



CORA[®]

Rehabilitation Clinics

Management of the Injured Worker

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Vice President of Operations**



Proactive Injury Prevention

- Pre-employment medical questionnaire
- Education on safety procedures for new employees – reviewed annually
- Back Schools/Ergonomic Training
- Post Offer Employment Testing – ADA compliant test
- Job Site Analysis



Back Schools/Ergonomic Training

- Education on proper body mechanics
- Education on proper lifting techniques
(each employee demonstrate proper lift)
- Tailored to specific job demands

- Office Ergonomics – proper posture, exercises to perform at computer.



Post Offer Employment Testing

- Main cause for compensable employment costs is poor employee selection.
- Randomly selecting a labor pool ill equipped to tolerate the aerobic and physical demands of their jobs. (80/20)
- Historically resulting in high liability and compensation costs.



Post Offer Employment Tests

- Post offer employment tests provide objective information relative to an employee's ability to perform essential job functions.
- Based on test results, employers may legally withdraw employment offers to those deemed unsafe for a particular position.



Post Offer Employment Tests

- Most consistent and proactive method available to identify candidates lacking the requisite physical capabilities to safely perform their jobs.
- Estimated that each \$1 invested in this testing program, saves \$22 in future compensable expenses.



Job Site Analysis

- Inexpensive solutions to employers' at-risk areas where injuries occur or could potentially occur.
- Can also serve to measure physical demands and essential tasks for accurate job descriptions.



When an injury does occur

Have a system in place.

Set up your own network
for primary care
physician, orthopedic,
rehabilitation, etc



Set up your own network of providers

- Assures good communication
- Allows quick access to care
- Smooth flow through the system
- All are on the same page regarding expectations, return to work, availability of light duty, etc.
- Faster return to work as no delays



COMMUNICATION

CORA Rehabilitation recognizes the importance of communication between clinical staff and medical case managers. Our goal is to provide objective and relevant information in a timely manner in an effort to:

1. Establish a coordinated effort between clinical staff and case managers / adjusters, to achieve safe and productive return to work.
2. Provide case managers / adjusters with current information regarding their client's: compliance, consistency of effort, functional progress and motivation to return to work.
3. Two forms of communication that will be discussed are:
 1. Verbal Communication
 2. Written Communication



COMMUNICATION

➤ VERBAL

- When to contact Medical Case Manager (CM)
 1. Following initial evaluation
 2. Compliance issues
 3. Prior to completion of current treatment sessions



COMMUNICATION

- **WRITTEN**
 - Required content to be documented
 1. Evaluation's baseline assessments
 2. Functional goal setting
 3. Weekly written reports



COMMUNICATION

1. *Verbal-* Post Evaluation
 - a. Inform (CM) of patient's attendance
 - b. Inquire about patient's treatment Hx and (CM)'s goals for Return to Work (RTW)
 - c. Inform (CM) of possible "Red Flags"
 - > Symptom magnification
 - > Inappropriate illness behavior
 - > Pain focused behavior
 - > Self-limiting behavior



COMMUNICATION

2. *Verbal*- Poor Compliance Issues
 - a. Patient No-Shows x 1 visit
 - b. Patient Cancels x 1 visit
 - c. Work status altering treatment schedule



COMMUNICATION

3. *Verbal*- Prior to completion of Tx session
 - a. Continued skilled physical therapy
 - b. Physical reconditioning program
 - c. Work conditioning program
 - d. Functional Capacity Evaluation (FCE)
 - e. Discharge & Return to Work



COMMUNICATION

1. *Written-* Evaluation's baseline assessment
Document:
 - a. Current work status
 - b. Return to work Goals!
 - c. Determine current PDC level
 - I. If unable to determine:
 - Patient refused
 - Limited ROM/Strength
 - Inappropriate Body Mechanics



COMMUNICATION

2. *Written-* Functional Goal Setting

Documented:

- a. Goals should be functional / task oriented
- b. Functional goals should be related to previous employment → Allowing safe return to work
- c. Progression of functional goals / tasks is essential for achieving ultimate goal of RTW



COMMUNICATION

3. *Written*- Weekly progress notes

Documented:

- a. Weekly updates must be faxed to (CM)
- b. Compliance is of most importance
- c. Functional improvement should be included
- d. Document **"Red Flags"** when appropriate



COMPUTERIZED PROGRESS NOTES

CORA's computerized progress note format is the single most powerful tool we have for communicating our weekly assessments to physicians and case managers. This tool is vital for notifying the MD of our professional opinions and the recommendations for the patient's future rehabilitation plans.



