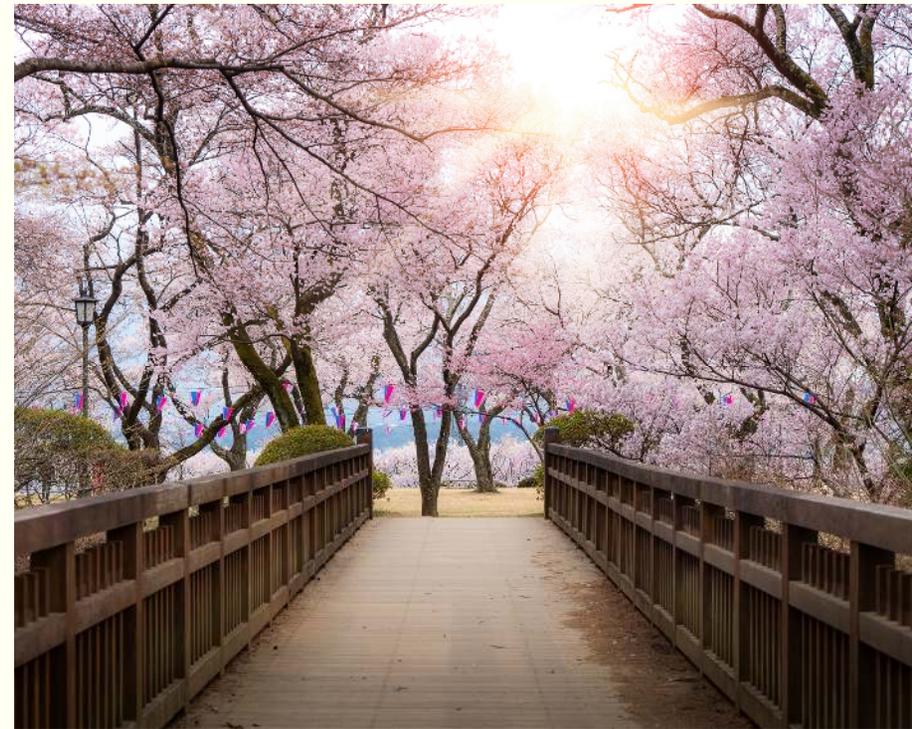


CONNECTING INJURY TO CARE,
CARE TO RETURN TO WORK,
AND WORK TO RETURN TO LIFE



Connecting Injury To Care, Care To RTW & Work To RTL

Robb D. Wright, OTR/L

“In the Game Since 1988”

The Workers’ Compensation Trust

- Return To Work Specialist
- Managed Care Manager

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No Disclosures



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You have heard from 'The Team'

- Dr. Sadock; Pulling insight from injury
- Dr. Kaplan; Scope of complex injuries & delivery of interdisciplinary care
- Dr. Holzman; Offering support and bolstering coping capacity
- Dr. Noori; Addressing issues of trauma
- Kerry; Polishing worker skills to build employment opportunity

But where does it all start? What sets it in motion? It starts by recognizing something a little curious, maybe a little off, or oddly gray, something not quite right...

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- Musculoskeletal/Mechanical
 - Sprains, Strains, Fractures & Tears
- Neurological
 - Radicular
 - Concussion
 - Neuropathy
- Mental
 - Suffered or Witnessed Traumatic Event
 - Situational Trauma, Anxiety &/or Depression
 - Pre-existing Mental Health Concern, Now Injury Complicated
- Complex Multi-System Injury with Personal Loss



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- Sprains & Strains
- Broken Bones
- Mechanical Tissue/Structure/Joint Injuries
- Nervous System Injuries
- Neuro & Persistent Concussive Symptoms
- Maladaptive Behaviors
- Employer Disconnect
- Poor Coping
- Anxiety, Panic, Stress
- Concurrent Mental Health Diagnoses
- Acute Suffered/Witnessed Trauma <30 Days
- Specific PTSD/PTSI >30 Days
- 'All & Any, Mix & Match'



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- **Expected RTW:** “ODG” = 3 to 5 weeks Sprained Ankle
- **Protracted RTW:** wound vac, bone stimulator, Hx Smoker, Hx Diabetes = Add ‘X’ weeks but healing is incremental and obvious
- **Unlikely RTW:** simply does not get better, work restriction is not reduced and is sustained



