

WORK HARDENING PROTOCOLS

I. INTRODUCTION

Guidelines have been established that define the nature, character, time duration, and cost of physical/occupational therapy treatments. In order to return an injured worker back to work, 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 conditioning program designed specifically to restore systemic neuromuscular functions, including joint integrity, mobility, 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 patient/client to return to work.

A work hardening program is an interdisciplinary, individualized and goal oriented, job specific program designed to return the patient/client to work. Work hardening programs use real or simulated work activities and progressively graded conditioning exercises that are based on the individuals measured tolerances, to restore physical, behavioral, and vocational functions. Work hardening programs address the issues of productivity, safety, physical tolerances, and work behaviors.

III. THE PROTOCOL COMPONENTS

1. Determination of the strength and endurance goals of the client in relation to the return to work goal should be established using equipment that quantifies and measures strength and conditioning levels; i.e., ergometers, dynamometers, treadmills, free weights, and circuit training.

Goals for each worker are dependent on the demands of their respective jobs.

2. Simulation of the client's work demands job simulations that provide for progressions in frequency, load, and duration of work are essential. These should directly relate to the work goal and offer the client opportunity to practice work related positions and motions.
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. Assessment of the worker's need for job modifications. Documentation of job modifications are needed, i.e., adaptations in equipment, work station ergonomics. Adaptations should be made and practiced to insure success.
5. A written plan that includes measureable goals, the strategies used to meet these goals and the projected time necessary to accomplish the goals and expected outcomes. This plan may be supported by a functional capacity evaluation to establish a base-line that can be compared to the demands of the job. A re-evaluation may be performed to determine success of the program and the worker's readiness to return to work. These evaluations are considered part of the work hardening program.
6. The work hardening facility should be a safe work environment that is appropriate for the vocational goals and the worker. The amount of space should be determined by the number of workers, or approximately 100 square feet per client.
7. A total of nine (9) to twenty (20) physical/occupational therapy treatments will be paid for by the insurer for services given to the injured worker. The total number of treatments should be dependent upon the severity of the condition and intervention necessary.

IV. DOCUMENTATION

The following represents the general outline for the evaluation of candidates for work hardening and for implementation of treatment.

1. A request for work hardening may be made by the treating physician, insurer/case manager, acute care therapy provider, physician's assistant, nurse practitioner, osteopathic physician, and/or chiropractor.

2. All requests for work hardening will be forwarded from the generating source of the referral to the physician and then to the industrial health provider. They must include prior approval from the physician as well as the claims manager before the program begins.

3. Work hardening facility will submit a copy of the evaluation to the referring physician and the insurer within three (3) business days of the evaluation. The evaluation should include the initial plan as well as the following:

- a. the medical status
- b. the musculoskeletal exam
- c. the current functional work capacity testing
- d. the projected work capacity to return to work
- e. the cognitive/perceptual status
- f. the behavioral/attitudinal status
- g. the vocational status.

The evaluation should document a benchmark from which to establish the initial treatment plan and/or the physical/functional/vocational disposition.

Information will include:

- a. the name of the case manager
- b. the estimated time frame for treatment.
- c. the worker must demonstrate physical recovery sufficient to allow

for progressive participation for a minimum of 4 hours a day for three to five days per week. Some exceptions may be made for hand injuries as well as other specialized diagnoses that may begin at 2-3 hours per day.

4. It is anticipated that work hardening programs will include:

- a. the practice, modification, and instruction of component work tasks through real or simulated work.
- b. the development of strength and endurance of the person related to the performance of work tasks.
- c. the education to teach safe job performance to prevent re-injury.
- d. the assessment of specific job requirements in relation to program goals through work site evaluation and/or job analysis.
- e. the provision of ergonomic recommendations to the employer which would facilitate and optimize the successful and safe return to employability.
- f. communication with the employer as to the person's present functional level.
- g. the development of behaviors and attitudes that will improve the person's ability to return to work or to benefit from other rehabilitation efforts.

5. A brief, weekly report should identify progress or lack of progress to date towards goals of treatment. Any changes in objective measures should be noted, e.g., amount of weight that can not be lifted. This report should be sent to the employer/insurer.

6 Work hardening programs may be conducted three to five days per week for a period of up to four weeks or less. Prior authorization will be required to continue treatment beyond four weeks with a maximum of 2 additional weeks allowed. These exceptions must

be justified by diagnosis, and must be accompanied by documentation of good participation and the necessity to reach the vocational goal.

7. A full reassessment of all objective measures must be completed at the end of the program or at the end of four weeks. If approval for continued treatment beyond the initial four weeks is requested, this reassessment must be forwarded to the insurer/employer. The rationale for continued treatment, proposed treatment extensions, and cost of services must also be identified.

8. An exit/discharge summary shall be submitted to the referring physician and insurer/employer within seven working days of the exit/discharge date. This summary shall include:

- a. The reason for program termination.
 1. The client has reached initially stated goals.
 2. The client has not participated according to program plan and absences exceed that allowed by program.
 3. The worker is not adhering to schedule.
 4. The worker has not reached interim goals
(2, 3, and 4 must be reported to the claims staff to determine future planning).
- b. clinical and functional status.
- c. recommendations for return to work.
- d. recommendations for follow-up services.

The final assessment may be used in lieu of a separate summary if all of the information above is contained therein.

PROTOCOL HISTORY

Passed: 7/27/1993
Amended: 6/20/1995
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