

The PCE as a Tool to Improve Return to Work

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Module 1: Overview

- Return to work after injury is important
- Physicians have a great deal of influence on worker success in return to work
- Module designed to help physicians with use of physical capacity estimates for return to work plans

Physician's View of PCE Forms



But once you've completed the modules...



Main Premise

Disability syndrome is preventable
and you can make a difference in
helping your patients avoid it!

Importance of Return to Work

- <http://Lni.wa.gov/ClaimsIns/Providers/WorkshopTrain/Courses/default.asp#3>
- <http://www.youtube.com/watch?v=jQNIXDu8BBE>

Why Bother?



- “Without work, all life goes rotten.”
– Albert Camus

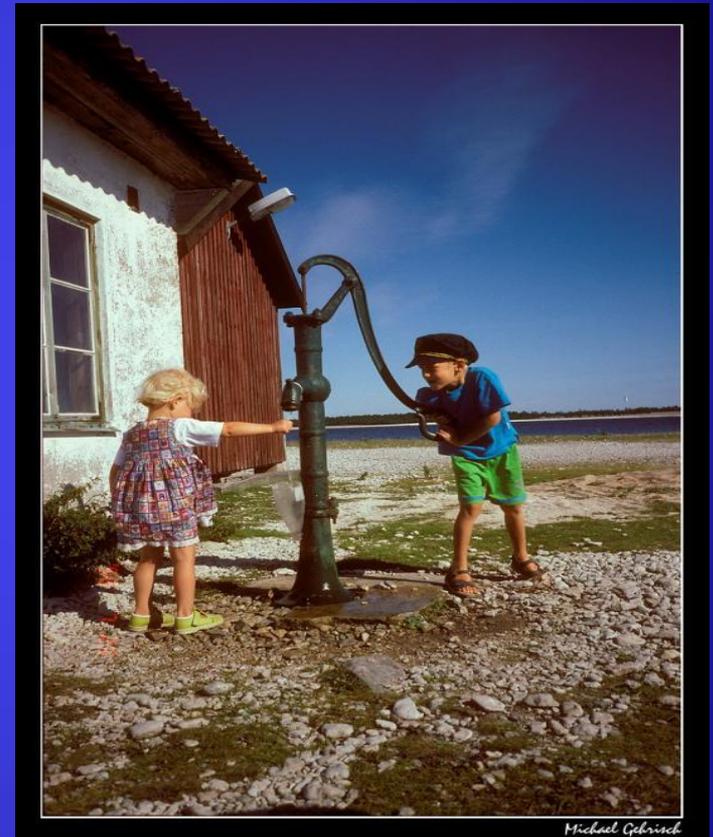
Work is Important!

Life is:

- 25% Work
- 33% Sleep
- 42% Family, leisure, commuting

“Being At Work” is a vital sign

- Unemployment raises the risk of death by 50%
- Relative Risk for mortality due to unemployment 1.98 for women, 1.43 men
 - Swedish Studies



The workplace is like a family...

- All happy families resemble one another, each unhappy family is unhappy in its own way.

Leo Tolstoy

Job Satisfaction: correlates better than smoking status with longevity!

- E. Palmore, Postgrad Med. 1971
Jul;50(1):160-4

References of Interest

- Soc Sci Med. 2011 Mar;72(6):840-54.
Epub 2011 Jan 27.
- **Losing life and livelihood: a systematic review and meta-analysis of unemployment and all-cause mortality.**
- Roelfs DJ, Shor E, Davidson KW, Schwartz JE.

References, Cont.

- J. Epidemiol Community Health. 2010
Jan;64(1):22-8.
- **Unemployment and mortality--a longitudinal prospective study on selection and causation in 49321 Swedish middle-aged men.**
- Lundin A, Lundberg I, Hallsten L, Ottosson J, Hemmingsson T.

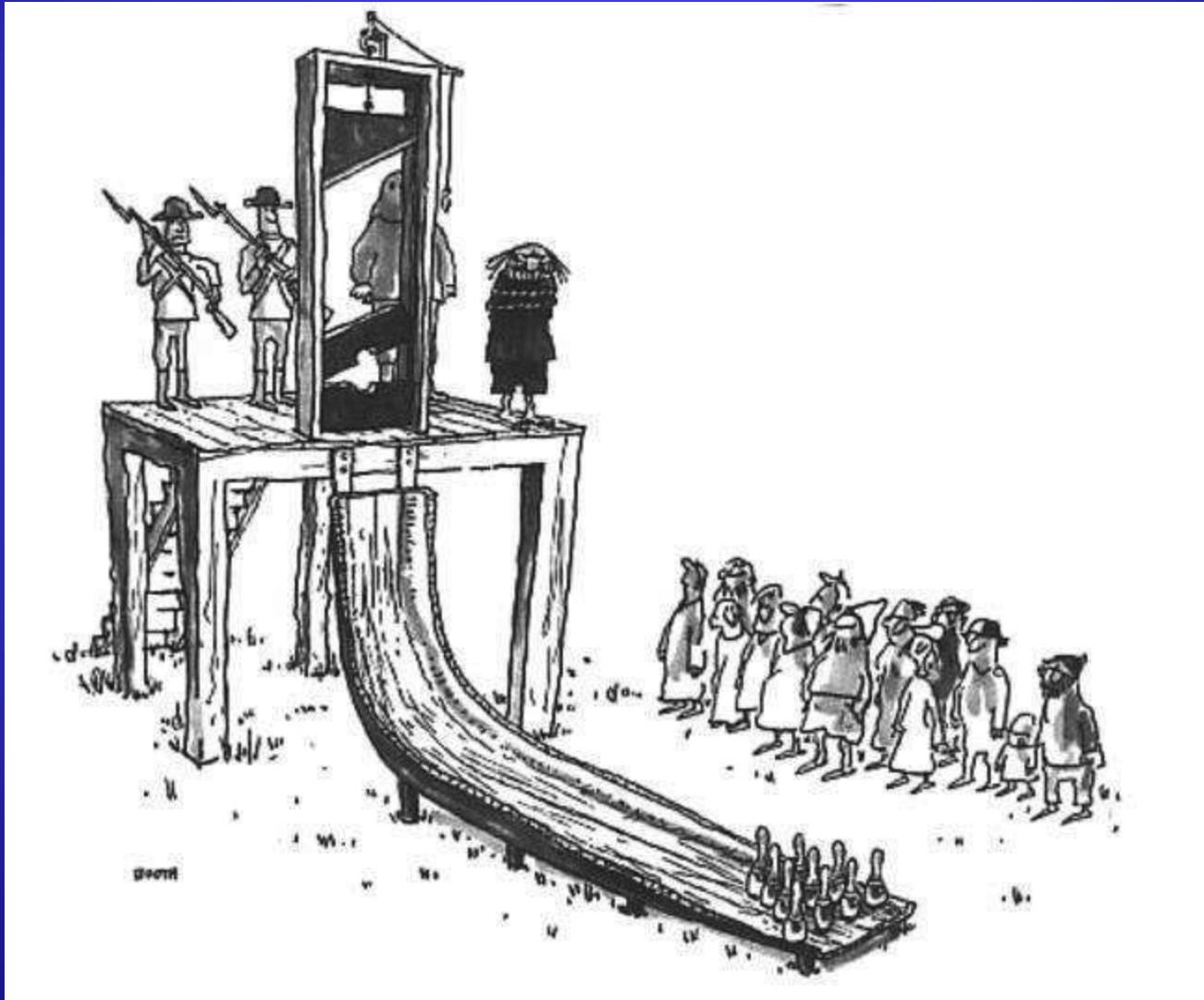
References, cont.

- Am J Public Health. 2004
Dec;94(12):2155-61.
- **Unemployment and early cause-specific mortality: a study based on the Swedish twin registry.**
- Voss M, Nylén L, Floderus B, Diderichsen E, Terry PD.

References, cont.

- J Health Econ. 2003 May;22(3):505-18.
- **A note on the effect of unemployment on mortality.**
- Gerdtham UG, Johannesson M.

No matter what you do for work,
try to make it fun & interesting!



Module 2: Common Terms and Measurements

- Explanation of common terms used in PCE forms, understood by vocational providers
- Forces needed to lift or move common objects in everyday life

Definitions of Repetitive Work

Application to lifting at work

- Seldom: 0-4 times/hour--Maximum a person can be expected to lift.
- Occasional: 8-32 reps/hour-- 70-80% of the maximum.
- Frequent: 33-200 reps/hour-- 50% of maximum
- Constant: 200 reps/hour-- 30-40% of maximum lift.

Common Weights & Forces

- 8-10 pounds
 - Gallon Milk, Case Beer, Box Detergent
 - Opening a car door
- 20 pounds
 - Case of soda, Large Turkey
- 40 Pounds
 - Auto tire, Large Bag Pet Food, 4 Year Old
 - ❖ References, UM Ergonomic Institute, Ann Arbor, IEEE (Intl. Electrical & Electronic Engineers) et al

US Dept. Labor Definitions

- Sedentary 10# or less, infrequently
- Light 20# infrequent,
10# frequent
- Medium 50# infrequent,
25# frequent
- Heavy 100# infrequent,
50# frequent
- Very Heavy >100# infrequent,
50-100# frequent lifts

Also defined by DOL

- **Non-strenuous** - Primarily sedentary with some walking, standing, and carrying of light objects.
- **Moderately strenuous** - Often lifts 30 to 50 pounds, walks over uneven surfaces, and/or stands for long periods.
- **Strenuous** - Often lifts more than 50 pounds, climbs high, runs, or defends against physical attack.
- **Low risk** - Adequately lighted, ventilated, and heated area where normal precautions must be observed.
- **Moderate risk** - Requires special mitigating precautions and/or protective gear or clothing due to potential risk from such sources as moving machinery, chemicals, animals, and diseases.
- **High risk** - Extreme temperatures, likelihood of physical attack, or potential exposure to smoke and fire

References

- <http://www.Lni.wa.gov/WISHA/Rules/GeneralOccupationalHealth/PDFs/ErgoRulewithAppendices.pdf>
- <http://www.bls.gov/opub/#catalog>

Module 3: Light Duties

- Light duty availability can be critical for effective return to work plan
- Working with employers to construct meaningful light duty programs

Underlying premise for light duty

- Inactivity leads to deconditioning
- Disability syndrome mentality can begin within a few weeks of “off work status”
- Maintaining social and physical connection to workplace is important

Evaluating Ability to Work

- Adequate job description? Do the employee and employer versions differ?
- Diagnosis? Objective evidence of injury? Prognosis?
- Totally disabled? If not, consider RTW
- Risk of substantial harm with RTW?
- Estimated physical abilities of worker?
- Is pain the limiting factor?

Light or Transitional Duties

- There are “rules” RCW 51.32.090(4)
 - The light duty work must be with the employer of record
 - A written job analysis must provide sufficient information for physician to evaluate ability to RTW
 - The light duty work cannot preempt collective bargaining agreements

Rules, cont.