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- Expected RTW : 7 – 15 ICA Visits / 3 – 5 Months for Trauma Care
- Protracted RTW: 15 to 45 ICA Visits / 5 to 9 Months Trauma Care
- Unlikely RTW: 6 Months to Years, Resolution not seen, Conclude Care; resolution often brokered



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Typical Musculoskeletal Claim Outcomes

- Get Hurt, Get Better, Get MMI, Live Normal Life
- Get Hurt, Slowly Get Better, More Additional Time, Get MMI +/- Rating, Live Normal Life
- Get Hurt, Do Not Get Better, See Many Doctors, Little Better-Little Worse, More Doctors, FMLA Concludes, Lose Job, Lose Financial Opportunity, Dial Down...
- New Normal = New Job: “Injured Worker”



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Avenues to Facilitate RTW: Concussion Symptoms

- Align with ConcussionCare, not old school 'cocooning.'
 - Vestibular Therapy
 - Multi Team OT/PT/SLP Services
 - Neurology or Physiatry Management
 - Graded/Progressive return to work environment
 - Inform involved parties of status



Remember to keep RTW and contact with the workplace in play, keep the provider involved and aware of workplace options, and foster RTW discussion in treatment efforts.

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Avenues to Facilitate RTW: Existing or New Employment

- Assures Competence/Readiness for Current Job
- Re-Invention
 - Lateral Moves
 - Same Skills Different Jobs
 - New Interests/New Job
- Confidence
 - Polish & Practice
 - Resume & Interviews
- Some Crazy Number of 'At Bats' (We need to adjust)



Remember to keep RTW and contact with the workplace in play, keep the provider involved and aware of workplace options and foster RTW discussion in counseling efforts.

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Avenues to Facilitate RTW: Trauma Care & ICA Services

- ICA
 - Cognitive Behavioral Therapy (CBT)
- ICA+
 - Longer course of CBT
- Trauma Care
 - Cognitive Processing Therapy (CPT)
 - Eye Movement Desensitization & Reprocessing (EMDR)
- Psychiatry
 - CPT
 - Medical Management of Pharmacology if Needed
 - Medication, ideally, is a stopgap and time limited



Remember to keep RTW and contact with the workplace in play, keep the provider involved and aware of workplace options and foster RTW discussion in therapy efforts.

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Avenues to Facilitate RTW: RTW Specialist

- ***When do you see yourself getting back to work?***
- What other work could you do at your employer?
- What kind of work could you do/want to do?
- What interests do you have?
- Is the employer on board?
- Does the MD understand/appreciate RTW options?
- Is a 3rd voice in the room needed?
- Is assistance or 'other' treatment needed?
- Return vs Re-Invention?

**Thank you Jason Parker Centrix*



Remember to keep RTW and contact with the workplace in play, keep all the providers/parties and involved and aware of workplace options.

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Avenues to Facilitate RTW via RTW Specialist

- Involve the Employer
 - Send letter to MD provider driving work restriction on employer letterhead
- Involve the Injured Worker
- Problem Solve for Restricted Duty Opportunities
- 'Watch the Clock' - Keep gears moving forward
- Run Interference

My job to keep RTW 'front & center' and keep all the providers and party resources engaged.



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Specific Return To Work Efforts



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Return To Work Efforts

- Call the Employer
 - Explain Importance of Accommodation
 - Facilitate Progressive Accommodation
- Call the Provider
 - Be the 3rd Voice in the Room
- Call the Patient (or their Attorney)
 - 'What can you tolerate right now?'
 - 'What do you need to be at work?'
 - 'How can I help you?'



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Return To Work Efforts

- Detail the Timeline
 - Monitor progress
 - Look for snarls & fix



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Return To Work Efforts

- Tracking Key is Simple
 - Progress = Follow Along
 - Slow Progress = Add Some Grease
 - No Progress = Open the Toolbox!



