

Physical Therapy Evaluation and Treatment in the Workers' Compensation Population

Representing American Physical Therapy Association

Wanda K. Evans, PT, DPT, MHS

Lorena Payne, PT, MPA

Michelle Despres, PT

EW0

1

Wanda Evans, PT, DPT, MHS



Wanda is a physical therapist and a certified Kinesio taping practitioner. She currently serves as senior specialist in the Health Policy & Payment department at the American Physical Therapy Association. Her responsibilities include communicating with members and insurers on physical therapy related payment inquiries regarding third-party, billing, CPT coding, and payment policies in physical therapy.

Wanda remains a treating clinician in an outpatient setting. She received a Bachelor of Science degree in physical therapy and a doctor of physical therapy degree from Howard University, and a master of health science degree in orthopedic and sports physical therapy from the University of Indianapolis.

2

Lorena Payne, PT, MPA




Lorena is a physical therapist and board-certified clinical specialist in orthopedic physical therapy. She works with individuals and groups to achieve and maintain the ability to participate in meaningful activity. She assists employers and workers with the goal of minimizing risk on the job site while promoting healthy work habits in diverse settings.

Lorena teaches at the University of Montana and has held key leadership roles as a member of the American Physical Therapy Association and its affiliate component, Academy of Orthopaedic Physical Therapy.

3

Michelle Despres, PT



Michelle is a physical therapist and a certified ergonomics assessment specialist, level II; remote ergonomics assessment specialist; and certified employment tester. She encourages empowerment of injured workers to embrace a collaborative role in their recovery with innovative physical therapy. Michelle mentors clinicians to improve delivery of treatments and services and return-to-work results. She promotes injury prevention with programs including ergonomics, post-offer employment testing, and employee wellness. Michelle provides continuing education, has spoken at national conferences, and has a broadcast media presence, including multiple appearances on Good Morning America.

4

2022 IAIME ANNUAL MEETING

PRESENTER FINANCIAL DISCLOSURE

We do not have any relationships to report with ACCME defined ineligible companies.

5


2022 IAIME ANNUAL MEETING

Attendees will be able to:

- Gain a better understanding of the value of the information identified during provision of physical therapy services.
- Describe evidence-based practice in the delivery of physical therapy services.
- Understand physical therapist roles in occupational medicine.
- Identify best practice in collaborating with physical therapists.
- Digest bio/psycho/social barriers and facilitators to improvement of physical performance.

6

History of Physical Therapy



President Franklin D. Roosevelt received physical therapy in Warm Springs, Georgia, after contracting polio.

1800 through 1950: poliomyelitis epidemics and the effects of the ravages of several wars – WWI, Korean.

- Reconstruction aides.

1967: Amendments to the Social Security Act encouraged further advancements.

- Technician status to professional practitioner.
- Definition for “outpatient physical therapy services.”

1970 through 1980: increased opportunities for practice.

- Occupational Safety and Health Administration rules and regulations.
- Education for All Handicapped Children Act.

1980 through today: profession continues to advance.

- All states have some form of direct access.
- Bills passed Medicare patients direct access to physical therapist services.
- All entry-level programs are doctoral programs.

7

THE PHYSICAL THERAPY PROFESSION

PHYSICAL THERAPISTS:
There are more than **209,000** licensed physical therapists nationwide, with approximately **64** physical therapists per **100,000** people.


PHYSICAL THERAPIST ASSISTANTS:
There are more than **97,000** licensed physical therapist assistants nationwide working under the direction and supervision of a physical therapist, with approximately **30** physical therapist assistants per **100,000** people.

STUDENTS OF PHYSICAL THERAPY:
There are more than **250** accredited physical therapist student programs, with more than **34,000** students enrolled in 2017-18. Programs are typically 3 years in length, with graduates receiving a doctor of physical therapy degree. There are more than **370** accredited physical therapist assistant student programs, with more than **13,000** students enrolled in 2017-18. Programs are typically 2 years in length, with graduates receiving a physical therapist assistant associate's degree.

CERTIFIED SPECIALISTS:
More than **21,000** physical therapists currently maintain American Board of Physical Therapy Specialties certification in 1 of 8 areas: cardiovascular and pulmonary; clinical electrophysiology; geriatrics; neurology; orthopaedics; pediatrics; sports; and women's health.