- The work must have some relation to the job of injury (night watchman for a construction day laborer is not acceptable...)
- Wages must meet minimum wage (and doesn't have to be at pre-injury wage)
- Employee must accept the offer or lose benefits

L & I “Stay at Work” Program

- Employers reimbursed up to 50% of wages for workers accommodated with light duty to transition back to work
- www.lni.wa.gov/News/2011/2011WorkCompFAQ.asp=StayAtWork

“Keep ‘em moving, moving, moving”

- Frankie Laine, ca 1959



References

- Adv Nurse Pract. 2002 Jun;10(6):28-30, 32-3.
- **Work-related injuries. Early return is essential and preferable.**
- Sutliff LS.

- Arch Phys Med Rehabil. 2009 Apr;90(4):545-52.
- **Preventing progression to chronicity in first onset, subacute low back pain: an exploratory study.**
- Slater MA, Weickgenant AL, Greenberg MA, Wahlgren DR, Williams RA, Carter C, Patterson TL, Grant I, Garfin SR, Webster JS, Atkinson JH.

- Spine (Phila Pa 1976). 2008 Dec 1;33(25):2809-18.
- **ISSLS prize winner: early predictors of chronic work disability: a prospective, population-based study of workers with back injuries.**
- Turner JA, Franklin G, Fulton-Kehoe D, Sheppard L, Stover B, Wu R, Gluck JV, Wickizer TM.

Module 4: Physical Capacity Overview

- Estimating physical capacity is not rocket science, nor are your estimates held to a 99% probability of being “correct”
- People in general can do more than required for work, but should be able to work at a comfortable pace
- Aging population=need to adjust production norms (discrimination probs?)

Physician's Estimate of Physical Capacity (the PCE)

- “There is limited science to provide clear, concise, and specific guidance in assignment of restrictions”
 - *Occupational Practice Guidelines, ACOEM*

PCE Form (L & I APF)

<http://www.Lni.wa.gov/Forms/pdf/242022a0.pdf>

Also, Attending Physician's Handbook
And Attending Doctor's Return-to-Work
Desk Reference

Top 1/3: Demographics and Objective Findings (brief is OK)

State Fund Claims: Dept. of Labor and Industries - Claims Section
PO Box 44291, Olympia WA 98504-4291

Self-Insured Claims: Contact the Self Insured Employer (SIE)/
Third Party Administrator (TPA)*



INSURER ACTIVITY PRESCRIPTION FORM (APF)

Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or to SIE/TPA as usual

General info	Worker's Name:	Visit Date:	Claim Number:
	Health-care Provider's Name (printed):	Date of Injury:	Diagnosis:
Required: Released for work? <i>Check at least one</i>	<input type="checkbox"/> Worker is released to the job of injury without restrictions as of (date): ___/___/___ Skip to "Plans" section below.		
	<input type="checkbox"/> Worker may perform modified duty , if available, from (date): ___/___/___ to ___/___/___ <input type="checkbox"/> Worker may work limited hours : ___ hours/day from (date): ___/___/___ to ___/___/___ <input type="checkbox"/> Worker is working modified duty or limited hours <i>Please estimate capacities below and provide key objective findings at right.</i>	Required: Key Objective Finding(s)	
<input type="checkbox"/> Worker not released to any work from (date): ___/___/___ to ___/___/___ <input type="checkbox"/> Prognosis poor for return to work at the job of injury at any date <input type="checkbox"/> May need assistance returning to work <i>Capacities apply 24/7, please estimate capacities below and provide key objective findings at right.</i>			

Middle 1/3: Describe restrictions, Tell Claims if attention needed

Required: Estimate what the worker can do
Unless released to JOI

Capacity duration (estimate days): 1-10 11-20 21-30 30+ permanent

Worker can: (Related to work injury.) Blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-6 hours	Constant 67-100% Not restricted
Sit					
Stand / Walk					
Climb (ladder / stairs)					
Twist					
Bend / Stoop					
Squat / Kneel					
Crawl					
Reach Left, Right, Both					
Work above shoulders L, R, B					
Keyboard L, R, B					
Wrist (flexion/extension) L, R, B					
Grasp (forceful) L, R, B					
Fine manipulation L, R, B					
Operate foot controls L, R, B					
Vibratory tasks; high impact					
Vibratory tasks; low impact					

Lifting / Pushing	Never	Seldom	Occas.	Frequent	Constant
<i>Example</i>	<i>50 lbs</i>	<i>20 lbs</i>	<i>10 lbs</i>	<i>0 lbs</i>	<i>0 lbs</i>
Lift L, R, B	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs
Carry L, R, B	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs
Push / Pull L, R, B	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs

Other Restrictions / Instructions:

Employer Notified of Capacities? Yes No

Modified duty available? Yes No

Date of contact: ___ / ___ / ___

Name of contact: _____

Notes:

Note to Claim Manager:

New diagnosis: _____

Opioids prescribed for: Acute pain or Chronic pain

Bottom 1/3: Describe followup plan

Required: Plans	<p>Worker progress: <input type="checkbox"/> As expected / better than expected. <input type="checkbox"/> Slower than expected. <i>Address in chart notes</i></p> <p>Current rehab: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Home exercise <input type="checkbox"/> Other _____</p> <p>Surgery: <input type="checkbox"/> Not Indicated <input type="checkbox"/> Possible <input type="checkbox"/> Planned</p> <p>Comments: _____</p>	<p><input type="checkbox"/> Next scheduled visit in: _____ days, _____ weeks.</p> <p><input type="checkbox"/> Treatment concluded, Max. Medical Improvement (MMI) Any permanent partial impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly If you are qualified, please rate impairment for your patient. <input type="checkbox"/> Will rate <input type="checkbox"/> Will refer <input type="checkbox"/> Request IME</p> <p><input type="checkbox"/> Care transferred to: _____</p> <p><input type="checkbox"/> Consultation needed with: _____</p> <p><input type="checkbox"/> Study pending: _____</p>
Sign	<p>Signature (Required): _____ () _____ - _____ Date: ____ / ____ / ____</p> <p style="text-align: center;"><input type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PA-C Phone number</p> <p><input type="checkbox"/> Copy of APF given to worker <input type="checkbox"/> Talking points (on back) discussed with worker</p>	

State Fund Claims: Fax to claim file. Choose any number:

360-902-4292	360-902-4565	360-902-4566	360-902-4567
360-902-5230	360-902-6100	360-902-6252	360-902-6460

*Self-Insured Claims: For a list of SIE/TPAs, go to: www.Lni.wa.gov/ClaimsIns/Insurance/Selfinsure/EmpList/FindEmps/Default.asp

Information on APF Form

To be paid for this form, health-care providers must:

1. Submit this form:
 - With reports of accident when there are work related physical restrictions
- OR**
- When requested by the insurer.
 2. Complete all relevant sections of the form.
 3. Send chart notes and reports, as usual.

Important notes

- Use this form to communicate work status, activity restrictions, and treatment plans.
- This form will also certify timeloss compensation, if appropriate.
- Occupational and physical therapists, office staff, and others will not be paid for working on this form.
- To learn how to complete this form, go to www.activityRX.Lni.wa.gov

Helpful Hints from APF Form

Suggestions for talking with injured workers

Research shows that returning to normal activity as soon as safely possible after injury reduces the likelihood of long-term disability. Helping your patients develop expectations and goals for returning to work can improve their outcomes while protecting their incomes and benefits.

Here are some conversations that occupational injury and disease specialists recommend you have with your patients:

- **“Activity helps you recover.”** Explain that returning to some level of work and activity will help patients recover from common injuries faster than prolonged bed rest. Be sure patients understand the level of activity they can do at home and work. Emphasize what they can do.
- **“Some discomfort is normal when returning to activities after an injury.”** Discomfort from activity is different from pain that indicates a serious problem or setback.
- **“You can help with your own recovery.”** Make sure your patients understand that while you can help with pain and healing, they play an equally important role by following your instructions.
- **“You can protect yourself from re-injury.”** When musculoskeletal injuries are involved, talk to patients about how changes in the way they move or do their jobs can prevent other injuries.
- **“Early and safe return to work makes sense.”** The longer you are off work, the harder it is to get back to your original job and wages. Even a short time off work takes money out of your pocket because time-loss benefits do not pay your full wage.

Resources for RTW Planning

- Return to Work Desk Reference
 - WA L & I Publication, June, 2004
- Official Disability Guidelines (ODA, Work Loss Data Institute, Pub.)
- The Medical Disability Advisor (MDA, The Reed Group, Pub.)
- Milliman & Robertson Guidelines
- ACOEM Guidelines
- AMA Guidelines

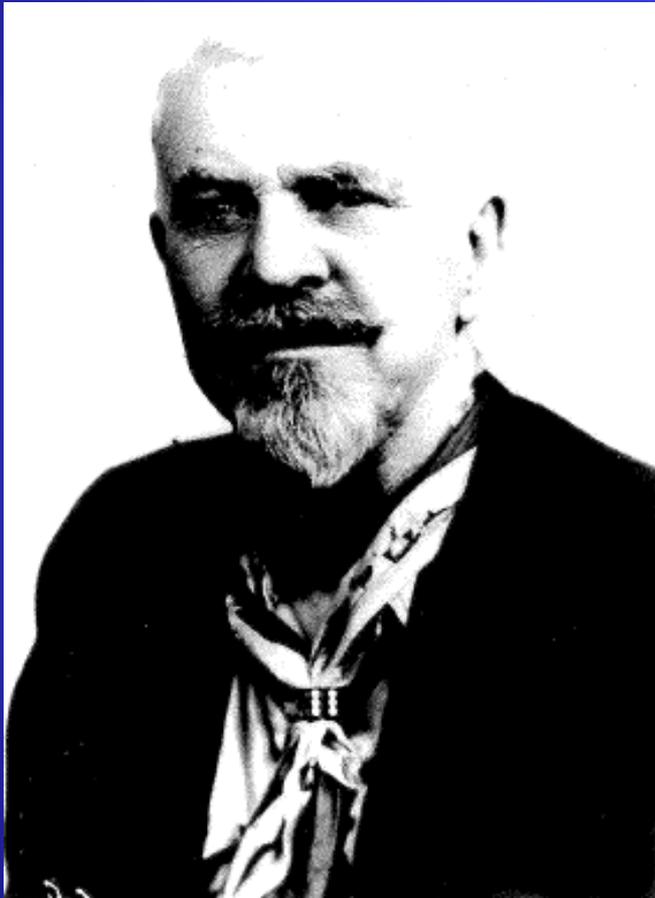
Physical Capacity Estimate—An Important Tool for Return to Work

- Estimate Physical Capacities (PCE)
 - First, employers need to provide light duty!
 - PCE establishes safe limits
 - Defines return to work as part of treatment plan
 - Reimbursable
- Define “safe” limits - “1/4” rule and some references for determining safe lifts

Keep in mind...

- You aren't doing the worker a favor by "lowballing" PCE estimates
 - Staying active is therapeutic
 - Increased time away from work increases disability conviction
 - Connection with work environment in daily life is important
- If other factors necessitate time away from work, consider FMLA

Keep in mind....



- “Figures don’t lie, but liars can sure figure.”

Luke Deniff
(my grandpa)

- ACOEM Practice Guidelines 2010 / American College of Occupational and Environmental Medicine ; URL: <http://apgi.acoem.org/> Published: Beverly Farms, Mass. : OEM Press, c2010. Edition: 2010 ed.

Module 5: PCE for low back strain

- Case to consider
- Complete an APF prior to exercise
- Review Informational Material
- Review your APF, was it reasonable?

