



Web Resources for Work Disability Prevention

The Liberty Mutual Research Institute for Safety has advanced the field of occupational safety and health since 1954. Through original scientific investigations the Institute seeks to advance scientific, business-relevant knowledge in workplace and highway safety and work disability.

Glenn Pransky, M.D., M.Occ.H., Director of the Center for Disability and his colleagues conducted a thorough search of publicly-available web-based information on return to work and work disability prevention. This document includes links to free web-based resources that may be useful in improving return to work outcomes in injured workers.

Click on the Resource name for more information and a link to view the document.

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Web Resources for Work Disability Prevention

Technical Summaries of RTW Evidence

#1

Article/Site -	Origin -
Return to Work: Knowledge Base - All Articles	Australia
Main Website -	Year Established -
Return to Work: Knowledge Base	2007

Description: Website with links to over 150 articles relevant to return to work that has been translated into simple English. The article summaries are written in an easy to read format with perspectives on the evidence presented for Employees, Employers, Health Professionals and Insurers. Excellent resource for return to work evidence base. This website is supported by The Foundation for Research into Injury and Illness in the Workplace Inc (ResWorks). The Return to Work Knowledge Base was developed with the support of the Worksafe Victoria RTW Fund.

#2

Article/Site -	Origin -
Seven 'Principles' for Successful Return to Work	Canada
Main Website -	Year Established -
Institute for Work and Health	2007

Description: This is a brief (8-page) review of scientific evidence for seven specific Return to Work program elements that are associated with improved RTW outcomes, focusing on work-related musculoskeletal disorders. Includes references to scientific articles and brief guidance for implementing each of these 7 principles.

Main Features / Results: Evidence supports workplace commitment to employee health and safety, modified work as part of an early RTW program, RTW programs that benefit co-workers and supervisors, training for supervisors and workers about RTW and disability prevention, early, positive and continued contact by the workplace with those who are out of work, someone responsible for RTW coordination, and appropriate communication among worker, insurer, workplace and health care provider.



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Technical Summaries of RTW Evidence (cont'd)

#3

Article/Site -	Origin -
Managing Long-Term Sickness, Absence and Incapacity for Work	United Kingdom
Main Website -	Year Established -
National Institute for Health and Clinical Excellence	2009

Description: This is a brief review of evidence and recommendations for interventions to address workers with prolonged disability, primarily within the United Kingdom setting. Includes a summary of workplace-based RTW programs (p69-83). Detailed scientific literature reviews are at www.nice.org.uk/ph19 – see the background information links and literature review papers lw14 and lw19.

Main Features / Results: Programs that provide an active link to the workplace and coordination among worker, employer and health care provider are generally most effective at improving RTW outcomes.

#4

Article/Site -	Origin -
The Costs and Benefits of Active Case Management and Rehabilitation for Musculoskeletal Disorders	United Kingdom
Main Website -	Year Established -
Health and Safety Executive	2006

Description: Detailed literature review, survey of employers, providers, and case managers and focus group on benefits and methods to actively manage persons with musculoskeletal problems in order that they can return to work. Includes a review of 26 in-house corporate programs in the United Kingdom, mostly based on in-house PT services, case management, and ergonomic interventions. Proposed model in-house RTW program (Page A3), with extensive detail, sample workplace policy on page A35, myths and solutions, suggestions for managers and executives, and feedback from key stakeholders on the proposed model program. Table of scientific evidence on case management (for musculoskeletal disorders and other conditions), and RTW interventions. Page A13 has specific guidance for case management

Main Features / Results: Potential resource for workplace policy, internal CM training, and workplace RTW program implementation.



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Technical Summaries of RTW Evidence (cont'd)

#5

Article/Site -	Origin -
Work-Related Musculoskeletal Disorders: Back to Work Report	European Union
Main Website -	Year Established -
European Agency for Safety and Health at Work	2007

Description: A two-part 100-page document. The first part is a literature review on workplace-based RTW programs for back, lower limb, and upper limb work-related musculoskeletal disorders. The second part represents European Union country level policy initiatives to increase RTW in workers with work-related musculoskeletal disorders; it focuses on authorities and legislation, guidelines and recommendations, Action plans, initiatives and programs are less relevant to us. Section 2 contains evidence for a range of workplace-based RTW programs, primarily for musculoskeletal disorders.