8

Board Certification

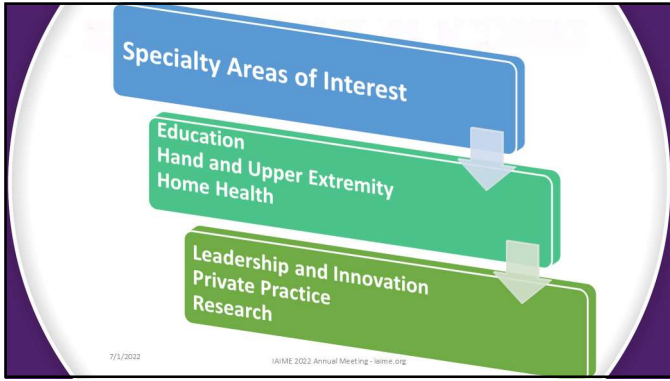


Cardiovascular and Pulmonary
Clinical Electrophysiology
Geriatrics

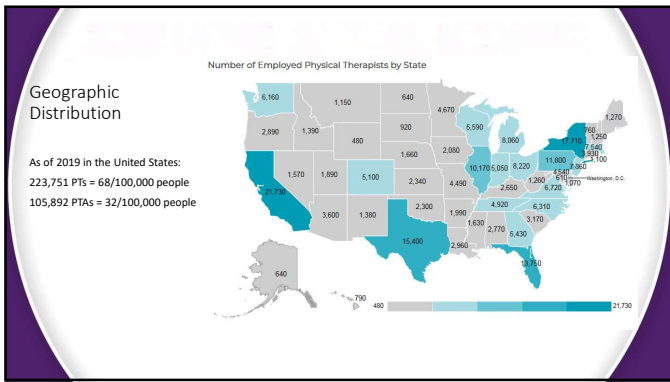
Neurology
Oncology
Orthopaedics
Pediatrics

