.1186/s12995-018-0220-y

Holzgreve F, Maltry L, Hänel J, et al. The Office Work and Stretch Training (OST) Study: an individualized and standardized approach to improve the quality of life in office workers. *Int J Environ Res Public Health.* 2020;17(12):4522. doi:10.3390/ijerph17124522

US Department of Labor, Bureau of Labor Statistics. Office of Compensation and Working Conditions (OCWC). *Occupational Requirements Survey Collection Manual.* August 2020. Accessed May 3, 2021. [bls.gov/ors/information-for-survey-participants/pdf/occupational-requirements-survey-collection-manual-082020.pdf](https://www.bls.gov/ors/information-for-survey-participants/pdf/occupational-requirements-survey-collection-manual-082020.pdf)

Nützi M, Trezzini B, Medici L, Schwegler. Job matching: An interdisciplinary scoping study with implications for vocational rehabilitation counseling. *Rehabil Psychol.* 2017;62(1):45-68. doi: 10.1037/rep0000119

Sengers JH, Abma FI, Stahl C, Brouwer S. Work capacity assessments and efforts to achieve a job match for claimants in a social security setting: an international inventory. *Disabil Rehabil.* 2020 Aug 28;1-10. doi: 10.1080/09638288.2020.1810787

Daley D, Payne LP, Galper J, et al. Clinical guidance to optimize work participation after injury or illness: The role of physical therapists. *J Orthop Sports Phys Ther.* 2021;51(8):CPG1-CPG102. doi:10.2519/jospt.2021.0505 CPG1-CPG102

McGill TE, Stern DF, Kolber MJ, McGee J. Cost outcomes of physical therapist providers compared to primary care providers in the treatment of musculoskeletal patients in a military treatment facility: a retrospective chart review. *Internet J Allied Health Sci Pract.* 2021;19(2):Article 4. doi:10.46743/1540-580X/2021.2000

Demont A, Bourmaud A, Kechichian A, Desmeules F. The impact of direct access physiotherapy compared to primary care physician led usual care for patients with musculoskeletal disorders: a systematic review of the literature. *Disabil Rehabil.* 2019;43(12):1637-1648. doi:10.1080/09638288.2019.1674388

Table of Contents_All

32.4, Bridging the Gap Between the Workplace and Therapy Clinic

Monograph 1: Total Worker Health® Protection and Promotion Programs

TABLE OF CONTENTS

ACRONYM LIST

ABSTRACT

LEARNING OBJECTIVES

INTRODUCTION

National Institute for Occupational Safety and Health *Total Worker Health*®

Relationship to Employee Population Health Management

Steps to Design a Program for Worker Safety, Health, and Well-being

Defining Elements for *Total Worker Health*®

Leadership commitment to safety and health at all levels of organization

Promote worker engagement throughout program design and implementation

Design work to eliminate or reduce health hazards and promote well-being....

Ensure confidentiality and privacy of workers

Integrate relevant systems to advance worker well-being

RELEVANCE TO SAFETY & WORKERS' COMPENSATION BENEFITS

History of Occupational Safety and Health Administration

OSHA Recordkeeping Requirements and Interpretation of First Aid

Identifying Work Injury Trends

Workers' Compensation Program Applications

Assessing the Costs of Workplace Injuries and Disability

RELEVANCE TO EMPLOYER SPONSORED MEDICAL PLANS

History of Employer Sponsored Medical Plans

Health Care Coverage for the Small Business Employer

The Affordable Care Act

Health Insurance in 2020 and Beyond

Health Insurance and Wellness Incentives Aimed at Reducing Costs

Legal Considerations

Health Promotion Integration May Begin at the Point of Hire

Moving from traditional to movement-based exams for new hires

Steps for employment pre-participation exams (job fitness exams)

Benefits of employment pre-participation exams

Total Worker Health® Benefits Worker Recruitment and Retention

Transitional work

Temporary versus permanent restrictions and impacts on job placement

WORKPLACE WELLNESS AND HEALTH PROMOTION

Historical Perspective

CDC launches Healthy People 2000/2010/2020 and the ACA

Wellness Programs and Return on Investment

Injury Prevention Strategies

Job analysis and workplace intervention
Program prevention goals

INTEGRATED WORKPLACE THERAPY SOLUTIONS

Functional Job Analyses and Related Ergonomic Services
Functional Employment Exams.
Transitional Work Programs as a Strategy to Reduce Claim Severity
Essential components of a transitional work program
Using preferred occupational health providers
Telehealth and Health Coaching Services
Movement/Stretching Programs at Work
On-site Therapy to Promote Access to Care for Injured Workers
Evaluating Outcomes for *Total Worker Health*® Interventions
Analysis of Current Condition