Main Features / Results: First part is useful but the apparently unsystematic nature of the literature review may mean that some things are missing. The second part contains useful information that should allow between EU countries comparisons – maybe relevant for international customers.



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Technical Summaries of RTW Evidence (cont'd)

#6

Article/Site -	Origin -
Red Flags/Green Lights – A Guide to Identifying and Solving RTW Problems	Canada
Main Website -	Year Established -
Institute for Work and Health	2009

Description: This 55-page report summarizes typical problems that can lead to long-term and costly disability absences and possible ways to overcome them. It is based on the results of multiple research interviews conducted with workers experiencing long-term work absences due to injuries or illnesses. Return-to-work challenges are discussed from the perspective of workers. Examples of problems described by workers within four principal domains include:

Workplace context:

- Concerns about returning to work too early
- Difficulty travelling to and from work
- Physically unsuitable work tasks
- Hazardous return-to-work
- Lack of accommodation
- Embarrassing modified work

Vocational rehabilitation context:

- Voc Rehab before adequate recovery
- Fast-paced education
- Unrealistic training
- Physically inappropriate Voc Rehab
- Problems obtaining work

Health context:

- Complicated health situations
- Medication use problems
- Worsening health or re-injury
- Depression and other mental health problems

Claims context:

- Poor communication
- Decision-maker conflicts
- Delayed reporting
- Delayed decision-making
- Worker non-compliance
- Worker emotional reactions

Main Features / Results: This report is a very complete summary of the types of problems workers report in dealing with employers, insurers, and providers, when contemplating a return-to-work. One page per problem – so certain problems could be selected for emphasis in a particular situation.



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Technical Summaries of RTW Evidence (cont'd)

#7

Article/Site -	Origin -
Who Returns to Work and Why?	Multiple Countries
Main Website -	Year Established -
International Social Security Association	2002

Description: “Who Returns to Work and Why? A Six-Country Study on Work Incapacity and Reintegration” was completed by the Work Incapacity and Reintegration Project (WIR Project). It is a detailed document summarizing the outcomes of a comparative study undertaken by the International Social Security Association on work incapacity and reintegration and analyses the policy implications of the study findings. The countries involved are the United States, the Netherlands, Denmark, Germany, Israel and Sweden.

Main Features / Results: The most striking finding was the large difference in return-to-work rates among the various national cohorts: from 32% to 73% after one year and from 35% to 72% after two years. Other important observations concerned the different patterns of work resumption and the fact that similar pain intensity can lead to quite different work resumption rates. Policy related findings indicate that: early intervention is important for successful work resumption; although older age and limited education make return-to-work more difficult, workplace adaptation and flexible work hours are significant overall determining factors for increased work reintegration; job protection rules greatly facilitate return-to-work; and while the effect of health care on work reintegration is very limited, often the best therapy is early work resumption.



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Technical Summaries of RTW Evidence (cont'd)

#8

Article/Site -	Origin -
Exploring Complex Issues to Find Return-to-Work Answers	Canada
Main Website -	Year Established -
Institute for Work and Health	2010

Description: Reviews three recent studies that have implications for dealing with return-to-work challenges.

Main Features / Results: Workplaces with established disability management practices are more likely to have successful accommodation strategies. Disabled workers with back pain and prolonged disability appear to fall into three categories: those with primarily workplace issues, those with primarily pain difficulties, and those with multiple issues, including anxiety about their back pain. Each group may require a completely different intervention to achieve return-to-work. Medication over-dosage, especially with narcotics, can be part of a strategy some workers use to try to return-to-work early, but may lead to safety issues and even re-injury.