Sports
Women's Health
Wound Management

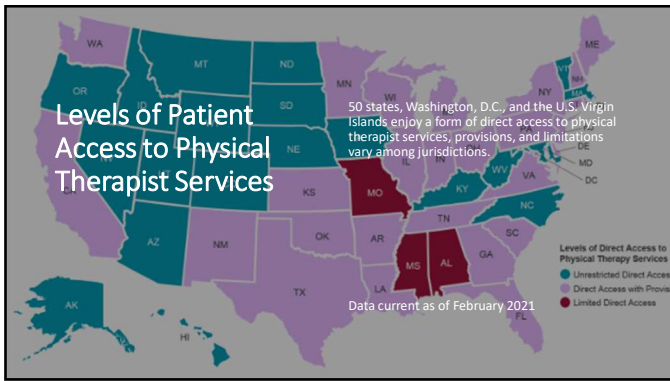
9



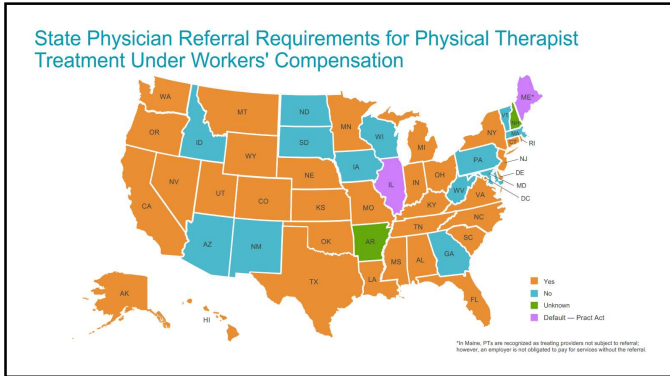
10



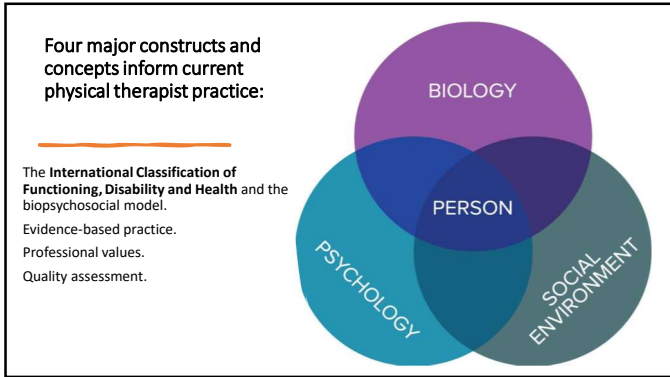
11



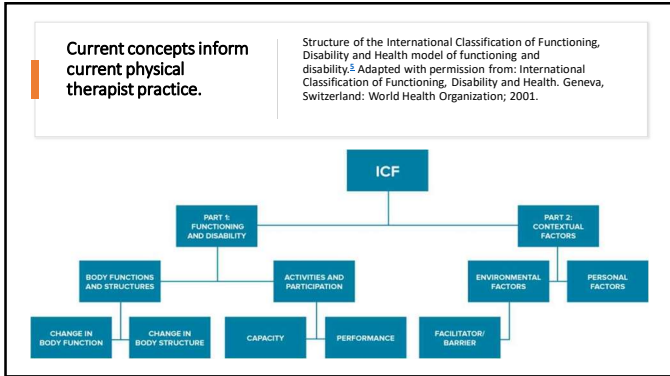
12



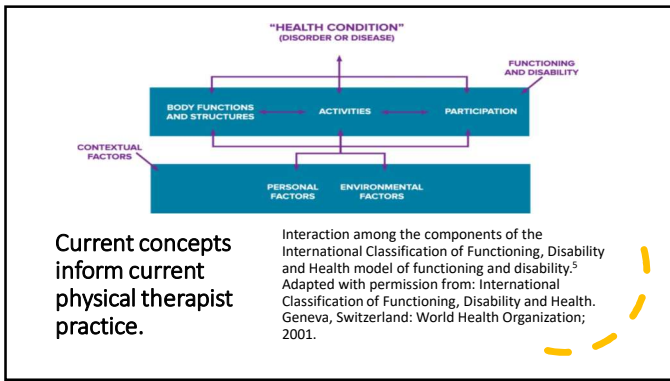
13



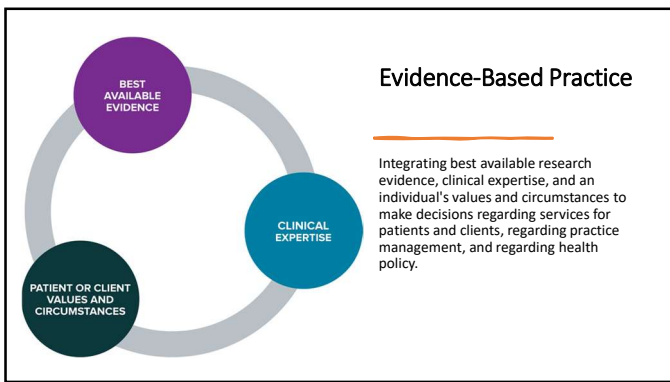
14



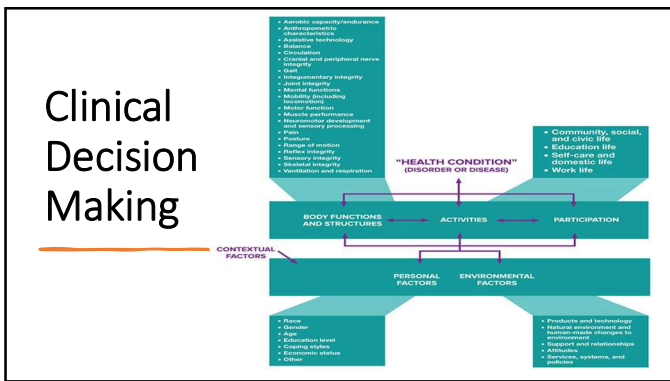
15



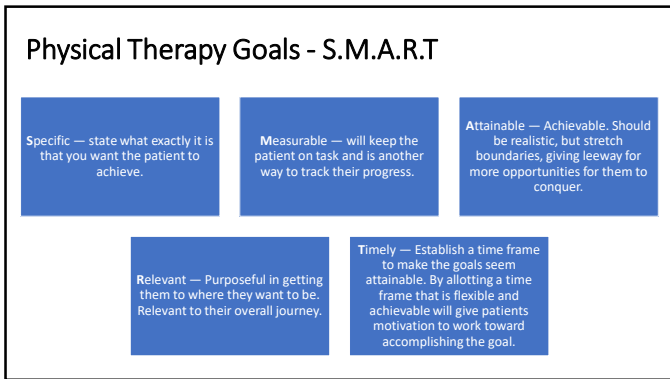
16



17



18



19

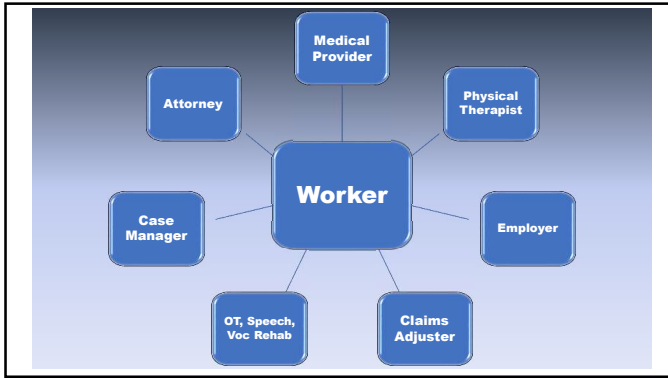
20

Goal:
Optimize Work Participation After Injury or Illness

Regardless of the provider or the name of the program "... goals are fundamentally similar including **restoring the physical abilities and functional tolerance of the injured worker in order to return them to gainful employment.** RTW is thought of as the **process** an injured worker undergoes in returning to work, their measurable fitness for work, and their vocational outcomes, including duration and/or extent of their inability to work as a result of their functional limitations."

- Park J, et al. (2018). J Occup Rehabil.; 28:252-264.

21



22

Communication and Coordination

Communicate and coordinate services with the **employer, the employee, case managers, and health care providers** in the presence of an estimated high risk for delayed RTW.

23

Communication and Coordination

- Timely referral.
- Treatment history and outcomes.
- Current restrictions.
- Availability of modified or transitional duty.
- Ongoing medical interventions/precautions.

24

Timing of Care

- Physical therapists may **serve as the first health care provider** up to eight weeks after injury, according to regulatory scope and expertise.
- Initial consultation within the first seven to 14 days following injury.
- For workers who have been out of work for six to eight weeks, **engage in a multidisciplinary assessment** to collaboratively determine the most appropriate plan of care and address potential barriers to work participation.

25

The Timing of Physical Therapy for Low Back Pain: Does It Matter in Workers' Compensation?

“Physical therapy within 14 days of injury is associated with significant reduction in the use and costs of medical services such as MRIs, opioid prescriptions, pain management injections, and low back surgery. It also is linked to shortened duration of temporary disability benefits under workers’ compensation.”

- Wang D., Mueller K., Lea R., (September 2020). Workers Compensation Research Institute WC-20-25.

26