Case, CNA with Lumbar Strain (CNA=Certified Nursing Assistant)

- 25 year old working in nursing home
- Strained his low back assisting an elderly, demented patient make a transfer
- Lumbar pain and spasm in the peri-spinous muscles
- Limited ROM
- Leg pain to both thighs but SLR negative

ICD codes to consider here

- ICD 9 Codes: 721.3, 722.32, 722.93, 724.2, 846.0, 846.1, 846.2, 846.3, 846.8, 847.2, 847.3, 847.4, 847.9
- ICD 10 Codes: S33.5XXA, S33.5XXD

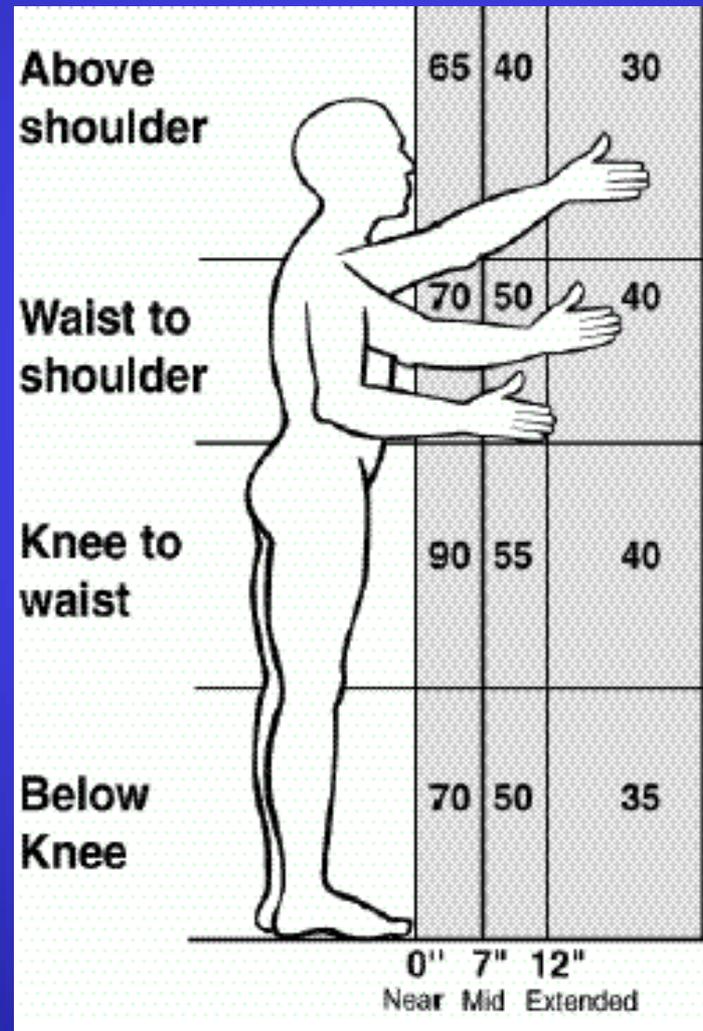
Appropriate limitations on APF?

- Limit lifting to ? Pounds
 - ?seldom ?occasional ?frequent
- Limit bending to ? Never? Seldom?
Occasional?
- Limit work hours?
- Limit sitting?
- Commuting an issue?

Low Back Strain Treatment

- Medical Only
 - "Duration [of disability] depends on severity of initial injury" MDA
 - Mild strains, ODG 0-10 days
 - Severe Strains, ODG 3-35 days
- Surgical Cases Take Longer...

“Safe” Lifting



Safe Lifting, Cont.

- Ergonomics website
- http://www.Lni.wa.gov/wisha/ergo/eval_tools/ergocalc.pdf
- Also details “at risk” jobs for overuse injuries

How many lifts per minute?	For how many hours per day?		
	1 hr or less	1 hr to 2 hrs	2 hrs or more
1 lift every 2-5 mins.	1.0	0.95	0.85
1 lift every min	0.95	0.9	0.75
2-3 lifts every minute	0.9	0.85	0.65
4-5 lifts every min	0.85	0.7	0.45
6-7 lifts every min	0.75	0.5	0.25
8-9 lifts every min	0.6	0.35	0.15
10+ lifts every min	0.3	0.2	0.0

Guidelines for sitting and unassisted lifting (Table 3, Physician's Handbook)

– Category of restriction

❖ Severe Moderate Mild None

– Sit(min): 20 20 20 50

– Unassisted Lifting

• Men 20 # 20 60 80

• Women 20 20 35 40

Enter the criteria for the specific situation in your workplace, and then click **submit**. You can enter the lifting specifics in one of two ways. You can click on the drop-down arrows, and then click on what you want to enter. Or, you can click on the image in the spot that matches the criteria you want to enter.

Select the back type for your scenario.

Healthy Lower back disorder

Select the vertical lift origin (the level from which lifts will be made).

Floor level



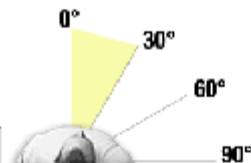
Select the horizontal reach, distance from the spine (measured from spine to the center of the load).

Less than or equal to 12 inches



Select the trunk-twisting angle during the lift. The twisting angle can be either to the left or to the right and is relative to the feet.

Less than or equal to 30 degrees



Results

Lifting more than: 10 lbs.
Risk level: **High**

Lifting up to: 10 lbs.
Risk level: **Moderate**

[Lifting tips](#)
[Lifting guidelines](#)
[Lifting guidelines chart](#)

[change criteria](#)

For further lifting information, you can contact us or review the tips provided.

Phone

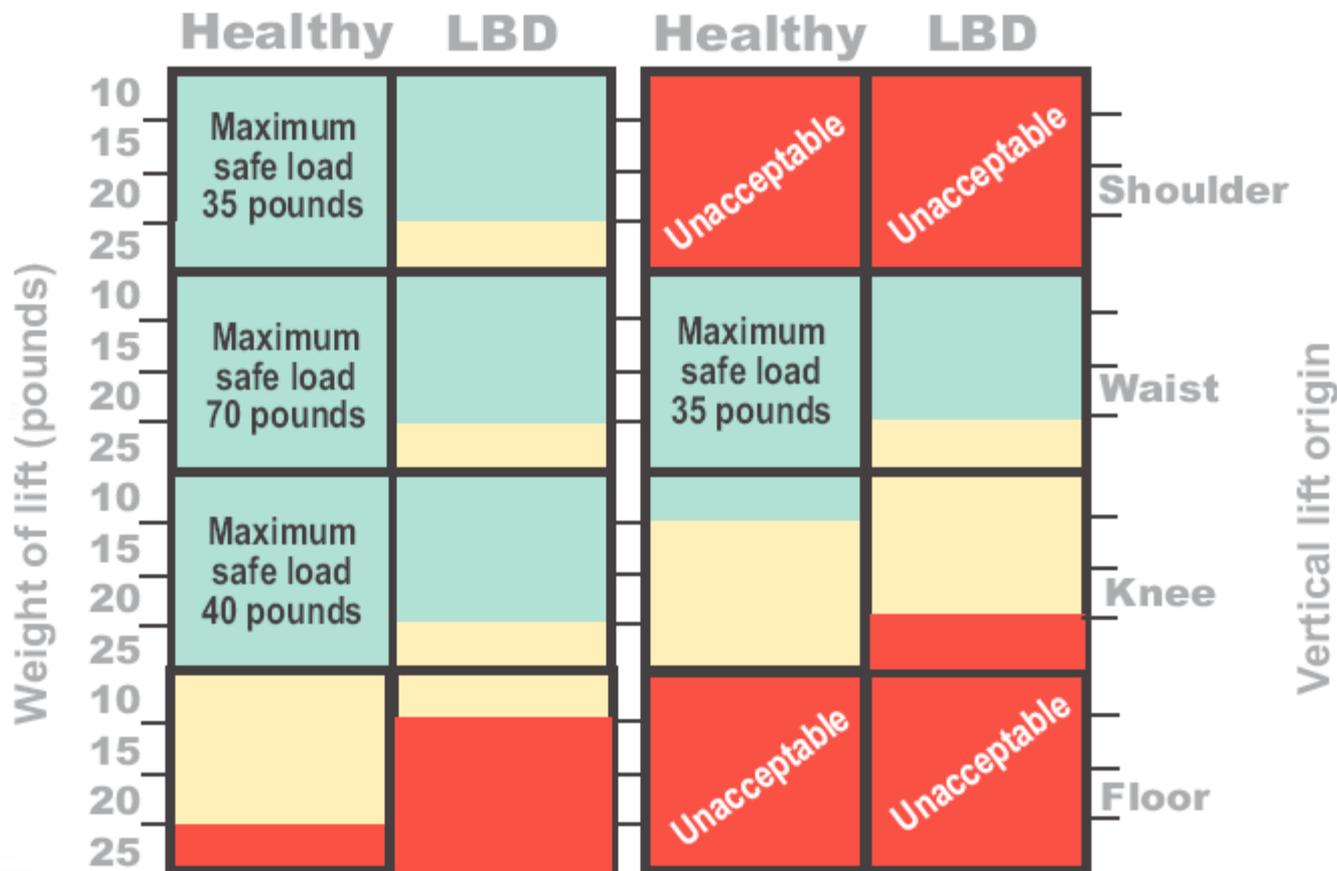
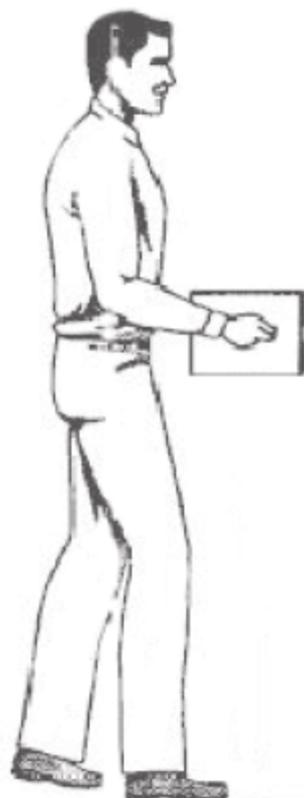
1-800-OHIOBWC
(1-800-644-6292)
Follow the options.

E-mail safety@bwc.state.oh.us

Horizontal reach distance from spine

← 12 inches →

← 24 inches →



Suggested Restrictions, LB Strain

- Lift with knees, no stooping
- Limit lifts to 5-25 # 3-15times an hour
- 5-10 minute break every 20-60 minutes for stand/walking work
- Limit bending to 0-12 times per hour
- Driving limited to 2-8 hours per day
- Higher level restriction for manual work

❖ Official Disability Guidelines

ACOEM Guideline, Restricted Work Simple Low Back Strain Injury

- Job Classification

Sedentary	Light	Moderate	Heavy
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– 0-1 days	0-3	0-14	3-28
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- If Modified Duty is available

– Up to 14	Up to 14	Up to 56	Up to 84
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- If Modified Duty is NOT available

ACOEM Suggested Initial Limits

- For severe cases of acute LBP with or without radicular symptoms, frequent initial limitations for occupational and non-occupational activities include:
 - no lifting over 10 pounds;
 - no prolonged or repeated bending (flexion);
and
 - alternate sitting and standing as needed.

ReedGroup Guidelines

Supportive treatment, lumbar or lumbosacral spine sprain or strain.

