

# **WORK HARDENING/WORK CONDITIONING TREATMENT GUIDELINES**

*recommended by the*

**PHYSICIAN ADVISORY COMMITTEE**

*(Adopted by the Administrator of the Oklahoma Workers' Compensation Court on August 1, 2001)*

**Effective January 1, 2002**

## **Introduction**

The Physician Advisory Committee (PAC), a statutorily created advisory body to the Oklahoma Worker's Compensation Court, has been directed by Oklahoma Statute to propose, adopt, and recommend treatment guidelines for injured Oklahoma workers. The PAC is composed of nine members; three appointed by the Governor, three appointed by the President Pro Tempore of the State Senate, and three appointed by the Speaker of the Oklahoma House of Representatives. By statute, the Governor's appointees must include a doctor of medicine and surgery, a family practitioner in a rural community of the state, and an osteopathic physician; the President Pro Tempore's appointees must include a doctor of medicine and surgery, a doctor of medicine or an osteopathic physician, and a podiatric physician; and the Speaker's appointees must include an osteopathic physician, a doctor of medicine or an osteopathic physician, and a chiropractic physician.

For the following guidelines, we have provided an opportunity for feedback from a wide variety of sources. These sources include employers, insurance carriers, and health care providers. Appropriate scientific literature was reviewed, together with Commission on Accreditation for Rehabilitation Facilities (CARF) Standards for Occupational Rehabilitation Programs. Specific references utilized were the current Chronic Pain Treatment Guidelines for Oklahoma Workers' Compensation Court, Physical Medicine Guidelines, and treatment protocols from West Virginia.

The objective of the Treatment Guidelines for Work Hardening/Work Conditioning is to provide standards for referral sources to facilitate timely rehabilitation for return to work. As shown in the research literature, a majority of patients with work-related injuries will only require conventional rehabilitation and return to work without requiring more comprehensive treatment of Work Conditioning or Work Hardening. However, it is important to identify those needing more comprehensive Work Conditioning or Work Hardening in a timely manner. By increasing the timeliness of rehabilitation, this helps reduce workers' compensation costs by decreasing time away from the job, thereby decreasing potential for worsening of condition and decreasing the amount of expenditure on salary replacement.

The objective of timely treatment begins with the employer and/or employee. At the time of injury, these parties must report a compensable injury in a timely fashion to ensure there is no delay in the treatment of that injury. It is important that the employer work with the insurance carrier and health care providers to ensure the injured worker is given the opportunity to return to work in either a modified or full duty status as quickly as medically possible. If appropriate, the physician will provide a prescription for outpatient rehabilitation.

In some cases, the patient may not return to work after a sufficient time with conventional outpatient rehabilitation services. In these cases, it will be important to consider a more comprehensive approach to return to work. Research suggests that 90% of individuals with work-related injuries return to work within a six month period and will not require such services.

Patients who require a comprehensive approach, are relatively independent and do not present with attitudinal, behavioral, or significant chronic pain that would interfere with return-to-work are appropriate for work conditioning. The goal of work conditioning is to restore an individual's physical, functional, and vocational skills in preparation for returning to the productive work force.

Patients who require a major comprehensive approach to return to work, require more direction and individualized care, present with attitudinal, behavioral, or significant chronic pain that would interfere with return to work are appropriate for work hardening. The goal of work hardening is to restore an individual's physical, functional, behavioral, psychosocial, and vocational skills in preparation for returning to the productive work force.

The purpose of these guidelines is to provide a timely, cost effective process. This process serves to benefit the patient, health care staff treating the patient, and payers. A majority of patients will be effectively served with conventional rehabilitation and, as research suggests, return to work within the first six months. Those requiring further rehabilitation would require a more comprehensive program of work conditioning or work hardening. The goal is return to the productive work force with timely rehabilitation.

These guidelines are not to be used as a rigid treatment protocol. Rather, it identifies a normal course of treatment. It is assumed that there will be a great deal of individual differences in the requirement of treatment. It is acknowledged that in atypical cases, treatment falling outside these guidelines will occasionally be necessary. However, those cases that exceed the guidelines will be subject to more careful scrutiny and review and will require documentation of the special circumstances that justify the treatment. These guidelines should not be seen as prescribing the type and frequency or length of intervention. Treatment must be based on patient need and professional judgment. This document is designed to function as a guideline and should not be used as the sole reason for denial of treatments and services. These guidelines do not affect any determination of liability for an injury under the Oklahoma Worker's Compensation Act, 85 O.S., Section 1, et seq., and are not intended to supersede applicable provisions of the Oklahoma Worker's Compensation Court's Schedule of Medical Fees.