Web Resources for Work Disability Prevention

Information for physicians and other health care providers (cont'd)

#9

Article/Site -	Origin -
Attending Doctor's: Return to Work Desk Reference	State of Washington
Main Website -	Year Established -
Washington State Department of Labor & Industries	2004

Description: Desk reference describes steps clinicians should follow to:

- Understand their role in being a patient advocate and influencing the return-to-work process.
- Set patient goals and expectations for clinical improvement and return to work (see Initial Visit Checklist p. 36)
- Communicate/coordinate with patient, employer, and workers compensation carrier (specific to the Washington State Department of Labor & Industries [L&I] compensation carrier)
- Document key occupational health issues that set the stage for how the claim progresses (work-relatedness, exposure, availability of modified duty)
- Identify impediments to return to work
- Help the worker and employer find transitional opportunities for getting back to work
- Get assistance from workers compensation carrier in return to work (job modification and ergonomic assessment)

Main Features / Results:

- Flow diagram: Overview of Return-to-Work and Disability Prevention Strategies in Injured Workers (inside front cover)
- Tips on communicating with employers (p. 11, 38-39, 43)
- Description of how to troubleshoot common return-to-work problems with patients and employers (p. 21-23)
- Discussion and evidence to counter common misperceptions about difficulties in getting patient back to work (p. 26)
- Description of how to determine physical capacities and work restrictions, make job modifications, review and approve/reject job offers and job analyses (p. 27-28)
- Appendices provide sample work status and activity form, letters, and job description form



Web Resources for Work Disability Prevention

Information for physicians and other health care providers (cont'd)

#10

Article/Site -	Origin -
Return to Work is Good Medicine (Pamphlet)	British Columbia (BC)
Main Website -	Year Established -
Work Safe BC (the Workers' Compensation Board of BC)	2003

Description: Two page brochure published by WorkSafe BC, written to provide guidance to physicians working with injured workers in the process of returning to work.

Main Features / Results: Advocates work as therapy and stresses the important role that physicians can play in setting patient expectations about time loss. Gives guidance regarding how the physician can facilitate the return-to-work process through communication, using work as an extension of medical treatment, establishing timelines and capacity assessment.

#11

Article/Site -	Origin -
Stepped Care – Just What’s Needed When It’s Needed	United Kingdom
Main Website -	Year Established -
The Stationary Book Shop (publisher)	2009

Description: This is a color, one-page illustration pulled from *Tackling Musculoskeletal Problems: A Guide for Clinic and Workplace Identifying Obstacles Using the Psychosocial Flags Framework*, which summarizes a “stepped care” approach to treatment of musculoskeletal pain with respect to work disability. It was developed as a tool to promote evidence-based practices among employers and clinicians to prevent workplace disability in the United Kingdom.

Main Features / Results: This document illustrates the need to alter the focus of lower back pain treatment according to a timeline of persisting symptoms. With longer periods of pain and disability comes the need for more aggressive multidisciplinary efforts (not necessarily more aggressive biomedical treatments, referrals, and diagnostics):

- Provide support (<2 weeks)
- Expanded rehabilitation and problem-solving (6-12 weeks)
- Light intervention (2-6 weeks)
- Multidisciplinary approach (>12 weeks)
- Collaboration and social resolution (>26 weeks)

This document also illustrates the cumulative “recovery curve” for lower back pain, and the intention of shifting the recovery curve in a more positive direction with early assessment and treatment of “yellow flags,” the psychosocial and workplace factors shown to influence lower back pain outcomes.



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Information for physicians and other health care providers (cont'd)

#12

Article/Site -	Origin -
Preventing Needless Work Disability by Helping People Stay Employed	United States
Main Website -	Year Established -
American College of Occupational and Environmental Medicine	2006

Description: Detailed review of evidence for processes involved in medical disablement, specific medical role in RTW, guidance for programs and medical practice, from a medical and employer perspective. Emphasizes importance of avoiding needlessly disabling workers, approaches to facilitating RTW, and how to communicate with employers and others, as well as suggested improvements to reimbursement, communication, disability payments and other systemic changes.

Main Features / Results: Staying out of work can be harmful to workers' health and finances. Physicians are encouraged to objectively evaluate work ability, to communicate ability rather than limitations, and to provide support for RTW.