COMPUTERIZED PROGRESS NOTE

- Continuity of documentation
- Time saving
- Legible
- Comprehensive Progression (Initial Eval → Present)
- Consistency
- Customized
 - Patient
 - Individual Clinic (Letter Head)



FUNCTIONAL DOCUMENTATION

Our ultimate goal for the recovery of an injured worker is return to work (RTW). The concept of functional task integration for this patient population is imperative.

In respect to Job Demands, we must ensure that our Plan of Care (POC) incorporates the individual needs of each client.

Written documentation of Functional Tasks / Functional Goals is crucial for efficient rehabilitative progression of our Workers' Compensation patient population.

<p style="text-align: center;">GOOD EXAMPLES (FUNCTIONAL GOALS)</p>	<p style="text-align: center;">POOR EXAMPLES (IMPAIRMENT GOALS)</p>
<ol style="list-style-type: none"> 1. Patient to perform Home Exs Program (HEP) independently 2. Patient to ambulate with normal gait pattern x 30 minutes with subjective pain level of 4/10 3. Patient to bend 5/5x's with 75% trunk ROM with subjective pain level at 4/10 4. Patient to sit x 30 minutes with subjective pain of 2/10 5. Patient to perform a full squat 10/10 x's 6. Patient to stand with equal weight bearing x 30 minutes with subjective pain level of 2//10 7. Patient to reach overhead with 140 degrees of shoulder flexion 5/5x's with subjective pain level at 4/10 8. Patient to lift 20#s waist to shoulder height with good body mechanics. (Min to no verbal cueing necessary) 9. Patient will lift 10#s from 12" from the floor to thigh 5/5xs with proper body mechanics 10. Patient will lift 20#s from floor to thigh: demonstrating he/she is capable of performing at a LIGHT Physical Demand (PDC) level. 11. Patient will walk at 2 mph for 25 minutes 12. Patient will carry 30#s for 100ft. 	<ol style="list-style-type: none"> 1. Decrease sensitivity to wound site 2. Increase wrist extension by 5-10 degrees 3. Increase grip strength by 5#s 4. Patient will sleep without waking secondary to pain 5. Patient will dress self with increased independence 6. Patient will bath self independently without increase in pain 7. Patient will perform work related activities without increased pain 8. Able to shower without difficulty 9. Able to resume previous occupation 10. Able to ambulate without crutches with normal gait 11. Able to place toes or foot on ground for increase weight bearing tolerance 12. Able to care for children 13. Able to do household chores 14. Able to work full capacity 15. Patient will perform activities with proper technique without increased complaints of pain



FUNCTIONAL DOCUMENTATION

NOTE: An increase in Endurance / Strength / ROM / or Decrease in Pain alone is NOT considered significant Functional improvement, if these components do not improve functional skills.

EXAMPLE:

Patient is a Bus Driver. Pt. c/o leg pain

Impairment documentation: Tx relieves pain. Pain scale 2/10.

Functional documentation: Pt. able to drive car 1 hour due to decreased subjective pain of 2/10.

ADDITIONAL PROGRESS NOTE DOCUMENTATION RECOMMENDATIONS

The Case Manager and Referring Physician need to have CORA's formalized progress note.

1. **Patient MET GOALS prior to Rx completion:**

The Case Manager and MD will be contacted to discuss the medical necessity of continued treatment secondary to improved status as evidenced by goals having been met prior to the completion of the prescription dated.

2. **Continue with current treatment plan:**

The client is demonstrating steady progress but continues to lack range of motion / strength / or functional status. Continued treatment is recommended and the client will be monitored on a weekly basis.

3. **Discharge due to meeting goals:**

The client has attained all of the pre-determined goals from a therapy standpoint and continued treatment is not recommended.

4. **Failing to progress, recommend alternative for return to work:**

No significant objective improvement can be documented. D/C from therapy is recommended at this time. To further determine the client's ability to safely perform activities related to job duties an FCE- Functional Capacity Evaluation is recommended.

5. **Failing to progress due to non-compliance, recommend alternative for return to work:**

Due to failure to comply with prescribed regimen, significant progress is not anticipated and D/C from therapy is advised. To further determine the client's ability to safely perform activities related to job duties, an FCE-Functional Capacity Evaluation is recommended.

