

## **PREFACE**

The Medical Advisory Board of the Workers' Compensation Court has developed treatment protocols for some of the most frequent work-related injuries seen in Rhode Island. It is important that the medical community understand the purpose of establishing these protocols, that is, to ensure the provision of quality medical care for all injured workers, while limiting costly, inappropriate intervention and unnecessary delay in returning workers to gainful employment.

The medical protocols were not designed as "cookbooks" of care, rather, they outline options of appropriate methods and types of intervention from which physicians and other providers are to choose. Limitation by practice or procedure is not, however, intended to reflect the opinion of the Medical Advisory Board that a particular area of practice or individual physician within an area of practice is not competent to perform a procedure, conduct a diagnostic test, or perform other services. Rather, any such limitations set forth in these protocols have been developed, and will be reviewed, to address issues within the Workers' Compensation system. Although primarily geared toward the entry-level physician, i.e., the first treating physician, these protocols offer important information for all physicians and health care providers.

These multidisciplinary protocols note anticipated time for the resolution of the injury and the time-frame for further medical interventions. The Medical Advisory Board is well aware that resolution of the injury may be affected by many factors, such as patient age, co-morbidity, etc. All treating medical providers are expected to follow the spirit of these guidelines. All cases which exceed the anticipated time frames will be reviewed by the Board.

In particular, rehabilitation intervention is geared toward the same time-frames for treatment. However, these time guidelines are based on the early referral of appropriate patients into therapy. The time guidelines may need to be extended when the onset of rehabilitation is delayed. Still important, though, is the health care provider's understanding that intervention should be as time-limited as is safe and feasible and that all treatments are geared toward improving objectively measured physical and work skill deficits.

A particular treatment option, not specifically mentioned in most of the protocols, is that of early referral for psychiatric or psychological evaluation. If the treating physician is concerned that psychosocial issues, such as marital problems, alcohol, or drug abuse, etc., are delaying the worker's return to work, a referral to treatment resources is an appropriate action. Referral may also be indicated for individuals with history of prior psychiatric treatment or those reporting anxiety or depression as a major symptom of the work injury.

Lastly, the effort to establish these protocols has been shared by many dedicated professionals. The Medical Advisory Board welcomes and appreciates feedback from all of the medical community of Rhode Island.