

Return to Work- Vocational Recovery

A Contemporary View

June 1st, 2023
David K Hoy PT, MSPT

Physical Therapist's Role in the Return to Work process?



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#1 What do we need first and foremost?



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#2 What do we need?

- 1) Job Description with PHYSICAL CAPABILITIES INCLUDED
- 2) Minimally, patient/associate completed self report
- 3) Ability for therapist or employer to take critical task measures

PT's Role: establish baseline abilities

- Physical Performance Test (PPT)
 - + Based on Work Demands
 - + Standardized Tests (30 second chair, Nine Hole Peg, Pain-free Grip, TFAST, etc)
- Material and Non-Material Handling Tasks

PT's Role: Establish POC that addresses deficits

- Not only joint mobilization, neuro-muscular re-education, conditioning, etc.
- Work-simulated tasks and conditioning

PT's Role: Re-assess Physical Capabilities Regularly



Return to Work Physical Performance Test

Date of Visit:
Patient Name:
Patient #:
Date of Birth:
Age:

Clinician: David Hoy, MS,PT
Referral:
Employer:
Job: Laborer
Date of Injury:
Claim Number:

Diagnosis:
 M54.89 Other dorsalgia
 R53.1 Weakness

Questionnaires: Örebro Score > 50 indicates higher estimated risk for future work disability

Questionnaire	Summary
Örebro Musculoskeletal PQ	Total Score: 40

Non-Material Handling (Tolerances)

Activity	Initial	Current	Job Requirement	Result
Grasping/Fine Motor		Never	Constant	
Standing		Never	Constant	
Walking		Never	Constant	

Material Handling (Occasional / one repetition safe max in pounds)

Activity	Initial	Current	Job Requirement	Result
Carry		10# max	50# CONSTANT	
Floor to waist		10# MAX	50# CONSTANT	
Pull		10# max	200# CONSTANT	
Push		10# MAX	200# CONSTANT	

Assessment: Return to work physical performance test performed to determine injured worker's functional work abilities.

Recommendation:

Currently:

Dave Hoy MS,PT

This document was electronically signed on 05-26-23 at 06:57a by Dave Hoy MS,PT.

I agree with the plan of care.

Physician

Date

Thank you for the referral, if you agree with above, please sign and return via fax to PHOENIX Rehabilitation
Fax Number: (570) 644-9801

PT's Role: Identify Intricacies and Challenges

- 1) Age Related Changes (The Grey Shift)
- 2) Soft tissue and bony changes that we can't affect (nor should anyone attempt)

Rotator Cuff Tears

Meniscus Tears

- Herniated and Degenerative Disc Issues
- 3) Positional challenges and short-comings

Physiologic and Anatomical Changes that we can't nor shouldn't attempt to change

- Rotator Cuff Disruption
 - NCBI: Our data demonstrated that the prevalence of rotator cuff tear in the general population was 22.1%. This was very close to the prevalence of 20.7% in the previous mass-screening reported by Yamamoto et al. The prevalence of tear increased with age: 1/5 in the 50s and 1/3 in the 80s.
 - Rotator Cuff Repair failure documented at 20-25%
 - Rotator Cuff Re-injury following one year documented as high as 94%

Physiologic and Anatomical Changes that we can't nor shouldn't change

- Medial Meniscus Injuries:
- Surgical vs Conservative Care Outcomes are Equivocal
 - (consider the direct and indirect costs of surgical vs conservative)
 - (consider the bony change to the medial compartment of the knee)
 - (consider the true function of the meniscus, and labrum.....)

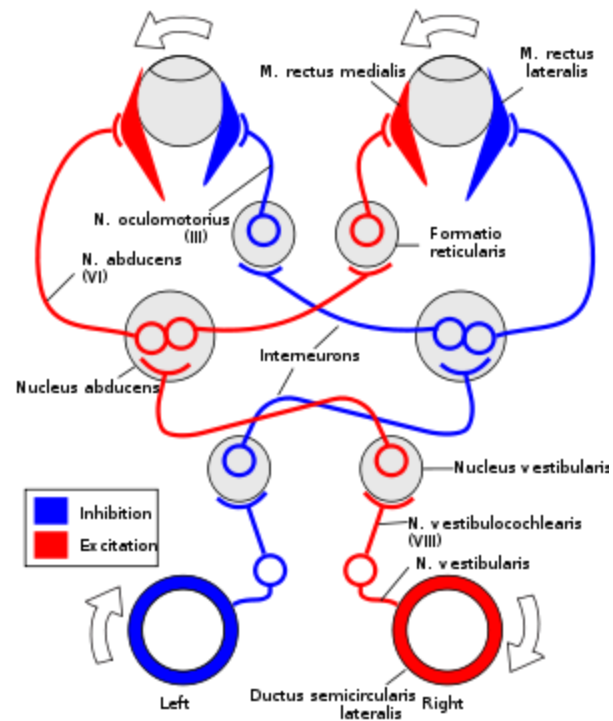
Physiologic and Anatomical Changes that we can't nor shouldn't attempt to change

- HNP, DDD, etc
- Prevalence of herniated discs as great as 90% in asymptomatic population
- 2:1 Male to Female
- Most common in 3rd to 5th decade of life
- Extension vs Flexion??

Physiologic and Anatomical Changes that we can't nor shouldn't attempt to change

- Visual Changes
- VOR/COR

Positional Changes, short-comings and our Neurologic System



Positional Changes, short-comings and our Neurologic System



A



B



C



D



E



F



Spiral Line



Arm Line



Superficial Front Line



Deep Front Line



Lateral Line



Superficial Back Line

Other Tools in the Toolbox?

- FCE
- Work-Conditioning
- Work-Hardening

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