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Return To Work Efforts

- Find the Solution
 - Investigate & Define the Barrier
 - Propose Solutions & Resources
 - Fear, Anxiety, Poor Coping?
 - RTW Anxiety or Fear or Suspected Intolerance
 - Define/Establish Formal Assistance



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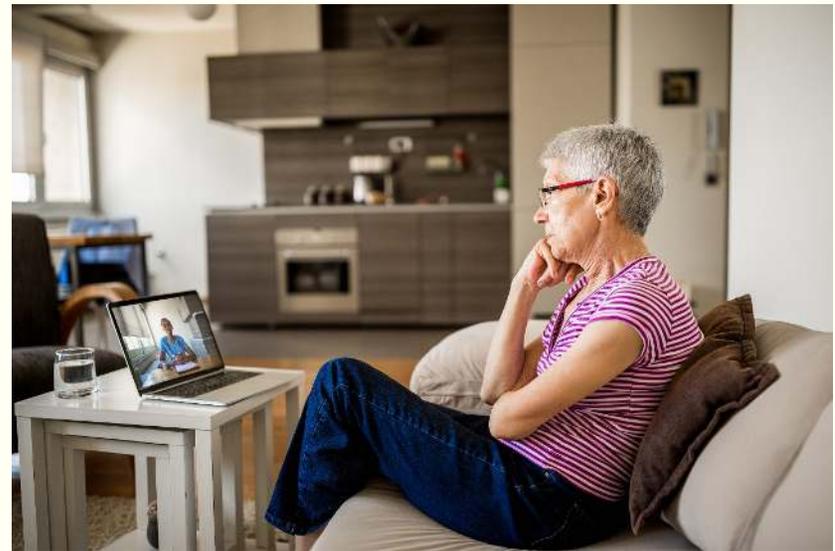
Return To Work Efforts

- Bridge the Gap Between Work Demand and Worker Capacity
 - Make it Work
 - Propose Options for Success



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Let's Talk About Mental Health... Why is it so important?



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In the News... Joe Paduda 2023 - Predictions Come True

- <https://www.joepaduda.com>

3. Behavioral health and its various iterations will gain a lot of traction.

More State Funds, carriers and TPAs will adopt BH programs, more patients will benefit, and more dollars will be spent. There's a **growing recognition that medical issues aren't hindering "recovery" near as much as psycho-social ones.** This is great/wonderful/long-needed and will really benefit patients and payers alike. Kudos to early adopters, and LETS GO to you laggards!

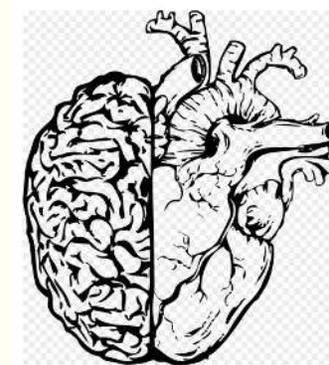
True – although there is not enough infrastructure to support BH. Sure there are companies that have BH-specific experience and expertise; Carisk among the leaders, AppliedVR is the only FDA-authorized virtual reality chronic pain solution and is gaining significant traction...unfortunately there are no national or even regional provider networks providing full BH services. This is in large part because payers want discounts (do NOT get me started on the stupidity of this) coupled with a national shortage of providers. (**Carisk** and **AppliedVR** are both HSA consulting clients)

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Mental Health? It will just open Pandora's Box...

- Musculoskeletal Injury & Mental Health Issues Are Equal
 - Routine Injury & Effective Coping Skills = Normal Recovery
 - Complex Injury & Effective Coping Skills = Delayed Recovery
 - Routine Injury & Poor Coping Skills = Delayed Recovery
 - Complex Injury & Poor Coping Skills = Delayed/Absent Recovery

Where the mind goes, the body follows. There is no separation of mind and body. A positive mind will track toward positive recovery. A negative mind will track toward no (negative) recovery.



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For musculoskeletal comparison... consider Failed Back Surgery Syndrome where there was provided an Effective Spinal Surgery but outcome of aggravated symptoms & diminished unexpected post-surgical status.

I once evaluated a family generational brick layer who underwent a two-level lumbar fusion following work related injury. Coming out of surgery, he was totally disabled, walking with crutches and reliant on his teenage son to provide him water from a cup as he felt unable to let go of a crutch. He was tearful, pained and unable to see his future as he could not be a brick layer ever again (in his mind).



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For musculoskeletal comparison... consider Failed Surgery Syndrome with delivery of an Effective Knee Surgery but with outcome of aggravated symptoms & diminished unexpected post surgical status.

Back in the early 90's, I was working inpatient rehabilitation. My patient just underwent a totally routine, sound, non-infected, right Total Knee Replacement. She should have been ready to regain her life, but she was not. She was hysterical in pain. She could not/would not bear weight on the leg. Any efforts to rehabilitate were met with abundant crying, pain, and histrionics. After two weeks, her hardware was removed, and her knee was fused, and I never saw her again. No effort to treat her mindset was offered. And, for that matter, no effort to understand her mindset ahead of surgery was undertaken.