6. **Failing to progress due to Self-Limiting Behavior, recommend alternative for RTW:**

Due to the client self-limiting behavior, as evidenced by dictating own treatment protocols, during scheduled therapy sessions significant progress is not anticipated and D/C from therapy is advised. To further determine the client's ability to safely perform activities related to job duties, and FCE- Functional Capacity Evaluation is recommended.



FUNCTIONAL & PAIN INDEX

CORA has implement this form to allow us to track “outcomes” for our Workers’ Compensation patient population.

- Every patient must complete the form:
 - During Evaluation
 - Prior to Discharge
- Due to the detail of the information found on the form, patient’s are capable of taking this form home to complete. Ensure clear understanding of instructions.



WADDELL'S Nonorganic Signs

Waddell's physical examination of patient's diagnosed with lumbar pathologies is used to determine the presence of inappropriate illness behavior.

The presence of Nonorganic Signs should alert the clinician to the need for more comprehensive testing.

(Physical Therapy. Volume 77; 1997; 306-312)



Type of Nonorganic Sign	Nonorganic Sign	Description
<u>Overreaction</u>		May take the form of disproportionate verbalization, facial expression, muscle tension and tremor, collapsing, or sweating; judgments should be made with caution, minimizing the examiner's own emotional reaction.



CLINICAL PATHWAY OF THE INJURED WORKER

*CLINICAL DECISION MAKING
PROCESS*

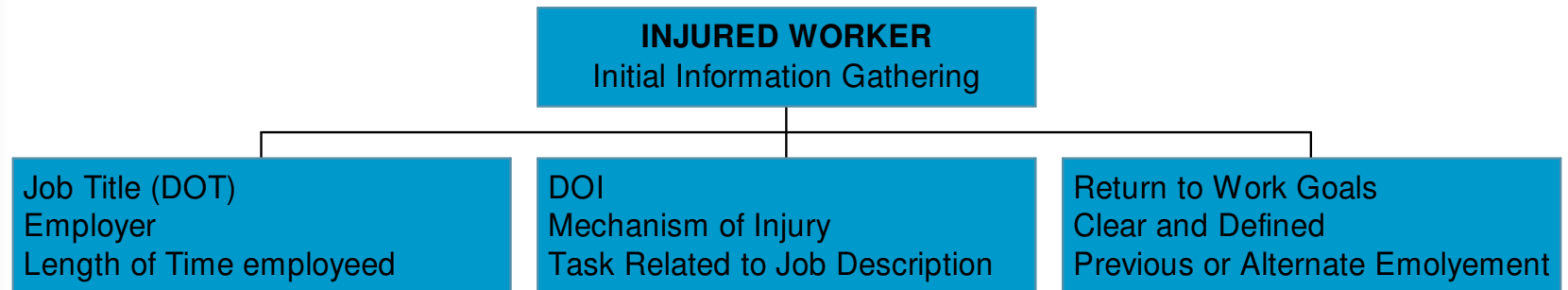


PURPOSE

The *Clinical Pathway Model* of the injured worker is a tool in development, conceived for the purpose of educating clinical personnel on appropriate and functional progression of patients with work related injuries.



UNDERSTANDING EMPLOYMENT HISTORY





ACUTE PHASE

- ❑ DOI < 4 weeks
- ❑ COMPLIANCE
- ❑ Patient education (HEP) / Body Mechanics
- ❑ Treatment emphasis on controlling Signs & Symptoms → independence with ADLs
- ❑ Attempt to establish functional baselines



SUBACUTE PHASE

- ❑ DOI > 4 weeks
- ❑ COMPLIANCE
- ❑ Patient education emphasizing safe and productive management of functional tasks for return to work.
- ❑ Treatment emphasis on formalization of functional tasks in conjunction with continued elimination of Signs & Symptoms
- ❑ Functional baselines must be established and monitored for progress or regression.



RESTORATIVE PHASE

- ❑ DOI > 8 – 12 weeks
- ❑ COMPLIANCE
- ❑ Patient education on functional conditioning and the importance of body mechanics / functional task modifications for return to work.
- ❑ Treatment emphasis on “transitional preparation” for:
 - ❑ Return to Work (RTW)
 - ❑ Physical Reconditioning Program
 - ❑ Work Conditioning Program
 - ❑ Functional Capacity Evaluation



Physical Demand Capability (PDC) Standardization:

Introduction: (Prerequisite to Work Programs & FCE recommendations)