THERAPY CASE APPLICATIONS

Case Application 1: On-site Musculoskeletal Injury Screening Program
Case Application 2: Transitional Work Program to Reduce Disability
Case Applications 3: Comprehensive Well-being Program with Health Coaching

SUMMARY

REFERENCES

REVIEW QUESTIONS

Monograph 2: Functional Job Analysis and Employment Exams

TABLE OF CONTENTS

ACRONYM LIST

ABSTRACT

LEARNING OBJECTIVES

INTRODUCTION

FUNCTIONAL JOB ANALYSIS: AN OVERVIEW OF ITS APPLICATIONS

Job Matching
Workplace Injury Prevention
Job-Specific Rehabilitation
Compliance with Anti-Discrimination Regulations

EVOLUTION OF FUNCTIONAL JOB DEMAND TAXONOMIES

Dictionary of Occupational Titles (DOT)
Occupational Information Network (O*NET)
Occupational Requirements Survey (ORS)
Summary

JOB ANALYSIS CORE CONCEPTS AND DESCRIPTORS

Job Description versus Functional Job Analysis
Occupation
Job Title or Job Position
Task
Job Functions
Essential versus marginal job functions

Job Demand Factors

Physical demand factors

Abilities and aptitudes: psychomotor, sensory, cognitive demand factors

Environmental demands

Personal protective equipment

CONDUCTING THE FUNCTIONAL JOB ANALYSIS

Referral Process

Data Collection

Interviews

Questionnaires

Observation

Measuring Critical Job Demands

Duration versus frequency of repetition scales

Materials Handling Ability Factors

Force exertions and weight of loads handled

Lifting

Carrying

Pushing and pulling

Non-materials Handling Ability Factors

Movement and postural tolerances

Climbing

Confined spaces and clearances

Limited headroom

Low postures: stooping, crouching, kneeling, crawling

Coupling

Personal protective equipment use and hazardous contaminants

Creating the Functional Job Analysis Report

Documenting job descriptions and specifications

Recording accurate measurements: validity and reliability

Billing and Coding

Summary

CASE APPLICATIONS OF FUNCTIONAL JOB ANALYSIS

Case Study 1: Cashier in a Fast-Food Restaurant

Case Study 2: Heavy Equipment Mechanic

FUNCTIONAL EMPLOYMENT EXAMS

Types of Functional Employment Exams

Pre-employment phase

Post-offer phase

Post-employment fitness-for-duty, return-to-work, and periodic testing

Legal and Regulatory Considerations for Functional Employment Testing

Title VII of the Civil Rights Act of 1964 (Section 703 and 704)

Age Discrimination in Employment Act (ADEA) of 1967

The Rehabilitation Act of 1973 (Section 501 and 505)

Pregnancy Discrimination Act of 1978

Part 1607 of Uniform Guidelines for Employment Selection (1978)

Title I of the Americans with Disabilities Act of 1990
Americans with Disabilities Act Amendments Act of 2008 (ADAAA)
Genetic Information Non-Disclosure Act of 2008 (GINA)
State employment laws.
Unionized companies

Legal Cases on Defensible Employment Testing

EEOC vs. Dial Corporation

EEOC vs. JBS Carriers

EEOC and Alston vs. MedStar Harbor Hospital

Indergard vs. Georgia Pacific Corporation

Designing a Functional Employment Exam

Reliability of work-related functional testing

Validity of work-related functional testing

Uniform guidelines of employee selection procedures

Conducting the Functional Employment Examination

Informed consent and liability waivers

Candidate health history

Test administration

Scoring and results reporting

Billing and coding.

Case Study 3: Materials Handler

APPENDICES

Appendix A. Sample Functional Job Analysis Worksheet Data for Cashier

Appendix B. Sample Description of Job Rotation of Functions and Tasks for Cashier

Appendix C. Sample Worker Ability Survey Form for a Cashier (Restaurant)

Appendix D. Sample Ergo Job Function Analysis for a Transitional Work Assignment

Appendix E. Sample Examiner Report of Worker Ability for Heavy Equipment Mechanic