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Consider Elite Athletes, Paralympic Athletes, or the Bloody Sock...

Athletes, and those folks able to experience pain without fear, can effectively compartmentalize their pain. They understand that pain is a limited commodity that has a beginning and an end, that it is a defined quantity they will pay, and that it can be harnessed, captured, and endured.



...remember the bloody sock?

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Pandora's Box? It already exists. Any patient that is aligned with everlasting care, be it Pain Management, Orthopedic, Neurosurgical or PCP; it is all a failure to thrive. Likewise, opioid, chronic NSAID use, medical marijuana, alcohol and other 'drugs' are all manifestations of a compromised self.

The issue is not the medical status, it is the absence of opportunity or 'vision' to return to known work or vocational reinvention. If there is inadequate coping capacity, limited mindset, or diminished width and breadth of will, then there is a likelihood for the worker to adopt the vocation of 'injured worker.'

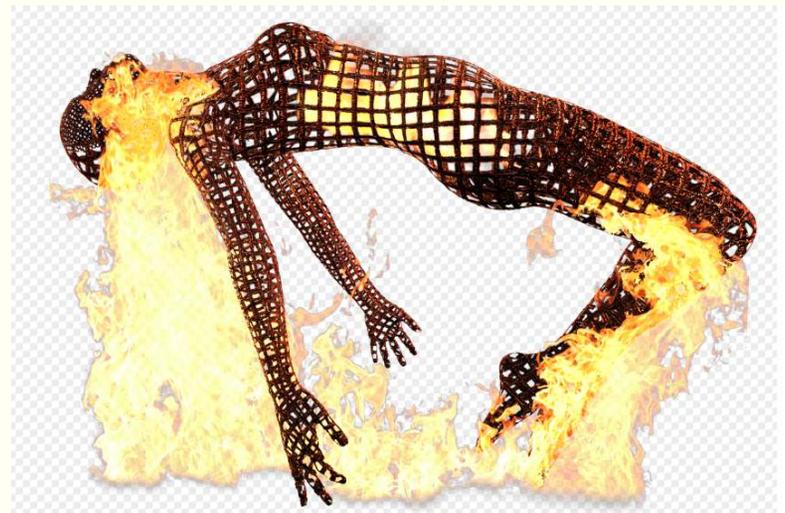
Therefore, the treatment venue becomes any means to bolster coping and enhance opportunity.



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Pandora's Box? What About Pain?

- 10/10 Scale but...
 - Does the Pain Report Fit the Presentation?
 - Objective Signs of Distress?
 - Call for Attention, Call for Help?
 - High Pain Tolerance – yeah, but?
 - Subjective Overlay?
 - Maladaptive?
 - Protective?
 - Fear Driven?
 - Do Injured Workers Not Working Need to be in Pain?
 - Is it Fraud or Malingering? Or Absence of Other Financial Options?



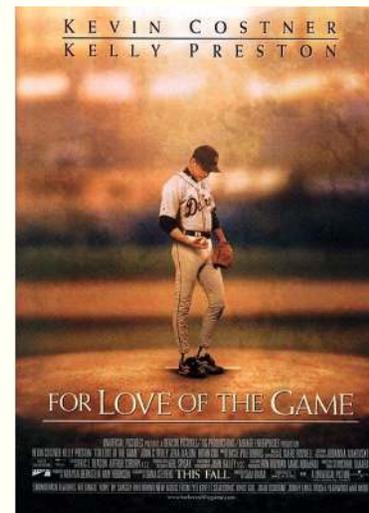
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Pandora's Box? What About Pain?

- Compare/Contrast Workers Compensation Pain to Athletes in Pain – It is not the same.

“This is going to hurt a little bit.”

Billy Chapel, For the Love of the Game



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Our Mental Health Services Outcomes?

Generally good with some true gold star moments, but also the spectrum with neutral and less than ideal outcomes. Truly no different than our medical musculoskeletal outcomes with many of the same hurdles.

Patients plateau, providers continue care, treatment focus is lost in six week rechecks, and present 'evolved' concerns are poorly linked to injury event.



