

Fitness for Duty, Employment and Return to Work Exams

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Objective

- Identify tools for successful management of worker fitness for duty
- Outline the winning formula to reduce injury frequency and improve safe return to work.
- Principles apply to pre-employment, return to work or periodic examinations



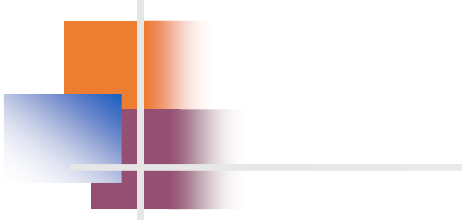
Overview


- Purpose of medical treatment is to restore health, optimize functional capability and minimize the impact of injury or illness on the employee's life.
- Prolonged absence away from work is detrimental to a person's mental, physical and social well being.
- Return to maximum functional activities after an injury or illness has many beneficial effects.
- Employers must comply with ADA/FMLA/Work comp laws.
- Physician action can positively affect the likelihood of healing by setting clear expectations for recovery.



Impairment vs Disability

- Permanent impairment is a medical term that implies a loss of physiologic function or anatomic structure that persists to a degree that further medical, psychologic, surgical and rehabilitative interventions are unlikely to produce any substantial improvement in level of function or quality of life.
- Disability is an administrative term that implies a reduced ability to meet occupational demands as a result of impairment and other associated factors—such as mental abilities, social factors and financial status.





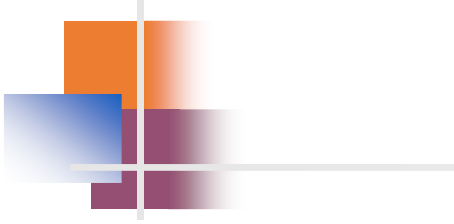
Roles Essential to return to work process

- Employee
- Supervisors/management
- Occupational Health Nurse
- Safety professionals
- Physicians
- Physical therapist
- Ergonomist/vocational consultant



Employee factors

- Physical condition
- Psychological/emotional factors
- Social issues
- Financial issues
- Job satisfaction
- Secondary gain-dissatisfaction with employer, medical services or work accommodation
- Is the employee ready, willing and able?





Employer factors

- Does employer possess accurate and useful job descriptions with essential functions listed.
- Lack of accommodated work is a barrier.
- Communication from physicians uses medical terms and often overly conservative restrictions.



Physician factors

- May have a lack of knowledge about work situation, including available modified work.
- Lowest estimate of functional ability often comes from the employee.
- Highest indication of ability comes from objective functional capacity testing.
- Time is limited especially for completing forms.
- Examinations need to be benchmarked with essential functions.
- Psychological/psychiatric evaluations may be needed.



Occupational health nurse/case manager factors

- Can serve as employee advocate/advisor.
- More time with employee to help with understanding of treatment, evaluations and goals/outcome.
- Contact with employee with encouragement to return to work often is helpful.



Physical therapy factors

- Functional capacity evaluations (FCE), work conditioning, work hardening are important for objective assessment of worker ability.
- It is not unusual for the average time off work to be 6-24 months before these tools are utilized.



Functional Capacity Exam (FCE) - Definition

- Systematic method of measuring an individual's ability to perform tasks on a safe and dependable basis.
- FCE includes all impairments, not just those that result in physical functional limitations.
- In general, the FCE collects information about functional limitations of a person.



Functional Capacity Exam (FCE) - Purpose

- Improve the likelihood that an employee will be safe in job task performance.
- Match individual ability to job demands and diminish risk of injury (or re-injury).
- Assist employee to improve job performance by identification of functional decrements.



Functional Capacity Exam (FCE) - Purpose

- Assist in measuring treatment progress for injured workers.
- Determine the presence (if any) and the degree of disability so that the appropriate bureaucratic or judicial entity can assign, apportion, or deny medical disability benefits.