Appendix F. Sample Job Description for a Materials Handler

Appendix G. Sample Functional Job Analysis Report for Material Handler

Appendix H. Sample Post-offer Employment Test for Materials Handler

REFERENCES

REVIEW QUESTIONS

Monograph 3: Entry Point of Care for Workers with Job participation Barriers

TABLE OF CONTENTS

ACRONYM LIST

ABSTRACT

LEARNING OBJECTIVES

INTRODUCTION

EVOLUTION OF ENTRY POINT THERAPY OPPORTUNITIES

Primary Care Therapy Practice Models

Direct Access Model Advancement

EARLY THERAPY REFERRAL

- Early Therapy Referral and Management of Musculoskeletal Injuries
- Criteria for Appropriate/Timely Therapy Referral
- Monitoring Risk Factors for Delayed Return-to-Work (RTW)
- Identifying Biopsychosocial Concerns or Physical Findings
- ROLE OF ON-SITE PHYSICAL/OCCUPATIONAL THERAPY
 - Early Musculoskeletal Injury Reporting and Management
- THERAPEUTIC MANAGEMENT OF THE INJURY
 - Evidence-Based Early Treatment: Active Treatment
 - Graded, Modified, and Transitional Work
 - Graded Activity and Graded Exposure
 - Function Centered Treatment Approach
 - Worker Education and Instruction
 - Secondary Management of Injury
- FOSTERING THERAPEUTIC ALLIANCES
 - Partnership with Worker
- TEAM APPROACH TO MANAGEMENT OF THE INJURED WORKER
 - Coordination of Care
- EVIDENCE-BASED SUPPORT OF BEST PRACTICE
 - Review of Evidence
 - Benefits of Early Therapy Referral on Outcomes
- CASE STUDIES
 - Case Study 1: Worksite “OSHA First-Aid” Only
 - Case Study 2: Work-Site Triage Progressing to Occupational Medicine Evaluation and Referral to Clinic-Based Physical Therapy
 - Case Study 3: Clinic-Based Early Physical Therapy Success Story
 - Case Study 4: Clinic based Early Physical Therapy Progressing to Complex Management
- APPENDICES
 - Appendix A. Optimal Screening for Prediction of Referral and Outcome Yellow Flag (OSPRO-YF) 10-item Assessment Tool
 - Appendix B. Review of Functional Job Analysis to Determine Return-to-Work Readiness
- REFERENCES
- REVIEW QUESTIONS

Course Evaluation

ISC 32.4, Bridging the Gap Between the Workplace and Therapy Clinic

1. Did the author's writing meet his/her learning objectives?
yes/no
2. Do you feel an evidence-based approach substantiated the information presented in this course?
yes/no
3. Was the material well-organized and written clearly?
yes/no
4. Do you feel the information will enhance your clinical practice?
yes/no
5. How many hours did it take you to complete the entire course? (Rate scale 1-10 – set at 6)
1=5-10
2=11-15
3=16-20
4=21-25
5=26-30
6=30+
6. Did the number of hours to complete the course reflect the number of CEUs awarded?
(Dropdown box)
less than
equal to
more than
7. Were personal experience and observation the primary source of information?
yes/no
8. Was a commercial product promoted?
yes/no
9. Add any additional comments on this course here: (Text Box)
10. Suggestions for future topics: (Text Box)

Final Exam

ISC 32.4, Bridging the Gap Between the Workplace and Therapy Clinic

1. What is the correct order of the National Institute for Occupational Safety and Health's (NIOSH's) Hierarchy of Controls applied to *Total Worker Health*®?
 - a. Eliminate, substitute, redesign, educate, encourage.
 - b. Substitute, eliminate, redesign, educate, encourage.
 - c. Encourage, educate, redesign, eliminate, substitute.
 - d. Encourage, redesign, educate, eliminate, substitute.

2. What are the 4 steps of the Centers of Disease Control (CDC) Workplace Health Model?
 - a. Exercise, ergonomics, job site assessments, and functional job analysis.
 - b. Assessment, planning and management, implementation, and evaluation.
 - c. Assessment, job site assessments, implementation, and evaluation.
 - d. Assessments, functional job analysis, implementation, and evaluation.

3. All of the following are main tentacles of *Total Worker Health*® for primary prevention of work-related musculoskeletal disorders and overall health EXCEPT?
 - a. Post-offer functional employment exams.
 - b. On-site musculoskeletal triaging.
 - c. Functional job analyses and ergonomic modifications.
 - d. Community medication reviews.

4. Which is not a Workplace Therapy Solution described in this monograph?
 - a. Ergonomic assessments.
 - b. Medically billing auditing.
 - c. Transitional work program.
 - d. On-site musculoskeletal triaging.

5. Several key regulations exist to ensure employment practices are non-discriminatory. Which landmark legislation was created to ensure provisions such as reasonable accommodations are available to employees?
 - a. Title VII of the Civil Rights Act of 1964.
 - b. Age Discrimination in Employment Act of 1967.
 - c. Section 501 of the Rehabilitation Act of 1973.
 - d. Title I of the Americans with Disabilities Act of 1990.