DURATION IN DAYS

Job Classification	Minimum	Optimum	Maximum
Sedentary	1	3	7
Light	1	7	14
Medium	3	21	42
Heavy	7	35	84
Very Heavy	7	42	91

ReedGroup predicted disability duration with obesity, smoking, sciatica, and L & I...

Benchmark Against the Predicted Duration

Required Values

ICD-9-CM Code:	721.3	83.6 Days
Lumbosacral Spondylosis without Myelopathy; Arthritis; Osteoarthritis; Spondylarthritis		
Age:	25	+13 Days
Gender:	Male	-20 Days
Job Class:	Heavy	+70.2 Days
Region (ZIP 1st digit):	Western US (8 or 9)	-3 Days

Co-existing Medical Conditions

Primary:	278.0	+8.9 Days
Secondary:	305.1	+5.7 Days
Tertiary:	724.3	+15.1 Days

Other Factors

Worker's Comp:	Yes	+27.7 Days
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Predicted Days of Disability

Calculate Clear 201.2 Days

References for Lifting Limits

- **State of Washington, Physician's Handbook**
- **<http://www.Lni.wa.gov/IPUB/417-055-909.pdf>**
- **<http://www.ohiobwc.com/employer/programs/safety/liftguide>**
- **<http://www.lni.wa.gov/Safety/Topics/Ergonomics/ServicesResources/Tools/default.asp>**
- **<http://ergo.human.cornell.edu/cutools.html>**
- **ACOEM Practice Guidelines**
- **Or just "google" for lifting guidelines!**

Example APF Compare to yours!

Remember, there is no perfect way to complete the APF, it is a guide for worker and employer

Accurate demographics, diagnosis, and brief objective exam findings

State Fund Claims: Dept. of Labor and Industries - Claims Section
PO Box 44291, Olympia WA 98504-4291

Self-Insured Claims: Contact the Self Insured Employer (SIE)/
Third Party Administrator (TPA)*



INSURER ACTIVITY PRESCRIPTION FORM (APF)

Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or to SIE/TPA as usual

General Info	Worker's Name: <u>JOHN SMITH</u>	Visit Date: <u>11 JAN 11</u>	Claim Number: <u>ZZ 12345</u>
	Health-care Provider's Name (printed): <u>ANNE JONES, M.D.</u>	Date of Injury: <u>10 JAN 11</u>	Diagnosis: <u>LUMBAR STRAIN, BAZ.</u>

Required: Released for work? Check at least one	<input type="checkbox"/> Worker is released to the job of injury without restrictions as of (date): ___/___/___ Skip to "Plans" section below.	Required: Key Objective Finding(s) ↓ RANGE OF MOTION LUMBAR SPASM IN PARASPINOUS MUSCLES NEG. SLR TEST
	<input checked="" type="checkbox"/> Worker may perform modified duty, if available, from (date): <u>11 JAN 11</u> to <u>18 JAN 11</u> <input type="checkbox"/> Worker may work limited hours: ___ hours/day from (date): ___/___/___ to ___/___/___ <input type="checkbox"/> Worker is working modified duty or limited hours <i>Please estimate capacities below and provide key objective findings at right.</i>	
	<input type="checkbox"/> Worker not released to any work from (date): ___/___/___ to ___/___/___ <input type="checkbox"/> Prognosis poor for return to work at the job of injury at any date <input type="checkbox"/> May need assistance returning to work <i>Capacities apply 24/7, please estimate capacities below and provide key objective findings at right.</i>	

Appropriate restrictions, note to claims manager can be helpful

Required: Estimate what the worker can do
Unless released to JOI

Capacity duration (estimate days): 1-10 11-20 21-30 30+ permanent

Worker can: (Related to work injury.) Blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-6 hours	Constant 67-100% Not restricted
Sit			✓		
Stand / Walk				✓	
Climb (ladder / stairs)					
Twist			✓		
Bend / Stoop		✓			
Squat / Kneel					
Crawl					
Reach Left, Right, Both					
Work above shoulders L, R, B					
Keyboard L, R, B					
Wrist (flexion/extension) L, R, B					
Grasp (forceful) L, R, B					
Fine manipulation L, R, B					
Operate foot controls L, R, B					
Vibratory tasks; high impact					
Vibratory tasks; low impact					
Lifting / Pushing	Never	Seldom	Occas.	Frequent	Constant
Example	50 lbs	20 lbs	10 lbs	0 lbs	0 lbs
Lift L, R, B	40 lbs	30 lbs	20 lbs	10 lbs	5 lbs
Carry L, R, B	40 lbs	30 lbs	20 lbs	10 lbs	5 lbs
Push / Pull L, R, B	50 lbs	40 lbs	30 lbs	20 lbs	10 lbs

Other Restrictions / Instructions:
NO UNASSISTED PATIENT TRANSFERS

Employer Notified of Capacities? Yes No
 Modified duty available? Yes No
 Date of contact: ___/___/___
 Name of contact: _____
 Notes:

Note to Claim Manager:
SHOULD RESOLVE WITH NORMAL CARE

New diagnosis: _____
 Opioids prescribed for: Acute pain or Chronic pain

Follow up plan is vital, don't forget to sign form and discuss with your patient/worker, emphasize RTW

Required: Plans	Worker progress: <input checked="" type="checkbox"/> As expected / better than expected. <input type="checkbox"/> Slower than expected. <i>Address in chart notes</i>	<input checked="" type="checkbox"/> Next scheduled visit in: _____ days, <u>1</u> weeks. <input type="checkbox"/> Treatment concluded, Max. Medical Improvement (MMI) Any permanent partial impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly If you are qualified, please rate impairment for your patient. <input type="checkbox"/> Will rate <input type="checkbox"/> Will refer <input type="checkbox"/> Request IME
	Current rehab: <input checked="" type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Home exercise <input type="checkbox"/> Other _____	<input type="checkbox"/> Care transferred to: _____ <input type="checkbox"/> Consultation needed with: _____ <input type="checkbox"/> Study pending: _____
Sign	Surgery: <input checked="" type="checkbox"/> Not Indicated <input type="checkbox"/> Possible <input type="checkbox"/> Planned Comments: _____	Signature (Required): <u>Anne Jones, MD</u> <u>761234567</u> Date: <u>11 Jan 11</u> <input checked="" type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PA-C <input checked="" type="checkbox"/> Copy of APF given to worker <input checked="" type="checkbox"/> Talking points (on back) discussed with worker

State Fund Claims: Fax to claim file. Choose any number:

360-902-4292	360-902-4565	360-902-4566	360-902-4567
360-902-5230	360-902-6100	360-902-6252	360-902-6460

*Self-Insured Claims: For a list of SIE/TPAs, go to: www.Lni.wa.gov/Claims/Ins/Insurance/SelfInsure/EmpList/FindEmps/Default.asp

Module 6: PCE for overuse injury

- Case to consider
- Complete an APF prior to exercise
- Review Informational Material
- Review your APF, was it reasonable?

Bernardo Ramazzini, ca. 1700

- "The incessant driving of the pen over paper causes intense fatigue of the hand and the whole arm because of the continuous . . . strain on the muscles and tendons."

Case, Billing Clerk with CTS Symptoms

- 35 year old at the same office for 10 years
- Worsening pain in both hands, right more than left, with median n. distribution
- Pain worse at the end of the week, goes away on recent vacation
- + Tinel's on right, - Phelan's test

Diagnosis codes to consider

- ICD 9 code: 354.0
- ICD 10 codes: G56.00, G56.01, G56.02

Complete an APF before
proceeding

You can compare with “expert” ly
completed APF at end of module

Carpal Tunnel Treatment

- Medical Treatment Only

- Sedentary or light work, MDA 7-21 days
- Very heavy work, MDA 28-63 days
- Midrange of Claims, ODG 41 days

- Surgical Treatment Cases

- Sedentary of light work, MDA 14-42 days
- Very heavy work, MDA 56-84 days
- At risk claims, ODG 116 days

Suggested Restrictions, CTS

- Keying up to 15 strokes/min no more than 2 hours per day
- Gripping and using light tools with 5 minute break every 20 minutes
- Driving up to 2 hours per day
- Avoidance of prolonged wrist f/e
- 5 pound lifts 3 times an hour

ACOEM Guidelines for CTS

- Work Restrictions is Recommended for Acute, Sub-Acute and Chronic Carpal tunnel syndrome (Insufficient Evidence (I))
 - **For patients with CTS, it is recommended that their work be restricted to those tasks that do not involve high-force, stereotypical hand gripping or pinching or the use of high acceleration vibrating hand-held tools.**

ReedGroup Disability Guidelines

Medical treatment, carpal tunnel syndrome.

DURATION IN DAYS

Job Classification	Minimum	Optimum	Maximum
Sedentary	0	7	21
Light	0	7	21
Medium	0	14	28
Heavy	0	21	42
Very Heavy	0	28	63

Surgical treatment, open or endoscopic carpal tunnel release.

DURATION IN DAYS

Job Classification	Minimum	Optimum	Maximum
Sedentary	1	7	42
Light	3	14	42
Medium	14	21	56
Heavy	21	32	84
Very Heavy	28	48	91

ReedGroup Benchmark Predictor Changes with cervical disc problem, low thyroid, diabetes, L & I

Benchmark Against the Predicted Duration

Required Values

ICD-9-CM Code:	<input type="text" value="354"/>	60.7 Days
Mononeuritis of Upper Limb and Mononeuritis Multiplex		
Age:	<input type="text" value="35"/>	+13.9 Days
Gender:	<input type="text" value="Female"/>	0 Days
Job Class:	<input type="text" value="Sedentary"/>	-1.7 Days
Region (ZIP 1st digit):	<input type="text" value="Western US (8 or 9)"/>	-19.7 Days

Co-existing Medical Conditions

Primary:	<input type="text" value="722.0"/>	-16.9 Days
Secondary:	<input type="text" value="244.0"/>	+11.4 Days
Tertiary:	<input type="text" value="250"/>	+24.4 Days

Other Factors

Worker's Comp:	<input type="text" value="Yes"/>	+20.4 Days
----------------	----------------------------------	------------

Predicted Days of Disability

92.4 Days

Consider Pacing Software for Upper Extremity Overuse

- Keystroke or time based “breaks” pop-ups
- Can actually increase productivity
- Prevent as well a manage overuse injuries

References for overuse problems

- <http://www.ini.wa.gov/IPUB/417-133-000.pdf>
- <http://www.terikatz.com/resources/self.html>
- “Google” workpace or try:
 - <http://workpace.com/>
 - <http://www.taml.co.nz/workpace.html>
 - <http://www.homeworkingsolutions.co.uk/workpace>

Example PCE for CTS Case

Again, there is no perfect way to do this, it is a guide to help transition back to work

Accurate demographics, maybe put important history in "objective" box

State Fund Claims: Dept. of Labor and Industries - Claims Section
 PO Box 44291, Olympia WA 98504-4291

Self-Insured Claims: Contact the Self Insured Employer (SIE)/
 Third Party Administrator (TPA)*



INSURER ACTIVITY PRESCRIPTION FORM (APF)

Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or to SIE/TPA as usual

General info	Worker's Name: JANE SMITH	Visit Date: 11 DEC 11	Claim Number: 22 09876
	Health-care Provider's Name (printed): ANNE BROWN, M.D.	Date of Injury: 11 DEC 11	Diagnosis: 354.0 CARPAL TUNNEL
Required: Released for work? Check at least one	<input type="checkbox"/> Worker is released to the job of injury without restrictions as of (date): ___/___/___ Skip to "Plans" section below.		
	<input checked="" type="checkbox"/> Worker may perform modified duty, if available, from (date): 11 / DEC / 11 to 25 / DEC / 11		Required: Key Objective Finding(s) ⊕ TUNNEL'S TEST BOTH WRISTS R > L TEMPORAL ASSOCIATION ̄ WORK
<input type="checkbox"/> Worker may work limited hours: ___ hours/day from (date): ___/___/___ to ___/___/___			
<input type="checkbox"/> Worker is working modified duty or limited hours Please estimate capacities below <u>and</u> provide key objective findings at right.			
<input type="checkbox"/> Worker not released to any work from (date): ___/___/___ to ___/___/___			
<input type="checkbox"/> Prognosis poor for return to work at the job of injury at any date			
<input type="checkbox"/> May need assistance returning to work Capacities apply 24/7, please estimate capacities below <u>and</u> provide key objective findings at right.			