#13

Article/Site -	Origin -
State of New Hampshire's Workers' Compensation Forms	New Hampshire
Main Website -	Year Established -
NH Motor Transport Association (NHMTA) and NH Labor Department	2001

Description: This 17-page document summarizes New Hampshire state laws and regulations concerning workplace injuries.

Main Features / Results: This report includes copies of forms and completion instructions for filing reports and mandatory forms related to workers' compensation injuries in the State of New Hampshire. Information is organized according to who is responsible for completing forms: (1) employer, (2) employee, (3) NHMTA, and (4) medical provider. The report also provides information about the State's "second injury fund," that deals with pre-existing injury conditions at the time of hire.

One of the forms (page 15) provides clinicians with a standardized method for reporting work capabilities across eleven categories of physical work demands. Such forms may be helpful to initiate employer plans for job modification.



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Information for physicians and other health care providers (cont'd)

#14

Article/Site -	Origin -
Work Disability Prevention Requires Early Intervention, Focus on Function	United States
Main Website -	Year Established -
National Association of Occupational Health Professionals and Health Connections Network	2008

Description: Describes several physician-based case management programs, including WC managed care systems that have improved RTW outcomes and decreased overall costs. This is a five-page extract of the March/April 2008 issue of Visions, the periodical of the National Association of Occupational Health Professionals. This article highlights information presented at the HCN Winter Work Comp Congress 2008. It presents the experience of private companies in the states of Louisiana and California on implementing the practice of evidence based medicine and linking it to payments. (HCN is Health Connections Networks™, a private company that builds and operates Internet-based networks for the Work Comp/Occupational Medicine market.) Covers the Johns Hopkins University program, ACOEM guidelines, provider selection, and California experience with WC.

Main Features / Results: It emphasizes the importance of following guidelines and the “Do-Nothing” medical approach in consideration to the mostly benign natural history of work-related injuries. Early interventions focused on function are considered the key to improve work disability prevention.

Information for Injured Workers

#15

Article/Site -	Origin -
Getting Back to Work: It's Your Job and Your Future (pamphlet)	State of Washington
Main Website -	Year Established -
Washington State Department of Labor & Industries	2009

Description: A one-page brochure explaining what an injured worker can do to return to early and safe work.

Main Features / Results: Provides guidance on regularly communicating with providers and employer, and questions to ask each. Includes example of how prolonged disability results in a decrease in wages over time and how early return-to-work is beneficial to the injured worker.



Web Resources for Work Disability Prevention

Information for Injured Workers (cont'd)

#16

Article/Site -	Origin -
Return to Work is Good Therapy (pamphlet)	British Columbia
Main Website -	Year Established -
Work Safe BC (the Workers' Compensation Board of BC)	2005

Description: Two page brochure published by WorkSafe BC, written to provide guidance to injured workers in the process of returning to work. Describes benefits of a return-to-work program, the worker's roles and responsibilities, the doctor's role and the employer's role.

Main Features / Results: Details the benefits of return to work from the injured workers perspective. Describes the roles and responsibilities of injured workers, along with those of doctors and employers. Lists others that can also be involved in the process and stresses the importance of collaboration and teamwork.

#17

Article/Site -	Origin -
Back to Basics: A Guide to Good Back Health	Alberta, Canada
Main Website -	Year Established -
Workers' Compensation Board Alberta	2008

Description: Brief booklet for workers on low back pain.

Main Features / Results: Emphasizes posture, exercise, weight, managing pain, and recovery through staying active and managing symptoms. Has been successful in the United Kingdom in encouraging self-management and avoiding disability.