Functional Capacity Exam (FCE) – Standards of Care

- Safety-proper administration of FCE not be expected to lead to injury.
- Reliability-Score derived from FCE should be dependable across evaluators, patients and time.
- Validity- FCE should reflect true ability.
- Practicality-Costs,interpretation and reporting should be reasonable.



Functional Capacity Exam (FCE) – Effort / Performance

- Malingering.
- Factitious disorder.
- Learned illness behavior.
- Conversion disorder, pain disorder, or other somatoform disorder.
- Depressive disorder.
- Test anxiety.



Functional Capacity Exam (FCE) – Effort / Performance

- Fear of symptom exacerbation or injury.
- Fatigue.
- Medication and psychoactive substance effects
- Lowered self-efficacy expectations.
- Need to gain recognition of symptoms.



FCE – Frequently Used Test Batteries

- Blankenship Functional Capacity Evaluation
- BTW Work Simulator
- California Functional Capacity Protocol
- DOT Residual Functional Capacity Battery
- ERGOS Work Simulator
- Isernhagen Functional Capacity Evaluation
- Key Method Functional Capacity Assessment



FCE – Frequently Used Test Batteries

- LIDO WorkSET Work Simulator
- Matheson Work Capacity Evaluation
- Physical Work Performance Evaluation
- Valpar Component Work Sample System
- Workability Mark III
- WorkHab



FCE and Job Matching

- Physical demands of job obtained through job analysis.
- Essential functions of job identified in a job description or Occupational Exposure Assessment.
- FCE and Job requirements matched to identify physical abilities.



Occupation Matching

Physical Demand	Occasional	Frequent	Constant	Typical Energy Required
Sedentary	10 lbs	Negligible	Negligible	1.5-2.1 METS
Light	20 lbs	10 lbs	Negligible	2.2-3.5 METS
Medium	20-50 lbs	10-25 lbs	10 lbs	3.6-6.3 METS
Heavy	50-100 lbs	25-50 lbs	10-20 lbs	6.4-7.5 METS
Very Heavy	Over 100 lbs	Over 50 lbs	Over 20 lbs	Over 7.5 METS

Purpose of Fitness for Duty (FFD)

Exams-Manage Risks

- Detect pre-existing medical problems.
- Detect unsafe prescription medication use.
- Screen out illicit drug users.
- Make sure the applicant/worker is fit for duty.
- Protect applicant/worker, co-workers, employer.



Past Medical History

- Prior back and musculoskeletal problems
- Prior surgeries
- Heart and lung problems
- Prior work restrictions
- Previous diagnosis
- Previous work related medical problems
- Allergies-solvents, latex, dusts