Appropriate restrictions, phone call to employer, light duty available

Required: Estimate what the worker can do
Unless released to JOI

Capacity duration (estimate days): 1-10 11-20 21-30 30+ permanent

Worker can: (Related to work injury.) Blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-6 hours	Constant 67-100% Not restricted
Sit					
Stand / Walk					
Climb (ladder / stairs)					
Twist					
Bend / Stoop					
Squat / Kneel					
Crawl					
Reach Left, Right, Both					
Work above shoulders L, R, B					
Keyboard L, R, B			*		
Wrist (flexion/extension) L, R, B					
Grasp (forceful) L, R, B		✓			
Fine manipulation L, R, B					
Operate foot controls L, R, B					
Vibratory tasks; high impact					
Vibratory tasks; low impact					

Lifting / Pushing	Never	Seldom	Occas.	Frequent	Constant
Example	50 lbs	20 lbs	10 lbs	0 lbs	0 lbs
Lift L, R, B	lbs	lbs	10 lbs	lbs	lbs
Carry L, R, B	lbs	lbs	10 lbs	lbs	lbs
Push / Pull L, R, B	lbs	lbs	20 lbs	lbs	lbs

Other Restrictions / Instructions:

*LIMIT KEYBOARDS
WORK TO 30 MIN/HR
1 MINUTE "STRETCH"
EVERY 30 MIN.

Employer Notified of Capacities? Yes No

Modified duty available? Yes No

Date of contact: 11 / DEC / 11

Name of contact: BOB JONES

Notes:
800-800-8000

Note to Claim Manager:

New diagnosis: _____

Opioids prescribed for: Acute pain or Chronic pain

Specify follow up and care plan, anticipating cooperation by employer for this example

Required: Plans	Worker progress: <input checked="" type="checkbox"/> As expected / better than expected. <input type="checkbox"/> Slower than expected. <i>Address in chart notes</i>	<input checked="" type="checkbox"/> Next scheduled visit in: <u>14</u> days, _____ weeks. <input type="checkbox"/> Treatment concluded, Max. Medical Improvement (MMI) Any permanent partial impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly If you are qualified, please rate impairment for your patient.
	Current rehab: <input type="checkbox"/> PT <input type="checkbox"/> OT <input checked="" type="checkbox"/> Home exercise <input checked="" type="checkbox"/> Other <u>WORK ERGO CHANGE</u>	<input type="checkbox"/> Will rate <input type="checkbox"/> Will refer <input type="checkbox"/> Request IME Surgery: <input type="checkbox"/> Not Indicated <input checked="" type="checkbox"/> Possible <input type="checkbox"/> Planned Comments:
Sign	Signature (Required): <u>Aime Brown</u> <input checked="" type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PA-C	<u>206 123 4567</u> Phone number Date: <u>11, Dec 11</u>
	<input checked="" type="checkbox"/> Copy of APF given to worker	<input checked="" type="checkbox"/> Talking points (on back) discussed with worker

State Fund Claims: Fax to claim file. Choose any number: 360-902-4292 360-902-4565 360-902-4566 360-902-4567
 360-902-5230 360-902-6100 360-902-6252 360-902-6460

*Self-Insured Claims: For a list of SIE/TPAs, go to: www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/FindEmps/Default.asp

Module 7: Shoulder Injury

- Case to consider
- Complete an APF prior to exercise
- Review Informational Material
- Review your APF, was it reasonable?

Case, Custodian with Shoulder Strain

- 49 year old petite immigrant woman
- Pain after throwing garbage sack full of books into dumpster
- Keeping her up at night
- Tylenol helps some
- Exam shows + impingement, good ROM, no UE paresthesias

Diagnosis codes to consider

- ICD 9 codes: 840.1, 840.2, 840.3, 840.4, 840.5, 840.6, 840.7, 840.8
- ICD 10 codes: S43.401A, S43.401D, S43.402A, S43.402D, S43.409A, S43.409D, S43.421A, S43.421D, S43.422A, S43.422D, S43.429A, S43.429D, S43.431A, S43.431D, S43.432A, S43.432D, S43.439A, S43.439D, S43.491A, S43.491D, S43.492A, S43.492D, S43.80XA, S43.80XD, S43.81XA

Draft an APF now

You can then review material and compare with “expert” APF at conclusion of module

Rotator Cuff Treatment Guides

- Medical Treatment Only

- Sedentary & light work, MDA 10-21 days
- Very heavy work, MDA 70-112 days
- Midrange, ODG 44 days

- Surgical Cases

- Sedentary & light work, MDA 42-84 days
- Very heavy work, MDA 84-140 days
- At risk cases, ODG 131 days

Suggested Restrictions, RC Strain

- No overhead work and no reaching to shoulder level
- No holding arm in abduction or flexion
- Limit push/pull to 8 # four times an hour
- Limit lift/carry to 5 # three times an hour
- No ladders
- May need to wear sling

❖ Official Disability Guidelines

ACOEEM Suggested Restrictions

- No lifting more than 10 pounds (this may require adjusting up or down based primarily on the patients pre-morbid capabilities and the severity of the condition).
- Avoid more than 60° abduction or forward flexion. Although not necessarily anatomically correct, this is sometimes described as avoiding lifting with the hands above shoulder height to facilitate implementation.
- Some additionally required limitations such as avoiding static use or highly repetitive use.

ACOEEM: Treatment of RC Injury

- Non-operative treatment is often successful ...
- There are no quality studies comparing surgical repair of rotator cuff tears with non-operative treatment (see evidence table). (MacDermid 06; Ejnisman 04)

ReedGroup Disability Guidelines

Medical treatment, impingement syndrome.

DURATION IN DAYS

Job Classification	Minimum	Optimum	Maximum
Sedentary	0	3	4
Light	0	3	7
Medium	14	21	42
Heavy	21	35	84
Very Heavy	28	42	84

ReedGroup predicted disability duration with smoking, diabetes, shoulder DJD, L & I involved

Benchmark Against the Predicted Duration

Required Values

ICD-9-CM Code: 54 Days
 Sprains and Strains of Shoulder and Upper Arm, Other Specified Sites of Shoulder and Upper Arm

Age: +12 Days

Gender: 0 Days

Job Class: +5.5 Days

Region (ZIP 1st digit): -12.1 Days

Co-existing Medical Conditions

Primary: +2.4 Days

Secondary: +3.9 Days

Tertiary: +3.6 Days

Other Factors

Worker's Comp: -12.4 Days

Predicted Days of Disability

57 Days

Manage Toward the Optimum Duration

Physiological Recovery Times

Days for the Medium Job Class

Surgical treatment, ruptured biceps tendon.

Minimum	Optimum	Maximum
14	84	140

Supportive treatment, biceps tendon strain.

Minimum	Optimum	Maximum
3	14	56

Supportive treatment, shoulder sprain or strain (grade I).

Minimum	Optimum	Maximum
7	14	21

Days Saved Calculator

Start Date:

	Predicted	Physiological
Days:	57	<input type="text" value="84"/>
Return Date:	9/17/2014	10/14/2014

Example PCE for RC Strain

Person in example has good ROM,
what if unable to flex or abduct
shoulder more than 80 degrees?

Accurate demographics, possible difficult RTW situation anticipated for this example (no light duty)

State Fund Claims: Dept. of Labor and Industries - Claims Section
 PO Box 44291, Olympia WA 98504-4291



INSURER ACTIVITY PRESCRIPTION FORM (APF)

Self-Insured Claims: Contact the Self Insured Employer (SIE)/
 Third Party Administrator (TPA)*

Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or to SIE/TPA as usual

General info	Worker's Name: PHAM NGUYEN	Visit Date: 11 JUN 11	Claim Number: 2267890
	Health-care Provider's Name (printed): ANNE JONES, MD	Date of Injury: 11 MAY 11	Diagnosis: 840.4 ROTATOR CUFF STRAIN
Required: Released for work? Check at least one	<input type="checkbox"/> Worker is released to the job of injury without restrictions as of (date): ___/___/___ Skip to "Plans" section below.		
	<input checked="" type="checkbox"/> Worker may perform modified duty, if available, from (date): 11 JUN 11 to 25 JUN 11		Required: Key Objective Finding(s) (F) IMPAIRMENT (R) SHOULDER FULL ROM
<input type="checkbox"/> Worker may work limited hours: _____ hours/day from (date): ___/___/___ to ___/___/___			
<input type="checkbox"/> Worker is working modified duty or limited hours <i>Please estimate capacities below and provide key objective findings at right.</i>			
<input type="checkbox"/> Worker not released to any work from (date): ___/___/___ to ___/___/___			
<input type="checkbox"/> Prognosis poor for return to work at the job of injury at any date			
<input checked="" type="checkbox"/> May need assistance returning to work <i>Capacities apply 24/7, please estimate capacities below and provide key objective findings at right.</i>			

Appropriate restrictions, example here where employer won't modify job or consider ergo improvements

Required: Estimate what the worker can do
Unless released to JOI

Capacity duration (estimate days): 1-10 11-20 21-30 30+ permanent

Worker can: (Related to work injury.) Blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-6 hours	Constant 67-100% Not restricted
Sit					
Stand / Walk					
Climb (ladder / stairs)					
Twist					
Bend / Stoop					
Squat / Kneel					
Crawl					
Reach Left, Right, Both					
Work above shoulders L, R, B	X	X			
Keyboard L, R, B					
Wrist (flexion/extension) L, R, B					
Grasp (forceful) L, R, B					
Fine manipulation L, R, B					
Operate foot controls L, R, B					
Vibratory tasks; high impact					
Vibratory tasks; low impact					
Lifting / Pushing	Never	Seldom	Occas.	Frequent	Constant
<i>Example</i>	50 lbs	20 lbs	10 lbs	0 lbs	0 lbs
Lift L, R, B	lbs	lbs	20 lbs	lbs	lbs
Carry L, R, B	lbs	lbs	15 lbs	lbs	lbs
Push / Pull L, R, B	lbs	lbs	30 lbs	lbs	lbs

Other Restrictions / Instructions:

NO ABOVE-SHOULDER
LIFTS OR TROWS

Employer Notified of Capacities? Yes No

Modified duty available? Yes No

Date of contact: 11 JUN 11

Name of contact: JIM JONES

Notes:

Note to Claim Manager:

HEAVY WORK
SMALL WORKER
SUGGEST EARLY
INTERVENTION

New diagnosis: _____

Opioids prescribed for: Acute pain or Chronic pain

Follow up plan, need to involve worker in therapy early, potential problems, 3-5 day check better?