## **I. WORK CONDITIONING GUIDELINES**

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- A. Work Conditioning** is an individualized and structured rehabilitation program organized to improve function, and quality of life with a goal of return to work. The program primarily consists of physical conditioning and injury prevention and wellness education designed to return the client to his/her previous employment. It provides coordinated and outcomes-oriented services in an outpatient setting.
- B. The Work Conditioning client** has received acute rehabilitation services and is expected to return to his/her previous employment, however, is unable to do so as a result of general deconditioning since the injury and his/her limited endurance or tolerance to work requirements. Once such a program is established the client is expected to become independent with safe performance of program activities.

### **Referral Criteria:**

- a. Recommendation for work conditioning by a physician, case manager, court order, or other appropriate parties.
- b. Physician's prescription.

Medical management of the client during a work conditioning program.

### **2. Admission Criteria:**

- a. Client demonstrates potential to benefit from such a program.
- b. Client's current levels of functioning interfere with his/her ability to carry out specific tasks required in the work place.
- c. Client may or may not have already transitioned to part-time or modified employment and requires such a program to further enhance current tolerance to work requirements.
- d. Client does not display attitudinal, behavioral issues, psychosocial barriers, or significant chronic pain behaviors that would interfere with returning to work, and therefore, does not require psychological services.
- e. Medical, psychological, or other conditions do not prohibit their participation in the program.
- f. Client may or may not require continued modalities for symptom management.
- g. Informed consent for treatment.

**3. Treatment Standards:**

- a. Evaluation by a physician, physical or occupational therapist. This treatment provider may include, but is not limited to the physical and/or occupational therapists, physical and/or occupational therapist assistants, and other technical personnel.
- b. Quantitative measures of the client's impairments and dysfunction.
- c. Rehabilitation goals with a focus on improved function and return to work.
- d. Procedures for timely integration of the evaluation information to formulate an effective treatment plan. Documentation to be completed within 5-7 working days.
- e. Record review and maintenance, to include daily documentation of the client's therapeutic activities and response to treatment.
- f. Therapeutic activities address the following:
  - Mobility and flexibility
  - Strength and stabilization
  - Cardiovascular and muscular endurance
  - Safety and ergonomics
  - Injury prevention and wellness education
  - Tolerance to work requirements
- g. Periodic re-evaluation and documentation of progress, outcomes, and appropriateness to continue.
- h. Typical frequency and duration is 2 to 4 hours per day, 2 to 5 days per week, for 2 to 6 weeks dependant upon the client's needs.

**4. Discharge Criteria:**

- a. Accomplishment of established goals
- b. Return to work readiness
- c. Plateau in physical and/or functional progress/maximum medical improvement
- d. Change in medical condition.
- e. Non compliance with program policies and/or activities. The client is allowed no more than 3 unexcused absences; 5 days of tardiness are equivalent to 1 absence.

## II. WORK HARDENING GUIDELINES

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**A. Work Hardening** is defined as an individualized, comprehensive and structured program organized to improve function, quality of life, and pain management skills for clients with pain that interferes with vocational, physical, and psychological functioning. The program provides coordinated, outcome-oriented, interdisciplinary team services in an outpatient setting designed to minimize risk and optimize the work capability of the client served. The program primarily consists of:

- physical conditioning
- simulation of specific and/or general work requirements
- training and/or modification of activities of daily living
- injury prevention and wellness education
- cognitive-behavioral pain management training
- education designed to return the client to his/her previous employment or the productive work force, and improve his/her level of functioning.

**B. The Work Hardening client** has received conservative rehabilitation services and requires continued training, which is progressive and goal-oriented toward returning to a productive lifestyle, previous employment, or the competitive work force.

### 1 Referral Criteria:

- a. Recommendation for work hardening by a physician, case manager, court order, or other appropriate parties.
- b. Physician's prescription.
- c. Medical management of the client during a work hardening program.

### 2. Admission Criteria:

- a. Client demonstrates potential to benefit from such a program.
- b. Client's current levels of functioning interfere with his/her ability to carry out specific tasks required in the work place or in the work force or in regards to activities of daily living.
- c. Client may or may not have already transitioned to part-time or modified employment and requires such a program to further enhance current tolerance to work requirements.
- d. Client may display attitudinal, behavioral issues, psychosocial barriers, or significant chronic pain behaviors that interfere with returning to work, and therefore, requires psychological intervention.

- e. Client may require vocational assessment and/or assistance to return to the competitive work force when return to previous level of employment is inappropriate.
- f. Medical, psychological, or other conditions do not prohibit his/her participation in the program.
- g. Client may or may not require continued modalities for symptom management.
- h. Informed consent for treatment.