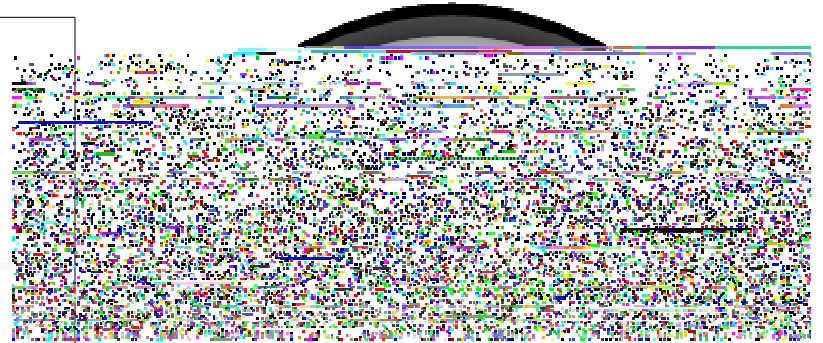
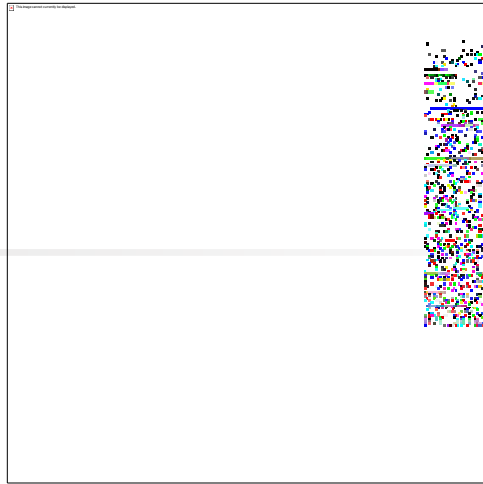
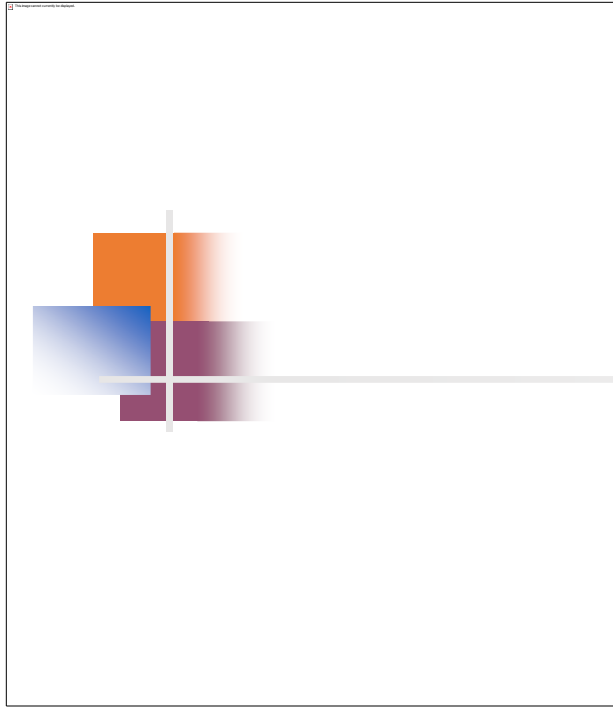
Past Occupational history

- Loud noise
- Prior exposure to asbestos, chemicals, radiation
- Work with vibrating tools
- Exposures to dust, fumes, biologic hazards
- Prior work related injuries and illnesses
- Old or current work restrictions

Current Medications



- Narcotics/analgesics (pain medications)
- Anti-epileptics
- Benzodiazepines/mood adjusting
- Insulin
- Anti-inflammatory
- blood thinners