Required: Plans	<p>Worker progress: <input checked="" type="checkbox"/> As expected / better than expected. <input type="checkbox"/> Slower than expected. <i>Address in chart notes</i></p> <p>Current rehab: <input checked="" type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Home exercise <input type="checkbox"/> Other _____</p> <p>Surgery: <input checked="" type="checkbox"/> Not Indicated <input type="checkbox"/> Possible <input type="checkbox"/> Planned</p> <p>Comments:</p>	<p><input checked="" type="checkbox"/> Next scheduled visit in: <u>14</u> days, _____ weeks.</p> <p><input type="checkbox"/> Treatment concluded, Max. Medical Improvement (MMI) Any permanent partial impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly If you are qualified, please rate impairment for your patient. <input type="checkbox"/> Will rate <input type="checkbox"/> Will refer <input type="checkbox"/> Request IME</p> <p><input type="checkbox"/> Care transferred to: _____</p> <p><input type="checkbox"/> Consultation needed with: _____</p> <p><input type="checkbox"/> Study pending: _____</p>
Sign	<p>Signature (Required): <u>Anne Jones</u> <input type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PA-C</p> <p><input checked="" type="checkbox"/> Copy of APF given to worker</p>	<p><u>206.1234567</u> Date: <u>11 July 11</u> Phone number</p> <p><input checked="" type="checkbox"/> Talking points (on back) discussed with worker</p>

State Fund Claims: Fax to claim file. Choose any number:

360-902-4292	360-902-4565	360-902-4566	360-902-4567
360-902-5230	360-902-6100	360-902-6252	360-902-6460

*Self-Insured Claims: For a list of SIE/TPAs, go to: www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/FindEmps/Default.asp



“Mr. Osborne, may I be excused? My brain is full.”

Module 8: Clinical Pearls

- A few additional suggestions to help you in caring for injured workers
- These are not official guidelines, they are suggestions from personal practice experience

Please Note (this is L & I policy):

About impairment ratings

We encourage you, the qualified attending health-care provider, to rate your patient's permanent impairment. If this claim is ready to close, please examine the worker and send a rating report.

Qualified attending health-care providers include doctors currently licensed in medicine and surgery (including osteopathic and podiatric) or dentistry, and chiropractors who are department-approved examiners.

Pain Medication Considerations

- Be careful with opiates: reporting required after two months. Medical review scrutiny due to recent increase in overdose deaths (many with methadone).
- Scheduled rather than PRN dosing best.
- Monitor and record recommendations and results.

Medications--Opioid Guidelines

- Background
- Forms
- CME / training (free!) from UW available at <http://www.coperems.org/>
- See your packet for copies of the contract, initial report, and functional progress forms

NSAID Cardiac Considerations (Group Health pharmacy review)

Medications	Relative risk (95% CI)	Comments
Naproxen	0.97 (0.87-1.07)	Similar to findings from randomized controlled trials ⁵
Piroxicam	1.06 (0.70-1.59)	More GI complications than ibuprofen
Celecoxib	1.06 (0.91-1.23)*	*Randomized controlled trials showed increased CV risk by 2.5-3.4 times with doses $\geq 200\text{mg/d}$ ⁶
Ibuprofen	1.07 (0.97-1.18)	CV risk may increase with higher doses
Meloxicam	1.25 (1.00-1.25)	Probable increase in CV risk, insufficient evidence
Indomethacin	1.30 (1.07-1.60)	
Diclofenac	1.40 (1.16-1.70)	
Rofecoxib		
≤25mg/d	1.33 (1.00-1.79)	
>25mg/d	2.19 (1.64-2.91)	

Major Vascular Events: NSAID Risk Comparison

- Coxibs (rofecoxib, celecoxib, etoricoxib)
 - Diclofenac
 - Ibuprofen
 - Naproxen
- | | – Event | Death |
|--|---------|-------|
| | – 1.37 | 1.58 |
| | – 1.41 | 1.65 |
| | – 1.44 | 1.90 |
| | – 0.93 | 1.08 |

(Data from Group
Health pharmacy
review, 2014)

NSAID GI Considerations (Group Health pharmacy review)

Medications	Relative risks
Salsalate	0.81
Ibuprofen	1.13
Aspirin	1.18
Sulindac	1.68
Diclofenac	1.81
Naproxen	1.91
Tolmetin	2.02
Piroxicam	2.03
Fenoprofen	2.35
Indomethacin	2.39
Ketoprofen	2.65

Analgesics for DJD*

- No differences in efficacy, all NSAIDs including selective (coxibs)
- Higher doses NSAIDs increase efficacy
- Topical efficacy similar to oral
- H2 agonists, PPI, misoprostil reduce GI side effects, double dose H2 agonist better
- NSAIDs modestly superior to acetaminophen
- Glucosamine has some definite benefit
 - *from the AAFP AHRQ Effective Health Care Reviews

Keep in mind, #1 predictor of work related disability

- Medical problems?
- Legal problems?
- Social issues?
- Conflicts at work?

Work Conflicts

Bigos, S.; *Acute Low Back Pain Problems in Adults: Assessment and Treatment*; Agency for Health Care Policy and Research, 1995

13:1 Increased Odds of Prolonged Time Loss if:

- Worker is angry with someone at work or blaming someone or something at work for the injury
- Ref: Fiona Clay, PhD, University of Melbourne

Interventions that Prevent Disability

- Supervisor phone call to employee, “We miss you! When are you coming back to work...”
 - Bigos, S., 1995
- Training supervisors in family-supportive behaviors reduces depression and improves function in workers
 - Hammer, L, Sinclair, R, Portland State University, 2007

Legal Issues

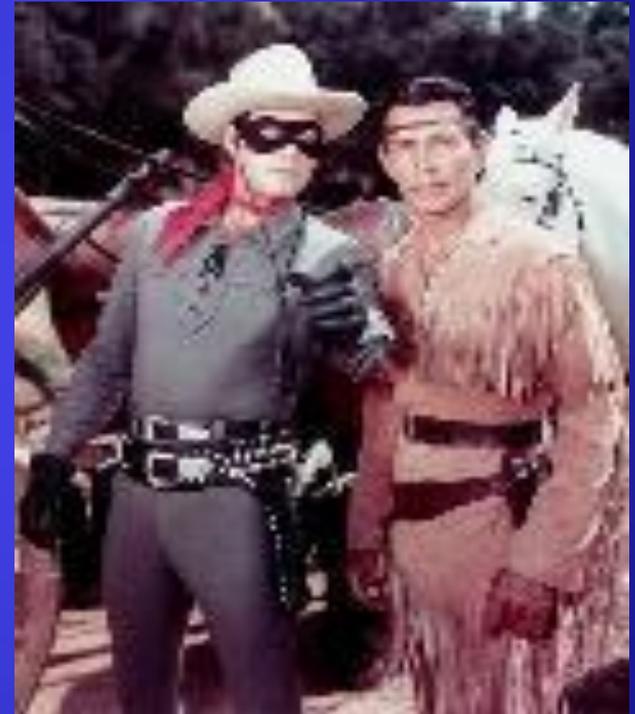
- What if the worker you release to work hurts himself due to the injury?
- What if the worker hurts someone else (drops a wrench on coworker, eg)?
- Remember, community standard is the best practice

Commuting

- Commuting issues could not be a factor in return to work releases in years past
- Now commuting can be figured into the release, per recent communication from L&I

Don't be the Lone Ranger!

- Physical Therapy can help you with PCE's
- A different perspective may bring a solution to the table
- Performance-Based PCE (PB-PCE) needed on occasions



Consider using this scoring tool

1. Have you been off work continuously for the past 2 weeks (or anticipate being off work continuously for 2 weeks) due to a job injury?

No

Stop here. You are done – thank you.

Yes

Please answer the remaining questions.

2. In the past week, on average, how much has pain interfered with your daily activities? (Please circle one number.)

0 1 2 3 4 5 6 7 8 9 10

No
interference

Unable to carry
on any activities

3. Please check any areas where you have had persistent, bothersome pain in the past 6 months:

Low Back with pain, numbness, or tingling that travels down your leg

Low Back without leg pain

Head Neck Shoulder(s)

Arms/Hands Abdomen/Pelvic Area

Hips/Buttocks Legs/Feet

Chest/Rib Cage Upper/Mid Back

No areas with persistent, bothersome pain

office
use



≥5 -√

≥5 -√

=√

OR

≥2 -√

3√=

+

4. Since your injury, has your employer offered you light duty, part time work, a flexible schedule, special equipment, or other job modifications if needed to allow you to work?

Yes

No

5. How certain are you that you will be working in six months, using a scale of 0 to 10, where 0 is "not at all certain" and 10 is "extremely certain"? (Please circle one number.)

0 1 2 3 4 5 6 7 8 9 10

Not at all
certain

Extremely
certain

6. Are you concerned that your work will make your injury or pain worse?

Yes

No

Possible plan for initial visits

INITIAL INTERVENTIONS

Date: ___/___/___
mm dd year

Set Participation Expectation

- Discussed importance of self-participation in recovery
- Keeping appointment (including PT if needed)

Work Accommodation

- Employer called to discuss RTW options
- HSC called for RTW assistance

Recovery

- Musculoskeletal recovery explained
- Good recovery likelihood explained
- Reasons for RTW uncertainty discussed:

Job Concerns

- Fear of work activity reinjuring discussed
- Job situations discussed:

Incremental Activity

- Week 1 Activity Diary given with instructions/explanation
 - Start at current level, add a little each day
 - Regular walking / aerobic exercise
 - Movement variety / avoid prolonged postures

PT/OT Referral (if needed) Referral not needed

- FR Referral sheet provided to PT
- Progress review scheduled ___/___/___

Possible treatment plan, 1st follow up visit for injured worker

1st Follow up

Date: ____ / ____ / ____
mm dd year

Recovery Issues

- Expectation of recovery discussed
- Fear of reinjury issues discussed
- Social issues discussed: _____
- Other risks discussed anxiety depression
- _____

Return-to-Work Progress

- Employer called to discuss RTW options
- HSC called for RTW assistance

Incremental Activity Progress

- Reviewed 1st wk Activity Diary
 - Compliance: Yes Partial None
 - Activity increased?
- 2nd week activity log given

PT/OT Referral (if needed)

- New referral made FR Referral sheet provided to PT
- Functional gains:
 - Load handling ability _____
 - Self care activities _____
 - Body mechanics/posture _____
- Progress review scheduled ____/____/____

Possible treatment plan for 2nd follow up visit for injured worker

2nd Follow up

Date: ___/___/___
mm dd year

Recovery Issues

- Expectation of Recovery discussed
- Fear of reinjury discussed
- Social issues discussed: _____
- Other risks discussed? anxiety depression

Return-to-Work Progress

- Employer called to discuss RTW options
- HSC called for RTW assistance
- Case conference:
 - RTW Barriers identified:
 - Advisor recommendations:

Incremental Activity Progress

- Reviewed 2nd wk Activity Diary
 - Compliance: Yes Partial None
 - Activity increased?
- 3rd week activity log given

PT/OT Referral (if needed)

- New referral made FR Referral sheet provided to PT
- Functional gains:
 - Load handling ability _____
 - Self care activities _____
 - Body mechanics/posture _____

Module 9: Get paid for your work!