Estimating Risk of Delayed Recovery

Physical therapists should modify the components included in the plan of care based on the **estimated level of risk** to avoid needless delay in RTW.

- **Estimated low risk** of delayed recovery = combination of condition-specific exercise and clinic-based, work-focused interventions such as work-task replication.
- **Estimated high risk** of delay recovery = combination of clinic-based, work-focused interventions and job site interventions. Include a behavioral approach.

27

Self-Report Measures

Use **validated self-report measures**, such as the Work Ability Index and the Disabilities of the Arm, Shoulder, and Hand questionnaire work subscale, that specifically address RTW in order to estimate RTW-related outcomes and guide the course of treatment.



28

Psychosocial Factors

Physical therapists use **reliable and valid tools** as part of the evaluation and throughout treatment to **identify the presence of fear avoidance, psychosocial risk, or readiness for change** that impact RTW outcomes to guide patient management.



29

Psychosocial Questionnaires

Psychosocial Factor	Validated Questionnaire
Psychosocial and work factors	Work and Health Questionnaire Örebro Musculoskeletal Pain Questionnaire
Fear-avoidance beliefs	Fear-Avoidance Beliefs Questionnaire Cumulative Prognostic Factor Index
Psychosocial factors and low back pain	Psychosocial Risk for Occupational Disability Scale Back Disability Risk Questionnaire Waddell's Symptoms Screen
Stage of change	Readiness for Return-to-Work scale

Adapted from Table 7. Clinical Guidance to Optimize Work Participation After Injury or Illness. The Role of Physical Therapists. J Orthop Sports Phys Ther. 2021;51(6):CPG1-CPG102. doi:10.2196/jospt.2021.0302.

30

Risk Factors — Client Presentation

Screen for risk factors associated with delayed RTW or work absence throughout the episode of care, using patient interview and validated tools. Risk factors include:

- Type of injury.
- Previous injury episodes.
- Extended work absence prior to referral.
- Comorbidities.
- Presence of psychosocial factors (i.e., high levels of perceived or self-reported functional disability, severity of pain, pain behaviors, fear-avoidance beliefs, low recovery expectations, and low self-efficacy).

31

Document Job Demands



Document essential functions and exertional job demands as part of the examination.



Information sources may include job analysis, company documents, and/or interview.