Web Resources for Work Disability Prevention

Information for Employers

#18

Article/Site -	Origin -
Employer's Return to Work Guide	State of Washington
Main Website -	Year Established -
Washington State Department of Labor & Industries	2009

Description: Guide explains the benefits of return-to-work from the employer's perspective, describes RTW options, and provides resources and contact information. Includes useful terms and RTW success stories. NOTE: Some information specific to the Washington State Department of Labor & Industries [L&I]

Main Features / Results:

- Description of how return-to-work works, different RTW options, and requirements for offering jobs (p. 3-6)
- Description of what to do before and after an injury occurs (p. 7-8)
- Samples of light duty job description, cover letter to health-care provider, and job offer letter (p. 13-15)
- FAQs about job modifications (p. 16-17)

#19

Article/Site -	Origin -
Link to Flags and Preventing Work Disability	United Kingdom
Main Website -	Year Established -
The Stationary Book Shop (publisher)	2009

Description: This is an online bookshop advertising webpage with a link to free downloadable material (<http://www.tsoshop.co.uk/bookstore.asp?FO=1299161>) on musculoskeletal problems and general health and work related issues, in PDF format. There are four sections: Sample downloads from 'Tackling Musculoskeletal Problems: A Guide for Clinic and Workplace'; Slide sets to introduce 'Tackling Musculoskeletal Problems: A Guide for Clinic and Workplace'; Speaking Notes for 'Tackling Musculoskeletal Problems: A Guide for Clinic and Workplace'; and Informative and advisory leaflets about work and health.

Main Features / Results: Interesting written and visual material (slides) material representing an evidenced-based approach to the issue of health, work, and supporting return to work. Early interventions focused on RTW are emphasized.



Web Resources for Work Disability Prevention

Information for Employers (cont'd)

#20

Article/Site -	Origin -
Tackling Muscle and Joint Pain: A Quick Guide for the Workplace	United Kingdom
Main Website -	Year Established -
The Stationary Book Shop (publisher)	2009

Description: A two-page leaflet summarizing information for employers, managers, and supervisors on how to work with the injured worker to improve the chances of a healthy return to work. This is a sample download from 'Tackling Musculoskeletal Problems: A Guide for Clinic and Workplace' on the TSO website.

Main Features / Results: Employers, managers, and supervisors may choose from an array of diverse, complementary and concatenated actions to improve return to work outcomes.

#21

Article/Site -	Origin -
Return to Work: Getting Started	Nova Scotia, Canada
Main Website -	Year Established -
Workers' Compensation Board of Nova Scotia	2006

Description: Guidance developed specifically for small employers. It describes the benefits of a Return-to-Work Program and the steps employers need to take to create the program.

Main Features / Results:

- Description of benefits of RTW program for the employer and the employee (p. 3)
- Steps to create RTW program:
 1. Select RTW Coordinator or create a committee (p. 4-5)
 2. Create a RTW Policy (p. 6)
 3. Perform job task analysis of all jobs (p. 8-9)
 4. Develop transitional duties (p. 11)
 5. Promote RTW program (p. 12-13)
- Steps to follow to manage RTW when an injury occurs (p. 14-16)



Web Resources for Work Disability Prevention

Information for Employers (cont'd)

#22

Article/Site -	Origin -
Return to Work Case Study	Australia
Main Website -	Year Established -
WorkSafe Victoria	2008

Description: Case study of return-to-work with accommodations for a nurse, from Victoria Australia. Illustrates importance of accommodations, supervisor support, and return-to-work coordination, but is quite specific to Australian WC system requirements.

Main Features / Results: Return-to-work is considered in the context of key physical demands of the job and process of identifying accommodations for each demand is reviewed. Illustrates a light duty offer to the employee.

#23

Article/Site -	Origin -
Back Pain in the Workplace	Alberta, Canada
Main Website -	Year Established -
Back Active	Unknown

Description: One-page guidance for employers on identifying alternate duty work, and using appropriate alternate duty placements to facilitate early return-to-work.

#24

Article/Site -	Origin -
Return to Work is Good Business	British Columbia (BC)
Main Website -	Year Established -
Work Safe BC (the Workers' Compensation Board of BC)	2003

Description: Two page brochure published by WorkSafe BC, written to provide guidance to employers with injured workers in the process of returning to work.

Main Features / Results: Details benefits of return to work for the employer and the employee. Describes how the employer can facilitate return to work through telling employees about return-to-work programs, setting up timelines for return to work, focusing of abilities rather than restrictions and accommodation of work transitions through creativity and flexibility.