Physical exam

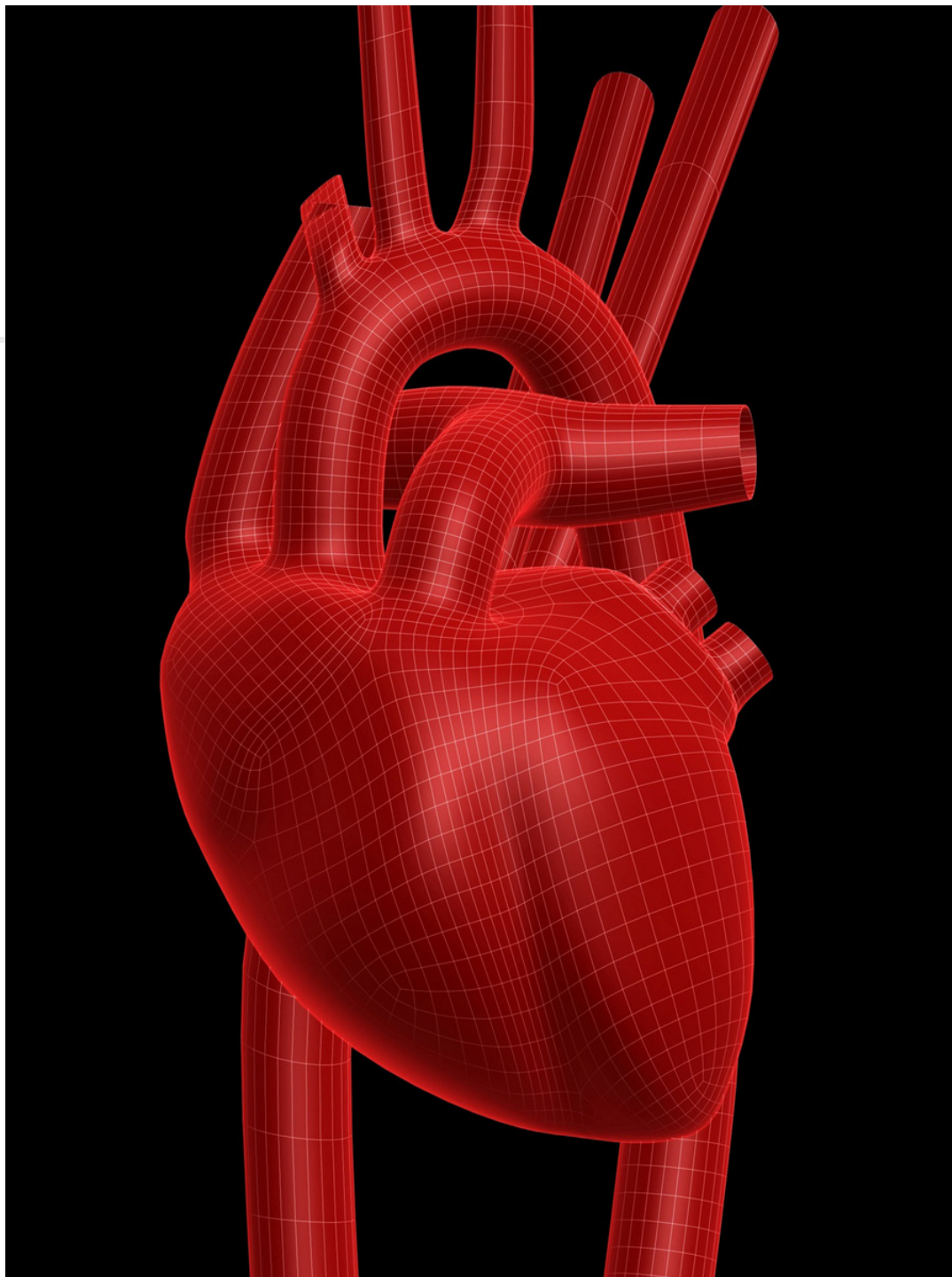
- Is the medical history accurate?
- Look for old surgical scars, especially the back , neck , shoulders and knees (laborers)
- Listen closely to the heart and lungs (rule out asthma, emphysema, heart arrhythmias)
- Check for hernias
- Range of motion of all the major joints
- Evaluate blood pressure for hypertension
- Document pre-existing abnormalities