6. A valid functional job analysis is crucial for compliance with anti-discrimination regulations, such as post-offer employment testing during candidate selection procedures. Which of the following actions best minimizes potential threats to the validity of the functional job analysis process?
 - a. Having incumbents validate findings from functional job analysis report.
 - b. Limiting variability of responses throughout the job analysis process by exclusively conducting structured interviews.

- c. Reviewing the available job description only when the purpose of the job analysis is to update the job description.
 - d. Omitting variability in work shift descriptions in task statements to maintain focus on essential job functions.
7. After identifying the purpose of the functional job analysis, the analyst collects a variety of information from key stakeholders and conducts on-site data analysis. The outcome of the functional job analysis is a report that has potential applications across various stages of employment. During which stage of employment best characterizes the application of the functional job analysis to determine readiness for work following an extended period of absence from disability or work participation limitations?
- a. Pre-employment.
 - b. Post-employment.
 - c. Post-offer.
 - d. Pre-screening.
8. The Uniform Guidelines on Employee Selection Procedures provides employers with a framework and assessment tool to determine job-relatedness and fairness of functional employment testing, including guidance on determining cut-scores. Which of the following statement is false regarding cut-scores?
- a. A cut-off score or cut-score is the minimum score that a candidate for employment must have to qualify for a position.
 - b. It is recommended that employers set cut-score that are based on job-relatedness and business necessity.
 - c. Small differences in test scores that yield large effects on employment decisions are indicative of a non-discriminatory cut-score.
 - d. It is recommended that the employer document the rationale for the cut-score.
9. There are several desired outcomes associated with the effective management of the injured worker, including which of the following?
- a. Managing long term opioid prescription.
 - b. Reducing healthcare cost.
 - c. Addressing pre-existing musculoskeletal conditions.
 - d. Routine referral for advanced diagnostics.
10. Which is a quick screening tool that physicians could use to help identify how at risk an injured worker is for developing chronic lower back pain?
- a. Fear Avoidance Beliefs Questionnaire (FABQ).
 - b. Oswestry Disability Index (ODI).
 - c. STarT Back Screening Tool (STarT Back).
 - d. Optimal Screening for Prediction of Referral and Outcome - Yellow Flag (OSPRO-YF).

11. Physical therapists must be cognizant of early warning signs or occupational factors which may pose obstacles or barriers towards progressing towards case closure. If an injured worker believes that their work is too physically demanding and describes a lack of workplace social support, this would be described as the following flag:
 - a. Orange flag.
 - b. Blue flag.
 - c. Black flag.
 - d. Yellow flag.

12. A strong therapeutic alliance between the physical therapist and worker has the following component:
 - a. It defines separate goals between the physical therapist and the worker.
 - b. It only supports worker desired treatment interventions.
 - c. It develops a bond to enhance motivation and ownership.
 - d. It allows for the physical therapist to write for time off work for short intervals when pain fluctuations are high.

Certificate of Completion

ACADEMY OF
ORTHOPAEDIC
PHYSICAL THERAPY

presents this Certificate of Completion to:

John Doe

for completion of the following Independent Study Course titled:

**ISC 32.4, Bridging the Gap Between the
Workplace and Therapy Clinic**


and hereby awards 15 Contact Hours
Completed in:

March 2022

California Physical Therapy Association approval: (CPTAAP-19)
1.5 CEUs, Dates: 1/1/20-12/31/22

OH Approval: _____, Hours Granted: 15, Effective Dates: _____

State of TX granted for 15 continuing competency units (CCUs), Valid: _____
Approval: _____



Robert H. Rowe, PT, DPT, DMT, MHS
Fellow, American Academy of Orthopaedic Manual Physical Therapists
President, Academy of Orthopaedic Physical Therapy, APTA, Inc

Academy of Orthopaedic Physical Therapy, APTA, Inc
2920 East Avenue South, Suite 200, La Crosse, WI 54601
800/444-3982

Time Justification

The 3 monographs in this series are 36-44 pages in length along with an additional 16-page Glossary of Terms and require an average 5 hours per monograph to complete. Course registrants will receive course materials, along with instructions for completing the final examination online. To receive continuing education credit, we recommend registrants complete the online examination within 1 year, and must score 70% or higher on the 12-question multiple-choice examination. Registrants who successfully complete the examination online will be able to print a certificate of completion recognizing the contact hours earned. Registrants completing a hard-copy examination will have their certificate and results mailed to them. Only the person registering for the course may obtain the contact hours.