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How to Get to 'Return To Life'



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First Off - You Must Care, and You Must be Advocacy Minded:

- Foster/Facilitate Care
- Assemble the Resources and Team
- Cultivate 'Art Part' of Medicine
- Have Expectations
- Offer Options and Alternatives
- Allow Others Control
- Expedite Opportunities



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Secondly, You Must be Open to New Ideas and Opportunities

- No Old-School Cranky Crusty Adversarial Mindsets
- Define Extent of Need vs Opportunities Available
- The Race is Against Time, Not the Patient



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Lastly, You Must Be Open to New Ideas and Opportunities

- Define Pathways That Lead to RTW
- Run Interference
- Provide 'Assisted Navigation'
- Enhance Communication
- Allow the Patient to Evolve



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Return To Work Efforts

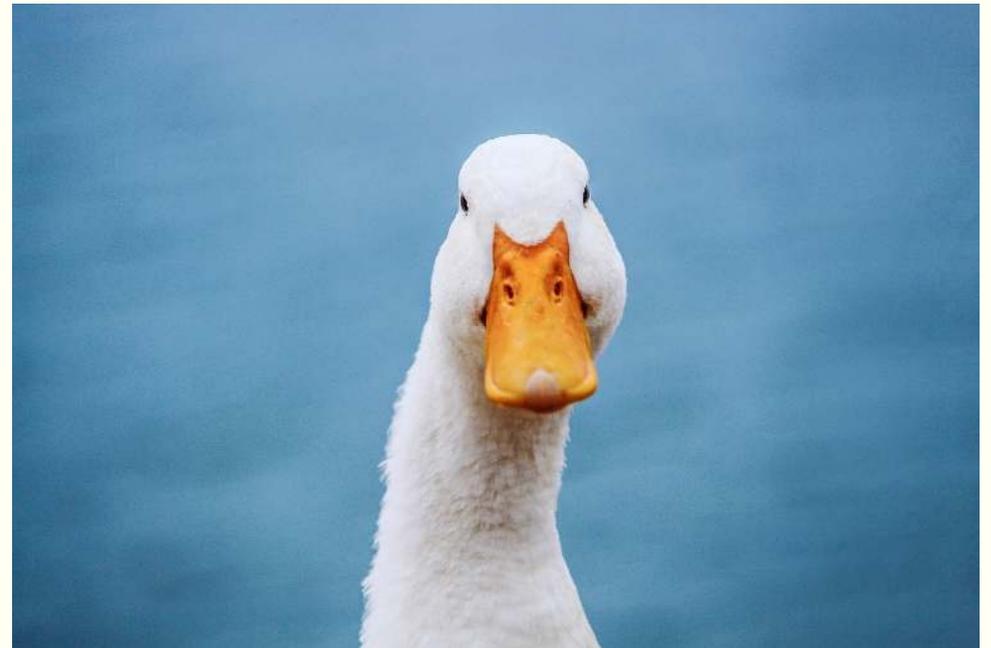
- Believe in the Medium, “Get Stoked, Share the Fire”
 - Medical Care
 - Mental Health Care
 - Rehabilitation Provider
 - Healing Herbal Powder
 - Sunlight
 - Walking & Exercise
 - Visualization
 - Meditation
 - Support



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Return To Work Efforts

- Read the notes
- Drive care
- Grease rails
- Get your ducks in a row



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Return To Work Efforts

- Two steps forward and one step back is still 3 steps on a pedometer



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Return To Work Efforts

“After you save a person’s life, the only thing that is more profound is to re-establish competency at work.”