- L & I and the Self Insured employers will reimburse you for paperwork, telephone communication, and electronic communication
- Billable events must include discussion of the treatment plan, work issues, medical questions, etc, not Rx refills or claims processing questions

Forms completion code payments, July, 2011

- 1069M, APF form completion \$49.18
- 1028M, Review Job Analysis \$36.89
- 1064M, Initiate Opiate Rx \$56.77
- 1057M, Opiod Progress Report \$36.57
- 1070M, Refer for Barrier Eval \$30.27
- 1063M, IME review \$37.84

Case conference / consultation

- Remember Employer Consult Codes if you invest time investigating limited duty options (worksite walk through?)
 - 99367 for 30 minutes, \$140
 - 99367 x n for n x 30 minute consultations

Phone conversation code payments

July, 2011

- 99441, brief (5 min) call \$22.69
- 99442, intermediate (15 min) \$43.17
- 99443, lengthy (25 min) \$63.64
- 99444, electronic messaging \$43.77

Form timeliness is important!

Timely paperwork reduces disability

- L & I incentives to complete initial reports:
- Within 5 business days after the first treatment date, the maximum fee is **\$37.84** (no payment reduction);
- · 6-8 business days after the first treatment date, the maximum fee is **\$27.84**;
- · 9 or more business days after the first treatment date, the maximum fee is **\$17.84**.

Also,

- Medical records copies, billable on request
 - S9982
- Provider mileage (driving >14 miles to case conferences or for depositions, etc.)
 - 1046M

Module 10: Example Job Analyses

- Employers may send a job analysis for your review with an initial or follow up visits for an injured worker
- These forms can provide valuable information about the job and may contain descriptions of alternate light duty
- You need to review and sign these forms along with the APF forms when indicated

Sample JA for a custodian

PHYSICAL DEMANDS JOB ANALYSIS

Job Title: Custodian
DOT: 381.687-014
Employer:

Worker:
Claim #:
Telephone:

Job of Injury Transitional Job New Job Hours per day Days per week

DESCRIPTION OF JOB DUTIES: Employee is responsible for cleaning assigned areas in a manner satisfactory to the Lead Custodian and _____. Fifty percent of the work shift consists of administrative cleaning and fifty percent involves classroom cleaning. The employee worked as part of a five person team and could be assigned to any of the following job duties. The worker performed these job functions in three buildings and would rotate functions every week.

Per employer of record's job description:

Light Duty Function:

Empty trash and reinstall liners, wipe doorknobs and light switches, dust all horizontal and vertical surfaces. Pick up paper clips, paper, and pencils from the floor and spot clean door glass. Position trash in a strategic location for the utility specialist to pick up and take to the Dumpster. In classrooms wipe down tables, tablet, armchairs, and clean white boards or chalk boards, clean erasers, and restocks boards with chalk.

Vacuum Function:

Check each trash can before vacuuming under it. Vacuum all traffic areas and spot vacuum all other areas according to the vacuuming schedule. Remove crumbs, ashes or other spills on furniture. Reposition all furniture correctly, turn out lights upon completion of the room, and secure area as required.

Restroom Function:

Restock toilet paper, and then refill all dispensers as needed. Empty trash; clean and sanitize all furniture, and clean mirrors. Spot clean and sanitize partitions and doors. Sweeps and mops the tile floors. Checks all fixtures and makes a note of any damage or burned out light bulbs.

Utility Function:

The Utility function is the most varied. This function may include any of the above plus the interim floor and carpet care. The spot cleaning of carpets and hauling of trash to the dumpsters. Routine tasks include, polish stairs, vacuum or sweep stairwells, clean door glass, floor restoring or maintenance, auto scrubbing, and burnishing.

Periodic Maintenance:

Under direct supervisor and using appropriate methodology and equipment perform interim cleaning maintenance or restoration on all floor types on campus and any assigned deep cleaning.

Worker is also expected to perform the following job duties as assigned by Lead/Supervisor.

Clean custodial closet and restock own cart. Move furniture, supplies, and tools. Shovel snow or remove debris from grounds. Clean lockers and benches. Project clean multiple seating and walk-off mats.

MACHINERY, TOOLS, EQUIPMENT: Broom, mop, sponges, rags, buckets, backpack vacuum, upright vacuum, brushes, rotary floor machines, burnishers, ergonomic telepole, floor scrubbers, pressure washers, micro fiber flat mop, custodial carts, spray bottles, wands, mop bucket with wringer, and squeegees.

Here's page 2 of the JA

PHYSICAL DEMANDS JOB ANALYSIS

Job Title: Custodian
DOT: 381.687-014
Employer:

Worker:
Claim #:
Telephone:

PHYSICAL DEMANDS

N/A: Not Applicable

S : Seldom (1-10% of the time)

O : Occasional (10-30% of the time)

F: Frequent (30%-70% of the time)

C: Constant (Over 70% of the time)

WNL: Within Normal Limits (talking, hearing, seeing, etc.)

* Denotes estimates

STRENGTH: Sedentary Light Medium Heavy Very Heavy

	Frequency	Comments
Sitting	N/A	Not required to perform job duties.
Standing	S	Standing is required to clean bathroom fixtures and to wipe down surfaces. Static standing in one place is only about 10% of the work shift.
Walking	C	Walking has been measured by the employer of record to be up to 7.5 miles in one night, on a cement, tile, carpet, wood, or uneven surface. Worker may walk short distances while vacuuming, moping and cleaning surfaces. Larger distances are required to travel to a different building.
Driving	N/A	Not required to perform job duties.
Lifting above shoulder level	S	Seldom lifting above shoulder level is required up to clean tops of lockers using an ergonomic telepole weighing several pounds. May have to lift cleaning solutions and rags, up to 5# to clean mirrors in bathroom. However, on an extremely rare basis, several times a night may have to lift trash bag into dumpster weighing up to 40-50#.
Lifting between ground to shoulder level	F	Frequent lifting of small items including, cleaning solutions and equipment, and trash cans weighing up to 10#. Occasional lifting between ground and shoulder level is required to 10-30# including buckets, vacuums, wastebaskets, and furniture. May need to lift garbage bag weighing up to 50# from the cart to above shoulder level.
Carrying:	F	Worker frequently carries cleaning equipment, weighing up to 10# short distances up to 10-15 ft. May occasionally carry trash cans, weighing up to 20#, the same distance to cart. Worker may carry on back a backpack vacuum weighing up to 11# for up to an hour at a time. May seldom have to carry upright vacuum (18#) to use on stairs and floors. Custodial carts are available for assistance. Other equipment can be pushed/pulled.
Pushing/pulling -- medium force: Bilateral	F	Pushing and pulling is required to operate vacuum, pressure washers, auto scrubbers, and burnishers. Pushing custodial cart is required on a frequent basis with both hands.
Climbing stairs/ladders	S	Worker does need to climb stairs while performing assigned job duties as well as to clean them twice a week. Climbing stairs is approximately 5% of the work shift. Cleans three flights of stairs twice a week when assigned to this job function.
Working at heights/balancing	O	Required while balancing on the ladder.
Bending at waist	F	Frequent bending is required to clean surfaces, vacuum, empty trashcans, sweep floors, clean bathroom, fixtures, and sweep floors.
Turning/Twisting at waist	O-F	Twisting at waist is required to operate the custodial carts and pressure washers. Also required to while cleaning surfaces and to mop floors.

For custodian with back injury, focus on key work requirements

PHYSICAL DEMANDS JOB ANALYSIS

Job Title: Custodian

DOT: 381.687-014

Employer:

Worker:

Claim #:

Telephone:

Job of Injury

Transitional Job

New Job

Hours per day

Days per week

DESCRIPTION OF JOB DUTIES: Employee is responsible for cleaning assigned areas in a manner satisfactory to the Lead Custodian and _____. Fifty percent of the work shift consists of administrative cleaning and fifty percent involves classroom cleaning. The employee worked as part of a five person team and could be assigned to any of the following job duties. The worker performed these job functions in three buildings and would rotate functions every week.

Per employer of record's job description:

Light Duty Function:

Empty trash and reinstall liners, wipe doorknobs and light switches, dust all horizontal and vertical surfaces. Pick up paper clips, paper, and pencils from the floor and spot clean door glass. Position trash in a strategic location for the utility specialist to pick up and take to the Dumpster. In classrooms wipe down tables, tablet, armchairs, and clean white boards or chalk boards, clean erasers, and restocks boards with chalk.

Specific physical demands

Lifting above shoulder level	S	Seldom lifting above shoulder level is required up to clean tops of lockers using an ergonomic telepole weighing several pounds. May have to lift cleaning solutions and rags, up to 5# to clean mirrors in bathroom. However, on an extremely rare basis, several times a night may have to lift trash bag into dumpster weighing up to 40-50#.
Lifting between ground to shoulder level	F	Frequent lifting of small items including, cleaning solutions and equipment, and trash cans weighing up to 10#. Occasional lifting between ground and shoulder level is required to 10-30# including buckets, vacuums, wastebaskets, and furniture. May need to lift garbage bag weighing up to 50# from the cart to above shoulder level.
Carrying:	F	Worker frequently carries cleaning equipment, weighing up to 10# short distances up to 10-15 ft. May occasionally carry trash cans, weighing up to 20#, the same distance to cart. Worker may carry on back a backpack vacuum weighing up to 11# for up to an hour at a time. May seldom have to carry upright vacuum (18#) to use on stairs and floors. Custodial carts are available for assistance. Other equipment can be pushed/pulled.
Pushing/pulling – medium force: Bilateral	F	Pushing and pulling is required to operate vacuum, pressure washers, auto scrubbers, and burnishers. Pushing custodial cart is required on a frequent basis with both hands.

Here's the last page, for your, review, approval and signature

FOR PHYSICIAN'S USE ONLY

_____ The injured worker can perform the physical activities described in the job analysis and can return to work on _____.

_____ The injured worker can perform the physical activities described in the job analysis on a part-time basis for ____ hours per day. The worker can be expected to progress to regular duties in _____ weeks/months.

_____ The injured worker can perform the described job, but only with the modifications/restrictions in the attached report and/or listed below.

_____ The injured worker cannot perform the physical activities described in the job analysis based on the following physical limitations listed below.

COMMENTS:

If this custodian had a back injury, you might consider doing this:

- Check the third box, able to work but with restrictions
- In comments section say “refer to APF form from today for specific restrictions, needs to limit bending and lifting”
- Remember to have your office bill the carrier for review of the JA, code 1028M

Here's a JA for a CNA

PHYSICAL DEMANDS JOB ANALYSIS

Job Title: CNA
DOT: 355.674-014
Employer:

Worker:
Claim #:
Telephone:

Job of Injury Transitional Job New Job [7] Hours per day [5] Days per week

Per the employer of record job description and conversation with worker:

DESCRIPTION OF JOB DUTIES: Employee indicated she is responsible for the care of 10 residents each work shift. This employee is considered to be a floater and may be assigned to any work area within the Center. Her work assignments would vary from day to day.