The hours are based on word count and average Editor calculated time to read a page

Pages/Monograph and Individual Word Count

Monograph 1: 36 pages and 21,370 words

Monograph 2: 48 pages and 20,630 words

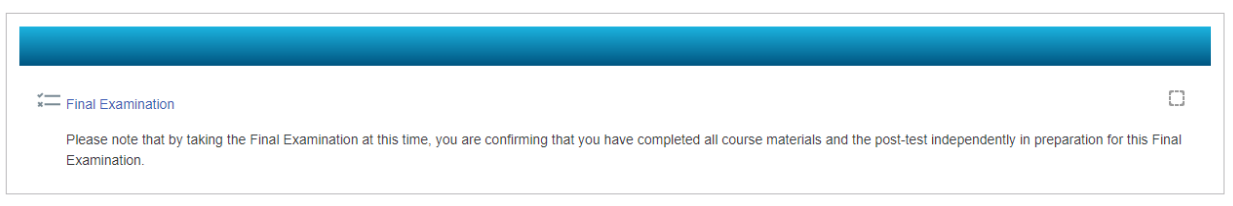
Monograph 3: 44 pages and 24,407 words

Glossary of Terms: 16 pages and 8,931 words

Total series pages144 pages

Total word count: 75,238 not including all figures, tables, and appendices

Verification of Attendance



Final Examination

Please note that by taking the Final Examination at this time, you are confirming that you have completed all course materials and the post-test independently in preparation for this Final Examination.

This appears on the final examination page.



Advertising/Brochure

BRIDGING THE GAP BETWEEN THE WORKPLACE AND THERAPY CLINIC

Independent Study Course 32.4

Activity Limitations

Workplace Demands

Therapy Care and
Job Modifications

Learning Objectives

The intent of this monograph series is to prepare therapists and other health practitioners to:

1. Deliver health promotion services that relate to employer programs for wellness, physical fitness, and population health.
2. Assess functional job demands for job accommodation and design job fitness exams.
3. Promote early intervention for workers who are unable to perform usual job duties.

Description

This course is coordinated by the Occupational Health Special Interest Group (OHSIG) of the Academy of Orthopaedic Physical Therapy, APTA. The aim is to provide the clinician with essential information to develop an advanced practice in occupational health, consistent with the OHSIG vision of *optimizing movement, musculoskeletal health, and work participation from hire to retire*. Accordingly, the combined information from the 3 monographs listed to the right is intended to guide the reader through the understanding and process of providing comprehensive occupational health services benefiting both the employees and employers.

Discussed comprehensively is the role of therapists to assist employers with *Total Worker Health*® policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness-prevention efforts to advance worker well-being. Course highlights include best practice examples and regulations to optimize design of workplace wellness, functional job analyses, functional employment tests, and entry point care models for the evaluation and management of musculoskeletal injuries, including the use of transitional work or simulated work tasks to promote stay-at-work or return to work after injury or illness.

For Registration Fees and Additional Questions,
visit orthopt.org

Topics and Authors

Total Worker Health® Protection and Promotion Programs
Joshua Prall, PT, DPT, EdD, MS, OCS; Rick Wickstrom, PT, DPT, CPE, CME, Shanna Dunbar, BSN, RN, COHN-S, BS;
Todd E. Davenport, PT, DPT, MPH, OCS

Functional Job Analysis and Employment Exams

Moyo B. Tillery, PT, DPT, OCS, FAAOMPT; Roderick C. Stoneburner, MS, CRS (rtd); Rick Wickstrom, PT, DPT, CPE, CME

Entry Point Care for Workers with Job Participation Barriers

Jennifer Klose, PT, DPT; Alison Helmsie, PT, DPT, OCS, Cert MDT; Michael Ross, PT, DHSc, OCS, FAAOMPT;
Jennifer Gaul, PT, OCS, CSCS

Collective Glossary of Occupational Health Terminology

Rick Wickstrom, PT, DPT, CPE, CME;
Steve Allison, PT, DPT, OCS, CME

This is the first course for the Occupational Health Advanced Practitioner (OHAP) certification program. Stay tuned for our next course for OHAP certification, *Advanced Therapy Programs in Occupational Health* (15 credits), that is scheduled for release for the Spring 2022. Participants who complete both of these prerequisite courses may proceed to the certification phase of our OHAP program.

Editorial Staff

Editor

Guy G. Simoneau, PT, PhD, FAPTA

Managing Editor

Sharon Klinski

ACADEMY OF
ORTHOPAEDIC
PHYSICAL THERAPY