- ✓ **Dictionary of Occupational Titles (DOT) was developed by the U.S. Department of Labor in response to the demand for standardized occupational information to support job placement activity.**
- ✓ **The (DOT) provides a wide range of occupational information with application to job placement, occupational research, career guidance, labor-market information, curriculum development and long-range job planning.**
- ✓ **The (DOT) categorizes:**
 - ✓ **Physical Demands**
 - ✓ **Assessed by weight manipulation**
 - ✓ **Lift / Carry / Push / Pull**
 - ✓ **Positional Demands**
 - ✓ **Assessed by duration of time**
 - ✓ **Sit / Stand / Bend / Kneel / Stoop / Reach / Climb / Step / Crawl / Walk**



Physical Demand Level (PDC) Level	OCCASIONAL * 0 – 33% OF DAY	FREQUENT * 34% - 66% OF DAY	CONSTANT * 67% - 100% OF DAY
SEDENTARY	10 LBS	Negligible	Negligible
SEDENTARY – LIGHT **	15 LBS	7 LBS	Negligible
LIGHT	20 LBS	10 LBS	Negligible
LIGHT – MEDIUM **	35 LBS	18 LBS	9 LBS
MEDIUM	50 LBS	20 LBS	10 LBS
MEDIUM – HEAVY **	75 LBS	30 LBS	15 LBS
HEAVY	100 LBS	50 LBS	20 LBS
VERY HEAVY	Over 100 LBS	Over 50 LBS	Over 20 LBS



PHYSICAL RECONDITIONING

- ❑ Initiated at 30 – 180 days from DOI
- ❑ COMPLIANCE
- ❑ *Formalized Program* utilizing an interdisciplinary team approach
- ❑ *Program Goal*: to ensure a safe and productive RTW, while continuing to address initial Dx issues



PHYSICAL RECONDITIONING (cont.)

- ❑ The program requires that the client has a specific job to return to, in order to ensure appropriate customization of job specific functional tasks

- ❑ The Program requires (CM) approval
 - ❑ Job Description
 - ❑ Job Analysis
 - ❑ Used to ensure accurate & comprehensive program design
 - ❑ To assist clinical staff in customizing a program focusing on functional tasks essential for safe and productive return to work
 - ❑ Physical demands
 - ❑ Positional demands

PHYSICAL RECONDITIONING (cont.)

- ❑ Treatment emphasis on:
 - ❑ Work simulation activities
 - ❑ Patient education
 - ❑ Task Modifications
 - ❑ Body Mechanics
 - ❑ Work Behavior
 - ❑ Activity Pacing
 - ❑ Safety awareness
 - ❑ Therapeutic Exercises (Orthopedic Rehab component)
 - ❑ Improve Neuromuscular status
 - ❑ Improve Cardiovascular endurance
 - ❑ Psychosocial function



WORK CONDITIONING

- ❑ Program initiated at DOI > 180 days
- ❑ COMPLIANCE!
- ❑ *Formalized Program* utilizing an interdisciplinary team approach
- ❑ Return to Work Status: Client does NOT need to have a specific job to return to
- ❑ Program Goal: Provide motivated injured workers an opportunity to participate in a highly structured program specifically focusing on improving their Physical Demand Capability (PDC) level, in an effort to return the client to his/her previous employment or prepare them of alternate employment.
- ❑ The clinician's goal is to objectively establish functional baseline abilities of the client to determine current (PDC) level and progress the client to a higher (PDC) level determined by 1. Job description or Job analysis 2. Dictionary of Occupational Titles (DOT).



WORK CONDITIONING (cont.)

Treatment emphasis:

- Increasing Physical Demand Level (PDC)
 - Specific RTW goal: Goals set by job description / analysis
 - No Specific RTW goal: Achieve highest (PDC) level for an unspecified job
- Work Simulation
 - Physical Demands (lbs)
 - Positional Demands (time)
- Work task modifications
- Cardiovascular tolerances
- Work pacing
- Productivity / Efficiency
- Safety Awareness



WORK CONDITIONING (cont.)