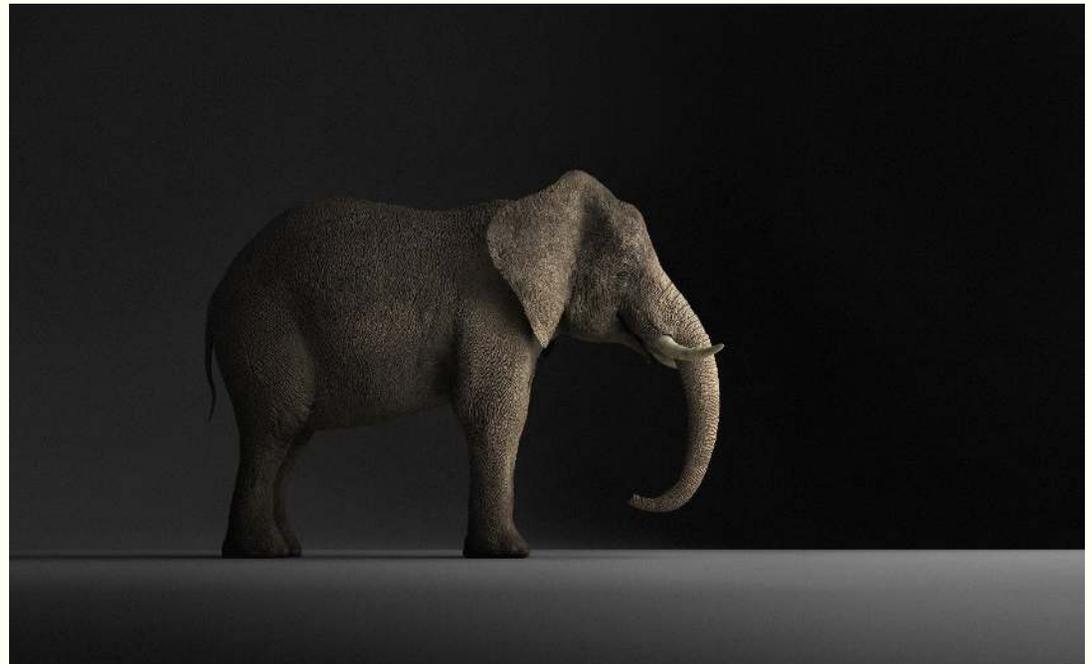


Leonard N. Matheson PhD (Neurorehabilitation Psychology)
Washington University School of Medicine

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Return To Work Efforts

“If you don’t address the elephant in the room, it will set up shop.”



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Return To Work Effort

And if the elephant sets up shop, you will find 'forever' Pain Management treatments, discussion of Spinal Cord Stimulators, need for Medical Marijuana and Cocktails of sorts, all tracking with ongoing degeneration of orthopedic issues and time.



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Return To Work Efforts

- Pushback simply means you are in the backseat of someone else's control needs.
- Steer by leaning
- Place opportunity in their pathway



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Return To Work Efforts

Engage the Legal Parties; involve them.



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Subject: [WFDRoundtable] Work Fitness & Disability Roundtable - Digest #992

A PIECE OF MY
MIND

Belinda Waltman, MD
Los Angeles County
Department of Health
Services, Los Angeles,
California.

The Margins Matter

"Maybe getting hit by a car was a blessing in disguise, after all," said Mr L, a gregarious 62-year-old man who works as a full-time security guard on the night shift.

Mr L recounted for me what happened one morning after a particularly tough shift when he was hit by a car while walking across a crosswalk. Although his injuries were not life-threatening, the computed tomo-

missed work that propels these already marginalized patients into profound social vulnerability can destroy their lives. Relatives, friends, or a lenient landlord might provide temporary support, but favors and charity cannot last forever. I frequently see patients on the brink of imminent homelessness, forced to choose between essential medical treatment and working.

By actively listening to patients, screening for social risk factors, and thinking boldly and creatively, together, it is within the power of clinicians to reduce the suffering associated with the social determinants of health. Recognizing that the margins matter can help keep patients at the center of patient-centered care.

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Subject: [WFDRoundtable] Work Fitness & Disability Roundtable - Digest #992

This is a digest for WFDRoundtable@groups.io, at <https://groups.io/g/WFDRoundtable>

Topics in this digest:

1. Two real life examples in JAMA: Newly ill/injured workers with multi-dimensional predicaments
-

We are so AFRAID of people who will abuse programs that we put up barriers for working people who have simply run into difficulty. Another way to say it is we inadvertently ABANDON and do additional HARM to vulnerable folks in their hour of need—especially those who are already at a disadvantage for OTHER reasons. Gotta figure out a better way.....

Cordially,

Jennifer Christian, MD, MPH, FACOEM

Chair, Alliance for Bridging Health & Work

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Return To Work Efforts

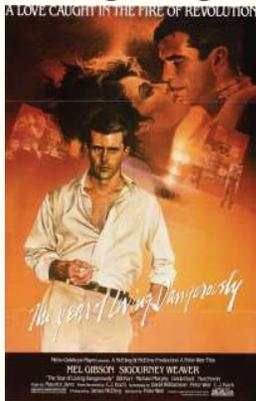
We know the answers. We have been talking about the answers for years now, put them to practice.



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At the end of the day, I take my 'wins' as I get them, typically one at a time. This is an effort of pulling red herrings out of the school of gray fish. It is all about intent, offering opportunity, your resources and your time.

The Year of Living Dangerously, 1982



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Thank you!

Any Discussion or Questions?

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