Employer of Record Job Description:

Worker provides assistance to professional nursing staff in the care of residents through the performance of direct and indirect resident care activities. Provide direct care to nursing home residents, primarily for their activities of daily living but also to include some medical care. Assist residents in and out of bed and into the wheelchair. Assist residents in bathing. Assist residents in dressing and undressing. Assist residents in using bathroom facilities and foot care. Assist residents in getting to dining area for meals. May also assist in feeding of residents and documenting intake of nourishment. May also need to strip bedding and replace beds with clean linens. Assist in personal grooming of residents, including brushing hair, trimming finger and toe nails. If resident is bedridden due to illness, aid may be required to turn resident on an intermittent basis. Place and remove bed pans, fracture pan, urinal, and commode. Empty the colostomy bags. Provide catheter care per facility procedure. Perform isolation techniques as needed. Assist with admissions, transfers, discharges, and post-mortem care. Reports changes in residents' condition and behavior to charge nurse. Assist with restorative nursing programs, including bladder and bowel retraining, feeding and grooming programs. Position patients with use of footboards, foot cradles, sheepskins, heel and elbow protectors, and air mattresses. Provide preventive decubitus care. Document care of residents on ADL flow sheets, I&O records, bowel and bladder reports and weight reports as directed. Keep assigned resident bedside area and personal belongings in an orderly arrangement and clean up spills by residents and self.

MACHINERY, TOOLS, EQUIPMENT: cleaning supplies, personal care and grooming items, medical supplies, mechanical and hoier lifts- battery operated, transfer belts, commode, bedpans, shower chair, electronic communication devices, personal protective equipment, wheelchairs, walkers

PHYSICAL DEMANDS

N/A: Not Applicable

S : Seldom (1-10% of the time)

O : Occasional (10-30% of the time)

F: Frequent (30%-70% of the time)

C: Constant (Over 70% of the time)

WNL: Within Normal Limits (talking, hearing, seeing, etc.)

* Denotes estimates

STRENGTH: Sedentary Light

[X] Medium [X] Heavy Very Heavy

Worker reported that she was ambidextrous

	Frequency	Comments
Sitting	O	Sitting is required to complete records and reports, communicate with residents, and to provide personal care support. Sitting is approximately two hours of the work shift, and intermixed with standing and walking
Standing	F	Required throughout the work shift is required to provide personal care for residents and to assist nursing staff. Static standing is up to 5-10 minutes at one time. Worker intermixes standing and walking on a carpet or linoleum surface.

Detailed description of the job

Job of Injury Transitional Job New Job [7] Hours per day [5] Days per week

Per the employer of record job description and conversation with worker:

DESCRIPTION OF JOB DUTIES: Employee indicated she is responsible for the care of 10 residents each work shift. This employee is considered to be a floater and may be assigned to any work area within the Center. Her work assignments would vary from day to day.

Employer of Record Job Description:

Worker provides assistance to professional nursing staff in the care of residents through the performance of direct and indirect resident care activities. Provide direct care to nursing home residents, primarily for their activities of daily living but also to include some medical care. Assist residents in and out of bed and into the wheelchair. Assist residents in bathing. Assist residents in dressing and undressing. Assist residents in using bathroom facilities and foot care. Assist residents in getting to dining area for meals. May also assist in feeding of residents and documenting intake of nourishment. May also need to strip bedding and replace beds with clean linens. Assist in personal grooming of residents, including brushing hair, trimming finger and toe nails. If resident is bedridden due to illness, aid may be required to turn resident on an intermittent basis. Place and remove bed pans, fracture pan, urinal, and commode. Empty the colostomy bags. Provide catheter care per facility procedure. Perform vital signs and

Specific physical requirements you might review for a CNA with a shoulder injury

Lifting above shoulder level: either arm	O	Lifting above shoulder level with either arm is required access medical supplies and linens. Lifting is up to 5# occasionally and 10# seldom.
Transfer:	O	Worker is required to provide ambulatory assistance for individuals and this may include transferring them with from bed to wheelchair and from wheelchair to chair, shower, toilet or bed. Worker always uses a gait belt. The average resident may weigh between 150-180#. The amount of assistance needed varies from resident to resident. Assistance is always available and employee is encouraged to use the mechanical or hoist lift and/or to ask another staff member for assistance while performing transfers. The employer reported that transfers occur approximately 32-40 times a day.
Reaching above shoulder level: either arm.	O	Occasional reaching above shoulder level is required to access food trays, medical records and supplies, and to dress residents.

And you would do what with the last page?

FOR PHYSICIAN'S USE ONLY

_____ The injured worker can perform the physical activities described in the job analysis and can return to work on _____.

_____ The injured worker can perform the physical activities described in the job analysis on a part-time basis for _____ hours per day. The worker can be expected to progress to regular duties in _____ weeks/months.

_____ The injured worker can perform the described job, but only with the modifications/restrictions in the attached report and/or listed below.

_____ The injured worker cannot perform the physical activities described in the job analysis based on the following physical limitations listed below.

COMMENTS:

I'd suggest the following:

- Check the third box suggesting the CNA can return to work but with restrictions
- In the comments section, refer to the APF form you completed and state something like, "restrict R/L shoulder level lifts and reaches, see APF"
- Tell your business office to bill for the form review and completion

One more JA to consider, a clerk

PHYSICAL DEMANDS JOB ANALYSIS

Job Title: Billing/Customer Service Clerk
 DOT: 210.367-010
 Employer:

Worker:
 Claim#:
 Telephone:

Job of Injury Transitional Job New Job Hours per day 5 Days per week

DESCRIPTION OF JOB DUTIES: Opens and sorts mail using a letter opener.
 Reviews the stub and checks to make sure the information is accurate.
 Stamps checks and stubs.
 Enters check information in computer database to update customer accounts.
 Records information into deposit book.
 Runs a 10-key calculating daily deposit.
 Verifies meter readings using the 10-key.
 Answers the phone and notes a billing or repair problem in computer database.
 Prints service request to be passed on to the appropriate individual.
 Takes and routes phone messages to appropriate personnel.
 Files documents per specifications.
 Checks maps for customers re: location of water meters.
 Processes out-going mail.
 Maintains office equipment by replacing copier toner and ink cartridges.
 Keeps the work area neat and clean.
 Accepts payment from customers and issues receipts.
 Operates the 2 way radio
 Creates newsletters and peels and sticks labels on the letters
 Once every two months the worker is responsible for the entering, printing, bursting, sorting, and mailing of the water bills and shut-off notices to customers.

MACHINERY, TOOLS, EQUIPMENT:

Computer, phone, 10-key, copier, printer, 2-way radio, typewriter, paper cutter, scanner

PHYSICAL DEMANDS

N/A: Not Applicable

S : Seldom (1-10% of the time)

O : Occasional (10-30% of the time)

F: Frequent (30%-70% of the time)

C: Constant (Over 70% of the time)

WNL: Within Normal Limits (talking, hearing, seeing, etc.)

* Denotes estimates

STRENGTH: Sedentary Light Medium Heavy Very Heavy

Worker is right handed.

	Frequency	Comments
Sitting	F	Worker sits up to ½ hour to 1 hour at a time to use the computer and 10 key, and to answer the phone. Worker can get up as needed to use copier, printer, and file documents.
Standing	O	Standing up to several minutes at one time to use copier, printer and file documents. Intermixed standing and walking for a total up to two hours of an eight-hour work shift.
Walking	O	Walking up to several minutes at one time, to access copier and other office equipment. Intermixed standing and walking up to two hours of an eight-hour work shift.
Driving	S	Worker...

Detailed description of the job

Job of Injury

Transitional Job

New Job

[8] Hours per day

[5] Days per week

DESCRIPTION OF JOB DUTIES: Opens and sorts mail using a letter opener.
Reviews the stub and checks to make sure the information is accurate.
Stamps checks and stubs.
Enters check information in computer database to update customer accounts.
Records information into deposit book.
Runs a 10-key calculating daily deposit.
Verifies meter readings using the 10-key.
Answers the phone and notes a billing or repair problem in computer database.
Prints service request to be passed on to the appropriate individual.
Takes and routes phone messages to appropriate personnel.
Files documents per specifications.
Checks meter for...

Specific tasks that might be of interest for overuse injury care

Repetitive arm/hand motion – right extremity	F	Worker is required to run a 10-key, which could require up to 15-20 minutes of keyboarding at one time. Repetitive motion (writing) is also required to record check information into the deposit book. Repetitive motion is also required while bursting bills every two months. Worker does have the flexibility to alternate job tasks during their work shift.
Repetitive arm/hand motion – left extremity	S	Required to burst bills every two months.
Handling/grasping – right hand	F-C	65 % pinch grasp 5 % power grasp Pinch grasping is required to handle paperwork, file documents, check meter books and maps and answer the phone. Power grasping is required to change toner in copier and burst bills.
Handling/grasping - left hand	O	30 % pinch grasp Pinch grasping is required to handle paperwork and assist dominant hand in perform of job duties.
Fine finger manipulation –right hand	F	Required on a frequent basis to perform job duties, including using the 10-key, computer, phone, and writing utensils. Keyboarding and 10 key with the right hand could be required up to 3-4 hours during a work shift, up to 20 minutes at one time.
Fine finger manipulation – left hand	O	Required in combination with the right hand to use the computer at short intervals. Keyboarding with the left hand is required up to 1 hour during a work shift.

And finally your chance to help this person with return to work plan

FOR PHYSICIAN'S USE ONLY

_____ The injured worker can perform the physical activities described in the job analysis and can return to work on _____.

_____ The injured worker can perform the physical activities described in the job analysis on a part-time basis for ___ hours per day. The worker can be expected to progress to regular duties in _____ weeks/months.

_____ The injured worker can perform the described job, but only with the modifications/restrictions in the attached report and/or listed below.

_____ The injured worker cannot perform the physical activities described in the job analysis based on the following limitations listed below.

COMMENTS:

My suggestions for clerk with overuse injury would be

- Perhaps check box 2 and limit hours of work while getting an ergonomic review
- Or check box 3 and limit the repetitive jobs, specifying the limitations in an APF
- In the “comments” section, say “please refer to APF, needs to rotate job duties and limit continuous keyboard work”
- Don’t forget to bill for your review!



“Now! ... *That* should clear up
a few things around here!”

Module 11: Safe Workplaces? (extra credit...)

- Put your newly found knowledge to work
- Can you identify appropriate physical restrictions for these jobs?
- What other changes would you recommend?











You are now prepared! Have fun!

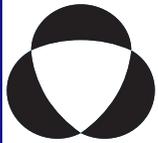


Congratulations on completing this module!

On the next page is your
Category 2 CME certificate.

Simply print the page. Then enter your name,
date, and amount of time spent completing this
module. Save for your records.

L&I cannot reproduce or replace your
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Washington State Department of
Labor & Industries

Certificate of Completion, Category 2

Name _____ viewed the online module:

“The PCE as a Tool to Improve Return to Work”

On / /20 __

at www.Lni.wa.gov

Total hours: _____

Joanne McDaniel, MA, OTR/L, CCM, Department of Labor and Industries, Provider Education Manager