Program Requirements:

- Requires (CM) approval:
 - Program *must* be structured to achieve goals set out by (CM)
- Pre-Post Functional Capacity Evaluation (FCE)
 - Pre-(FCE) is built-in the initial evaluation process
 - Consistency of effort
 - Inappropriate Illness behavior
 - Elevated subjective pain scores
 - Recommended to authorize Post-(FCE)
- Formalized documentation
 - Bi-weekly objective re-assessment provided to (CM) to assess effectiveness and continuation of the program
- Client must be improving functionally bi-weekly to justify continuation of program
- “Win – Win” program



FUNCTIONAL CAPACITY EVALUATION

Purpose: Objectively determine a clients current physical demand capability (PDC) level for safe and productive return to work

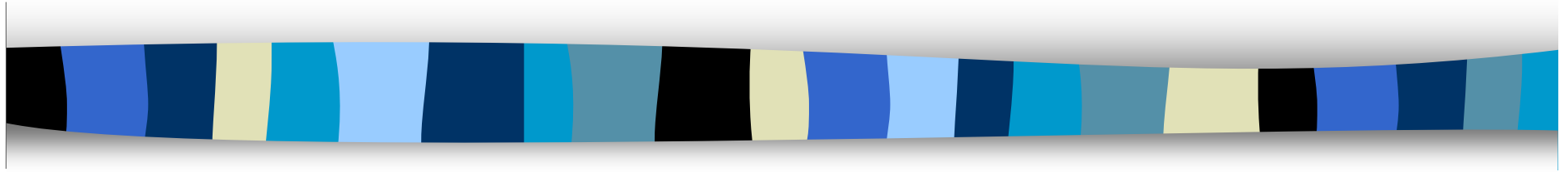
- ❑ FCE → 1 or 2 day evaluation process
 - ❑ Standardized- Non-specific alternate employment
 - ❑ Customized- Specific employment requirements
- ❑ Case Managers refer patients to determine their clients current functional ability
 - ❑ *Evaluator MUST answer the (CM) question!*
 - ❑ Can my client return to his/her specific job?
 - ❑ Must request Job Description or Job Analysis
 - ❑ What (PDC) level is my client currently at for return to alternate work?
 - ❑ Is my client producing consistent / reliable effort?
 - ❑ Is my client performing at their maximum (PDC) level?



FUNCTIONAL CAPACITY EVALUATION

When to recommend an (FCE)?

- When the patient has completed a work program
 - Physical reconditioning program
 - Work conditioning program
- When the patient has completed skilled physical therapy and does not require a work program
- Patient no longer progressing in skilled therapy
- Patient consistently demonstrates the following:
 - Inappropriate illness behavior
 - Signs & Symptoms not consistent with Dx
 - Self-Limiting behavior
 - Dictating own Tx protocol
 - Non-Compliance with therapy services
 - (CM) should have been notified during Tx sessions
 - Inconsistency of effort
 - Objective measures vary within same treatment sessions



Rapid Referral



What is the Rapid Referral Network?

CORA'S Rapid Referral Network is designed to ease the referral process for case managers, adjusters, and referral coordinators. Rapid Referral is your one contact point for all outpatient rehabilitation services. Listed are several ways to refer your patients:

- **TOLL FREE VOICE LINE** **866-443-CORA (2672)**
- **TOLL FREE FAX LINE** **866-285-CORA (2672)**
- **E-MAIL ADDRESS** www.rapidreferral@corahealth.com

CORA'S Rapid Referral Network can provide:

- Assistance with all your scheduling needs. Notification of the evaluation date, time, and address using confirmation reports which can be sent via E-mail, fax or telephone.
- Timely access to rehabilitation services including FCE's, job site analysis, and physical reconditioning programs at nearest facility to the patients' home/job.
- Certified letters for all FCE appointments.
- We will provide the patient with a colored map and directions to the clinic, as well as coordinating transportation issues provided by Insurance Carriers.
- Notification of any cancellations or no shows of all referred patients, with 5 attempts to reschedule. As well as Evaluation Reports within 24 hours, and progress notes every 6th visit.
- Our referral coordinators will monitor authorized visits to prevent exhausted visits.
- Compliance issues reported immediately.
- Any other requirements upon request.



What you should expect from Rapid Referral ?

- Completed Intake forms, RX, and Authorization with every referral
- One point of contact between CM and CORA
- Weekly chart audits for case management
- Obtain Re-authorization for existing patients



Rapid Referral Expectations

- Help CM by minimizing their work load (don't have to search for the closest clinic)
- Ensure timely and legible documentation
- We are assuring CM that evaluations can be scheduled within 24-72 hours of referral.



Rapid Referral Expectations

- Fast efficient scheduling
- Evaluations faxed within 24 hours, and progress notes faxed every 6th visit.
- Notification of no shows, cancellations, and compliance.



Build your team

Set up a team for quick access to care and with providers who have the same goals and expectations in regards to returning the injured worker back to work as quickly and safely as possible.



Any Questions?

THANK YOU!

