

WORK HARDENING PROTOCOL

I. INTRODUCTION

Guidelines have been established that define the nature, character, and time duration, of physical/occupational therapy treatments. In order to return an injured worker back to work with minimization of failure or recrudescence, the therapy provider can provide one or both of the following therapy programs: “work hardening and/or work conditioning.” The provider should indicate that their treatment services will be in the form of work conditioning with job simulated activities for a true work hardening program.

II. DEFINITION

Work conditioning is an intensive work-related, goal-oriented program designed specifically to restore physical function, including joint integrity, mobility, coordination, and muscular performance (including strength, power, and endurance), motor function (motor control and motor learning), ROM and cardiovascular/pulmonary functions. The objective of a work conditioning program is to restore physical capacity and function to enable the injured worker to return to work, or minimize physical restrictions in functional capabilities relevant to the patient's occupation.

A work hardening program is an interdisciplinary, individualized and goal oriented, job specific program designed to return the patient/client to work at the physical demand level commensurate with the identified essential job functions. Work hardening programs use real or simulated work activities and progressively graded functionally based or job specific conditioning exercises in a standard, systematic program that are based on the individual's measured tolerances, to restore physical, behavioral, and vocational functions and capabilities. Work hardening programs address the issues of productivity, safety through proper body mechanics education, quantified physical functional capabilities, and work behaviors.

III. THE WORK HARDENING PROTOCOL COMPONENTS

1. Determination of the injured workers physical capacity in relation to the return to work goal should be established using equipment that is objective and measurable; i.e., ergometers, dynamometers, treadmills, free weights and functionally based circuit training. Goals for each worker are dependent on the identified physical job demands. Simulation of the client's work demands (i.e., lifting stations, sleds, ladders or other central job demand simulation activities), as well as providing progressions in frequency, load, and duration of work are essential.

2. A standardized, systematic approach, tailored to the individual's specific job demands, should be utilized, including a battery of generally accepted validity tests regarding demonstrated consistency of effort.

3. The program should include education in body mechanics, work safety and injury prevention. This should include direct therapist interaction and may be

combined with video presentations that cover anatomy, back care, posture and the role of exercise and the worker's responsibility in self-treatment.

4. The work hardening facility should be a safe work environment that can simulate essential job demands appropriate for the vocational goals and the worker.

5. In terms of length of program, this should take into account the individual worker's essential job demands and injury but in general terms should conform to accepted standards of care for industrial medicine such as are found in the widely utilized *Official Disability Guidelines* produced by the Work Loss Data Institute.

IV. PROCESS

1. A referral for work hardening is to be made by the treating physician, physician assistant or nurse practitioner and sent to the industrial health PT/OT provider. To insure reimbursement the provider may want to clarify if the insurer has approved the WH program.
2. The gold standard is to use a functional job description provided by the employer and cross checked with the employee description to establish the goals of the work hardening program. If that is not available a description provided by the DOT may be used and lastly a description by the injured worker may be used but it is understood these options may not be completely accurate. The WH program must document the source of the job description/job demands.
3. Contact with the insurer or employer to establish job availability including full duty, modified duty and transitional hours will help to establish goals.
4. A PT/OT functional baseline evaluation should be established prior to starting and recommending a WH program. The base-line is to be compared to the demands of the job.
5. Work hardening facility will submit a copy of the evaluation and plan, including the frequency of visits, to the referral source and the insurer to ensure reimbursement, within three (3) business days of the evaluation.
6. A re-evaluation and/or discharge report should be performed to determine success of the program and the worker's readiness to return to work at the 4 week mark and may be used to get authorization from the insurer for extending a program. As stated in the ODG guidelines, earlier discharge may take place if there is lack of compliance and/or objective progress.
7. An exit/discharge summary shall be submitted to the referring physician and insurer/employer within seven working days of the exit/discharge date

8. The baseline evaluation and reassessments of progress and/or discharge report are considered part of the work hardening program.

V. DOCUMENTATION

The evaluation should include:

- a. Case manager identification
- b. Medical status
- c. Musculoskeletal exam
- d. Current baseline functional work capacity testing as compared to job demands, to set a benchmark from which to establish the plan, work goals and time frame. The gold standard is to use a functional job description provided by the employer and cross checked with the employee description to establish the goals of the work hardening program. If that is not available a description provided by the DOT may be used and lastly a description by the injured worker may be used but it is understood this may not be completely accurate. The WH program must document the source of the job description/job demands.
- e. Behavioral/attitudinal status and issues impacting performance.
- f. Job availability, including Full duty, modified duty and transitional hours.
- g. Results and interpretation of validity testing such as reliability of pain report assessment and consistency of effort assessment.
- h. Estimated time frame and frequency of visits to reach work goals.
- i. Plan for frequency and time of sessions. Typical work days allow for a break after 2 hours and this may be a guide for the minimum session time. The program must be sufficient in session time and frequency to demonstrate that the worker has the ability to maintain physical condition and proper pace and biomechanics. Failure to meet short term objective goals is reason for considering discontinuation of the program.
- j. In order to insure reimbursement the PT/OT provider may obtain approval of the plan prior to starting the program. The total number of treatments should be dependent upon the severity of the condition, baseline testing and determined necessary intervention.

The reassessment or final report should include the following information at the end of the program or at the end of four weeks:

- a. Case manager identification
- b. Medical status
- c. Musculoskeletal re-exam (objective and quantifiable)
- d. Comparison of present work abilities to the initial baseline (as stated above the plan is based on functional job description, job site analysis, DOT, or the last option being the workers description) and the functional documentation must be objective and quantifiable.
- e. Documentation of education provided regarding safe job performance to prevent re-injury
- f. Behavioral /attitudinal status and issues impacting work performance and documentation of how this was addressed. This will include attendance and adherence to the schedule.
- g. Assessment of validity testing/parameters and impact on interpretation of testing results.
- h. Job availability, including Full duty, modified duty and transitional hours
- i. Recommendations for RTW or further treatment. If further treatment is recommended, the rationale for continued treatment, proposed treatment extensions, and cost of services must also be identified. Prior authorization will be required to continue treatment beyond four weeks.
- k. Documentation of job modification recommendations; i.e., adaptations in equipment, work station ergonomics. Clarify if the employer is able and willing to make modifications.
- l. Recommendations for any follow-up services.

PROTOCOL HISTORY:

Passed: 7/27/1993

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