32

Physical Performance Measures

Use valid and reliable physical performance tests throughout the episode of care to measure the individual's work ability and to inform treatment and prognosis

- FCE.
- Short form FCE.
- Job-specific functional testing.
- Other performance measures.



33

Physical Performance Measures

- Testing should occur early in rehabilitation, not as a last measure before RTW.
- Physical performance measures come in many forms, may be referred to as FCEs (functional capacity evaluations).
- Among FCEs:
 - There are many options.
 - Each system has advantages.
 - No single system is superior.

34

Job Demands

[ORS Factsheets : U.S. Bureau of Labor Statistics \(bls.gov\)](http://ors.factsheets.gov)

- Climbing.
- Crawling.
- Crouching.
- Foot/leg controls.
- Keyboarding.
- Kneeling.
- Lifting/carrying.
- Pushing/pulling.
- Reaching.
- Sitting.
- Standing/walking.



35

Education

Physical therapists **provide education** regarding the worker's physical findings, the benefits of activity, and strategies to return to activity to improve work ability and limit time away from work.



36

Ergonomic Consultation

Offer ergonomic consultation and recommendations to stakeholders and workers when work demands exceed the worker's ability, as an effort to temporarily assist workers in job performance during rehabilitation or to permanently accommodate workers.



37

Graded, Modified, or Transitional Work

Provide consultation and recommendations to patients, employers, and the health care team for **graded, modified, or transitional duties that promote work reintegration**, while taking contraindications and barriers into consideration.



2-9-2022

38

Psychologically Informed Practice

Incorporate psychologically informed practice such as **individual goal setting, motivational interviewing, education regarding activity pacing, problem-solving, relaxation, and coping techniques** into the plan of care when psychosocial barriers are identified during the episode of care.

39

Physical Therapy — What to Expect

Evaluation

- Documentation demonstrates assessment of current or anticipated work goals.
- Early screening for risk of delayed recovery.
- Treatment plan and goals reflect discussion and planning for RTW.
- Treatment plan includes intervention related to any psychosocial and physical barriers to RTW.

Intervention/ subsequent visits



- Assessment of barriers to RTW throughout the course of care.
- Communication and coordination of care throughout the rehab process.
- Functional testing completed over the course of care.
- Documentation addresses the correlation between subjective and objective measures.
- Workplace-related interventions and recommendations (transitional work, job coach, ergonomic).

L.Payne/APRS-2020 Governors Conference WC

40


41

Traditional Occupational Health PT Settings


<p>Outpatient Facilities </p> <ul style="list-style-type: none"> • Injury management • Functional capacity evaluation • Post-offer employment testing • Multidisciplinary or single disciplinary RTW programs • May be at physician office location 	<p>Employer Sites </p> <ul style="list-style-type: none"> • Health promotion • Injury prevention • Ergonomic solutions • Work accommodations • Chronic disease management • Bonus: IW remains engaged with work family
--	--

42

Additional Occupational Health PT Settings

Home Health PT 


- Home-bound
- High severity or complex injuries
- Early goals: mobility, transfers, & activities of daily living
- Family/caregiver support

Inpatient Facilities 


- First for catastrophically injured individuals
 - Hospital
 - Skilled nursing
- May be multidisciplinary
 - Rehab hospital
- Residential facilities
- Transitional care
- Supported living for community reintegration

43

Unique Occupational Health PT Settings

Mobile PT 

- Location of injured worker's choice
 - Location can vary visit to visit
- Bring outpatient clinic to injured worker
- Often home or worksite
- Extended hours/days
- Primarily in populated areas

Virtual PT 

- Live encounter via video conference
- HIPAA compliant, secure, encrypted platforms
- Specially trained clinicians
- Extended hours/days
- Virtual "back at work" ergonomics consulting

44

Remarkable Evaluation & Treatment Elements


Work related evaluations:

- Type of job
- Job demands relative to injury
- Impact of injury on work ability
- Work status
- Self-report measures
- Work-related goals
- IW history/injury/expectations
 - Collaboration & buy in
 - Psychosocial factors
 - Injury history

Job specific treatment activities:

- Job related tasks
- Progress tied to RTW

Stakeholder communication



45

Approaches to Treatment

Linear Approach

- Symptoms, signs
- Diagnoses disease
- Assesses disability and work capacity
- Treats pain separate from person

Biopsychosocial

- "Person-Centered"
- Looks at whole person

46

Psychosocial Barriers to Improvement

The way an individual interacts with their job and the work environment:

47

Biological Effect of Psychosocial Barriers

Mental Load & High Work Demands

Associated with:

- Upper limb work related MSDs
- Forearm pain
- Neck disorders
- Elbow disorders
- Hand/wrist problems

Biological effect:

- Increased muscle tension and a decrease in breaks or micropauses may lead to muscle fatigue
- Immune response may change affecting recovery
- May impact postures and forces applied

High Perceived Stress

Linked to:

- Upper limb problems
- Musculoskeletal disorders

Biological effect:

- Increase muscle activity and load on MSK system
- May reduce ability to relax muscles while on a break or after work
- Stress responses lead to physiological changes
- May result in long lasting MSK symptoms
- May lead to changes in CNS increasing sensitivity to pain

48

Mitigating Workplace Risk Factors for Delayed RTW

- Ergonomic interventions
 - Claim specific
 - Data trends
- Work accommodation
 - Temporary
 - Permanent
- Modified/Transitional work
 - Individualized
 - Standard "modified position"
- RTW programs



49

Psychologically-Informed Intervention

Psychosocial Factor	Intervention
Psychosocial and Work Factors	Offer participatory ergonomics Combine workplace and clinic-based intervention Involve the worker
Fear-avoidance beliefs	Progressive, graded activity
Psychosocial factors and low back pain	Education about pain neuroscience, benefits of activity
Stage of change	Use a tailored approach

- Integrates behavior techniques into traditional Physical Therapy
- Addresses both physical and psychosocial factors during PT
- Influences a patient's pain perception, behaviors, and response to pain

50


Benefits of Biopsychosocial Approach

Injured Worker:

- Holistic outcome-centered approach
- Incorporates behavioral change
- Resets expectations
- Empowers lifetime self-management

Employer:

- Decreases overall claim costs
- Increases successful return to work
- Reduces risk of recidivism




51

Biopsychosocial Approach Summary

- Problem may not change but response to the problem can be different
- If focus is limited to the body part/injury/pain that will define the person
- If emphasis is the sum of all parts and end goal goes beyond tissue healing to include management and prevention of recurrences, then we support an overall return to health

- *Reset expectations.*
- *Focus on overall function.*
- *Improve RTW/SAW results!*



52

Live Questions & Answers

7/1/2022 IAIMS 2022 Annual Meeting - iaims.org

53

Resources

<https://www.apta.org/>

<https://www.capteonline.org/about-capte/data-and-research/aggregate-program-data>

<https://www.apta.org/your-career/careers-in-physical-therapy/workforce-data/apta-physical-therapy-workforce-analysis>

<https://www.apta.org/apta-history/the-first-100-years-of-apta>

<https://www.apta.org/your-career/careers-in-physical-therapy/becoming-a-pt>

8/1/2022 IAIMS 2022 Annual Meeting - iaims.org

54

Resources

<https://www.apta.org/search?q=%22direct+access%22>
<https://www.apta.org/advocacy/issues/direct-access-advocacy/direct-access-by-state>
<https://www.captionline.org/programs/master-list>
<https://aptaapps.apta.org//componentconnection/chaptersandsections.aspx>
<https://www.apta.org/your-career/career-advancement/specialist-certification>
<https://www.apta.org/apta-and-you/leadership-and-governance/policies/position-scope-of-practice>

8/3/2022 IAIME 2022 Annual Meeting - iaime.org

55

Resources

Daley D., Payne L.P., Galper J., et al (2021). Clinical Guidance to Optimize Work Participation After Injury or Illness: The Role of Physical Therapists. J Orthop Sports Phys Ther; 51(8):CPG1-CPG102. doi:10.2519/jospt.2021.0303

Link: Clinical Guidance to Optimize Work Participation After Injury or Illness: The Role of Physical Therapists (orthopt.org)

Link: Occupational Health SIG - Academy of Orthopaedic Physical Therapy (AOPT) (orthopt.org)

Journal of Orthopaedic & Sports Physical Therapy. Returning to Work After an Injury or Illness (Perspectives for Patients). <https://www.jospt.org/doi/10.2519/jospt.2021.0506>

U.S. Bureau of Labor Statistics, ORS factsheets <https://www.bls.gov/ors/factsheet/>

56

Thank you for the opportunity to participate

Wanda Evans, PT, DPT, MHS
wandaevans@apta.org

Lorena Payne, PT, MPA
lp97390@gmail.com

Michelle Despres, PT
Michelle_Despres@onecallcm.com

57