**3. Treatment Standards:**

- a. Interdisciplinary evaluation by a team consisting of the program director and a group of designated staff members who are familiar with industrial rehabilitation. This team may include, but is not limited to the client, treating physician, psychologist, vocational counselor, physical and occupational therapists, physical and occupational therapist assistants, and other technical personnel.
- b. Evaluation by a physician, physical or occupational therapist assessing the following:
  - Musculoskeletal status
  - Cardiovascular status
  - Vocational status
  - Attitudinal/motivational status
  - Behavioral status
  - Cognitive status
  - Functional work capacity
  - Issues of safety
  - Issues of accommodation and/or modifications
- c. Quantitative measures of the client's impairments and dysfunction.
- d. Rehabilitation goals with a focus on improved function and return to a productive lifestyle.
- e. Procedures for timely integration of the evaluative information to formulate an effective treatment plan. Documentation to be completed within 5-7 working days.
- f. Record review and maintenance to include daily documentation of the client's therapeutic activities and response to treatment.

- g. Therapeutic activities may address the following:**
  - Mobility and flexibility
  - Strength and stabilization
  - Cardiovascular and muscular endurance
  - Pain Management
  - Cognitive-behavioral issues
  - Stress and anger management in the work place
  - Safety and ergonomics
  - Injury prevention and wellness education
  - Tolerance to specific or general work requirements
  - Tolerance to activities of daily living
  
- h. Program provides an area that supports simulated or real work opportunities in a safe environment.**
  
- i. Periodic re-evaluation and documentation of progress, outcomes, and appropriateness to continue.**
  
- j. Routine staff conferencing regarding client's status, progress, goals, and plan.**
  
- k. Typical frequency and duration is 4 to 6.5 hours per day, 3 to 5 days per week for 2 to 8 weeks, dependant upon the client's needs.**
  
- l. Vocational consultation available as appropriate.**
  
- 4. Discharge Criteria:**
  - a. Accomplishment of established goals.**
  
  - b. Return to work readiness.**
  
  - c. Plateau in physical and/or functional progress/maximum medical improvement.**
  
  - d. Change in medical condition.**
  
  - e. Non compliance with program policies and/or activities. The client is allowed no more than 3 unexcused absences; 5 days of tardiness are equivalent to 1 absence.**

### III. FUNCTIONAL CAPACITY EVALUATION GUIDELINES

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- A. Functional Capacity Evaluation (FCE):** The goal of the Functional Capacity Evaluation is to determine an individual's physical and functional capabilities in terms of what the individual can do safely.
- B. FCE Types:** A comprehensive, objective process of assessing an individual's functional ability to perform work-related tasks. This may be either general or job specific. ***General FCE:*** Evaluates the dynamic strength, positional tolerance, and mobility tolerance of the client at a given point in time as it pertains to the most common essential work tasks. These results can be compared to the physical demand strength ratings of various occupations published in the Dictionary of Occupational Titles to estimate the type of work appropriate for the current level of function. ***Job Specific FCE:*** Requires, at minimum, a detailed job description and preferably an onsite job analysis to determine essential functions of the job. These functions may be tested by performing the evaluation on site or simulating the functions in the clinic. The person's ability to perform specific job functions is evaluated.
- 1. Indications:**
- a. Determine the individual's ability to safely return to gainful employment.
  - b. Determine appropriateness or areas of concentration for conventional rehabilitation, work conditioning, or work hardening
  - c. Document changes after conventional rehabilitation, work conditioning, or work hardening.
  - d. Determine if work restrictions, job modifications, or reasonable accommodations are necessary to facilitate return to work and prevent further injury.
  - e. Assist physician with standardized evaluation of the medical impairment.
  - f. To assist the medical team in safely progressing the rehabilitation process to conclusion.
  - g. To determine the extent to which impairment exists, or the degree of physical disability for compensation purposes.
  - h. To provide quantification of functional capacity to aid in vocational planning.
- 2. FCE Standards:** The FCE protocol should be supported by research as to reliability and validity. The following areas of assessment should be included:



- a. Complete patient history related to current diagnosis and any past medical history pertinent to the FCE evaluation.
  - b. Cardiovascular response to activity.
  - c. Pain questionnaire pre and post testing.
  - d. Assessment of fine motor skills.
  - e. Assessment of balance.
  - f. Positional tolerance testing.
  - g. Material handling test.
  - h. Musculoskeletal evaluation if there is evidence of symptom magnification or submaximal effort.
  - i. Other psychological screening or testing, including distraction testing, if needed to assess reliability and validity of the individual test.
  - j. Physician prescription is advisable as it implies that the client does not have contraindications or a medical condition that would prohibit the safe performance of functional testing.
- 3. Who can perform an FCE?** The evaluator should have graduated from a professional program that provides education in human anatomy and physiology, pathology, and applied anatomy or kinesiology. The evaluator must have the ability to combine knowledge of physiology, psychosocial, and biomechanical function relevant to the individual's type of impairment. In addition, they should have received adequate training/certification in the specific FCE protocol used. Typically, Functional Capacity Evaluations are performed by Occupational Therapists and Physical Therapists who have had specific training in performing Functional Capacity Evaluations.