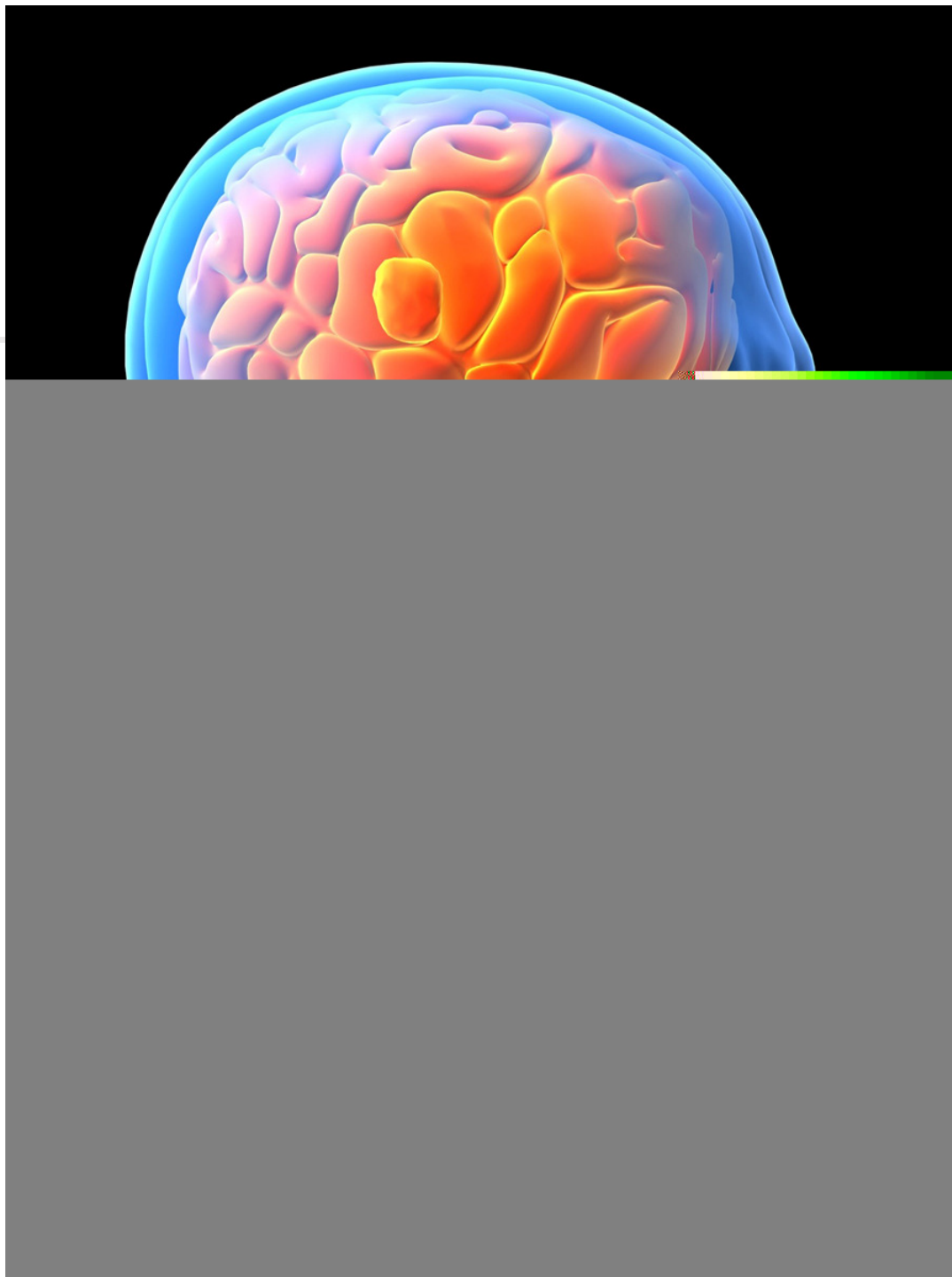


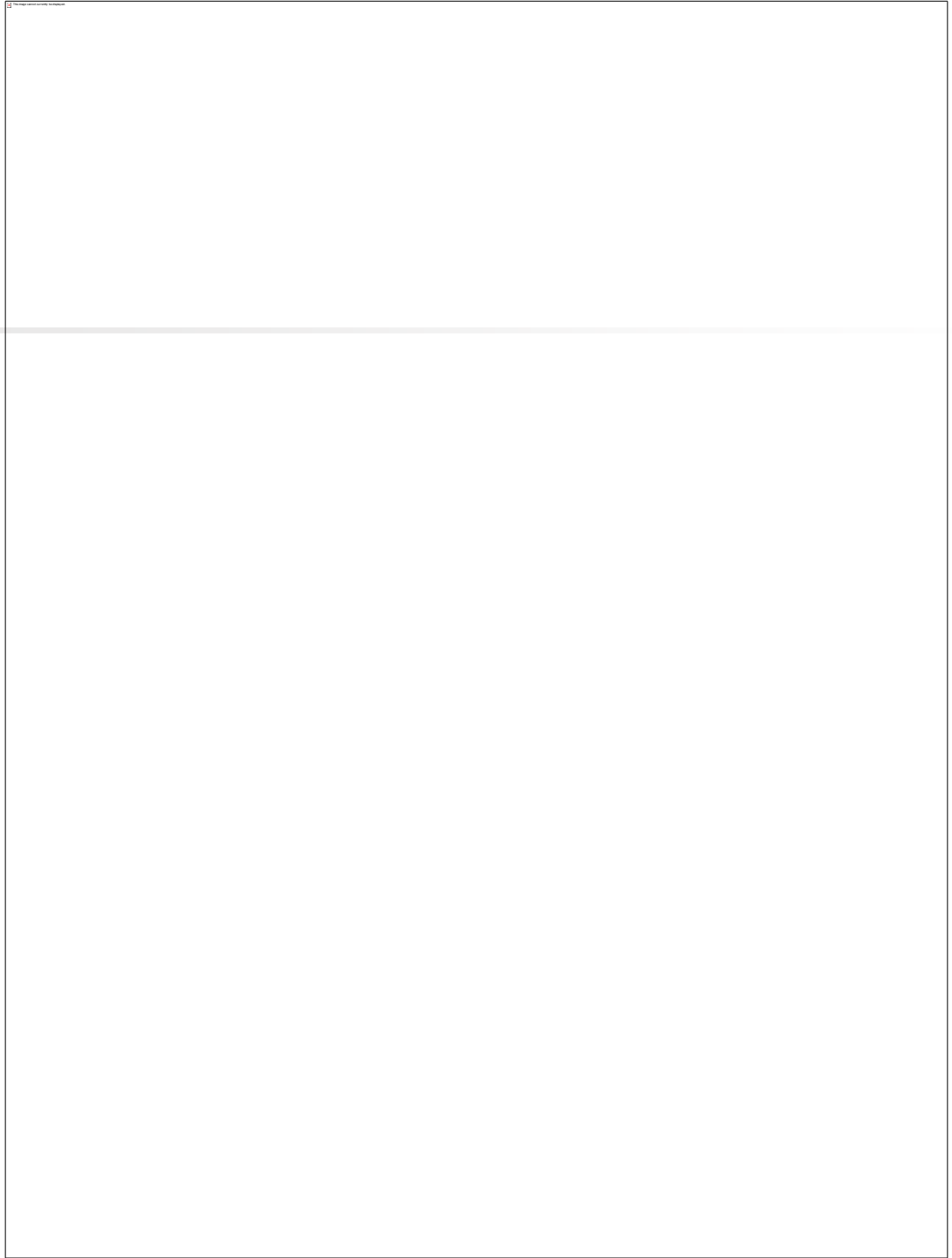


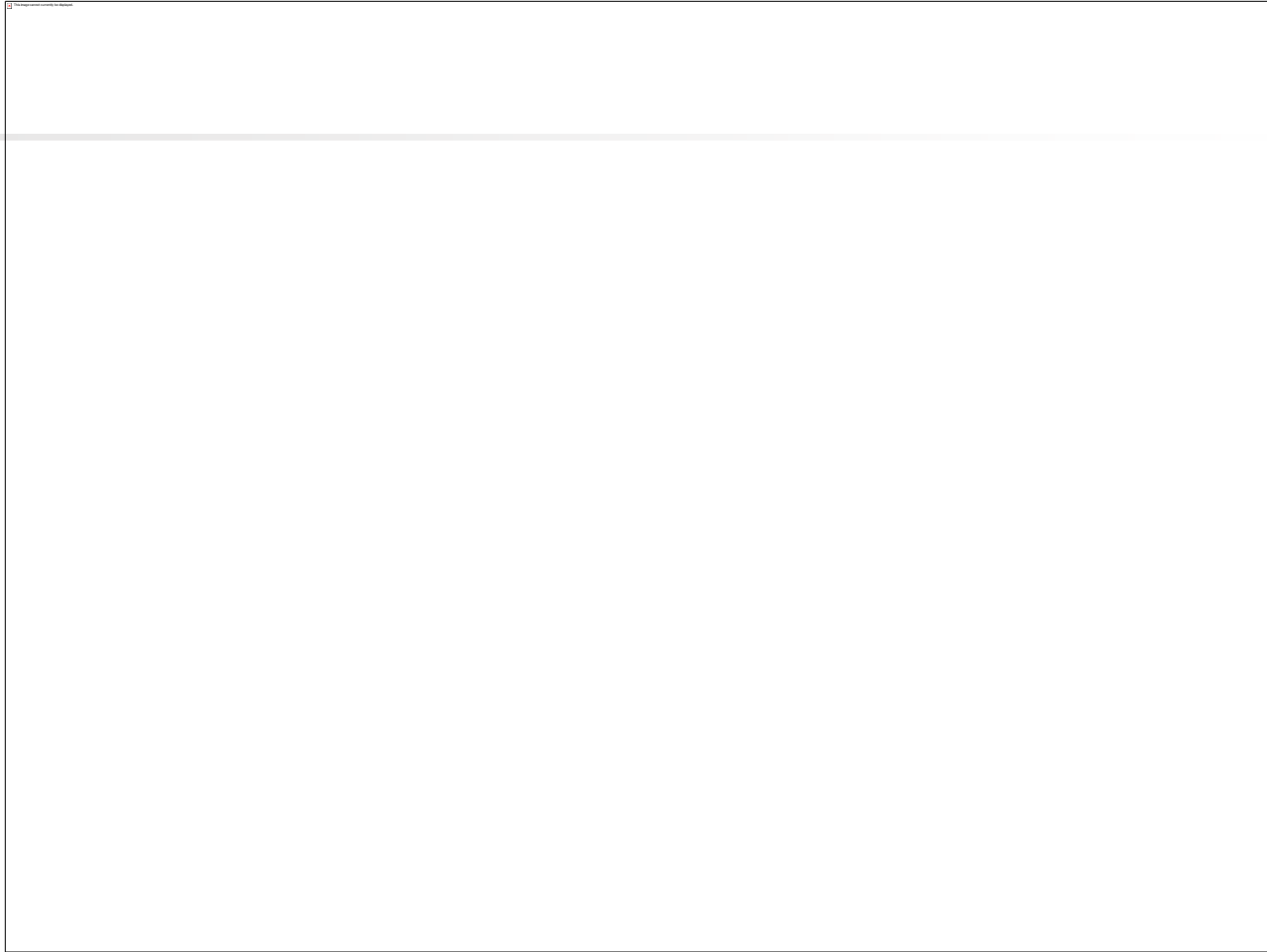














The Winning Formula for Safety Culture at Worksite

- Assume all incidents are preventable
- Assume all risks can be controlled
- Management takes responsibility, holds team accountable for preventing injuries
- Involve employees
- Job descriptions or analysis to set benchmarks for exams and FCE




The Winning Formula for Safety Culture

- Train employees to work safely
- Promote safety off-the-job (hearing protection is one example)
- Audit safety



Observations and Recommendations

- Employers should adopt a disability prevention model.
- Behavioral and circumstantial realities that prolong disability should be addressed.
- Acknowledge the contribution of motivation on outcomes and improve incentives for positive outcomes.



Disability is rarely medically required!!!!

- Only a small fraction of medically excused days off work is medically required-meaning work of any kind is medically contraindicated.
- Unnecessary prolonged work absences can cause significant harm to an employee's well-being, social relationships and self respect.



Tools for Success

- Communication
- Accountability
- Respect



Case examples and questions?
