

23 November 2009

Committee Secretary
Senate Standing Committee on Environment, Communications and the Arts
Parliament House
Canberra ACT 2600

Submission from InjuryNET Australia P/L (InjuryNET) to the Inquiry into Australia Post's treatment of Injured and Ill Workers

Dear Sir/Madam,

This submission provides information relating to:

1. Details of some practical aspects of InjuryNET's Injury Management Program for Australia Post;
2. Key features of InjuryNET Injury Management Programs and evidence of widespread support for these features within the Australian environment, across all jurisdictions.

InjuryNET's approach to injury management is not designed to force "injured workers back to work in inappropriate duties before they have recovered from workplace injuries". It is designed to minimise unnecessary disability to injured workers through a coordinated effort which is underpinned by education, early intervention, early return to work, communication and evidence-based practice. Early and appropriate injury management intervention plays a key role in preventing unnecessary work disability.

It is clear in the attached review that InjuryNET program features are consistent with the best practice recommendations of Worker's Compensation jurisdictions across Australia and in international literature. It is also clear that time away from work and unnecessary work disability cause serious personal, family and social disruption as well as financial loss for many working Australians and Australian businesses.

Promoting the message that injured workers should not return to work until they are "recovered", as outlined in the terms of this Inquiry, is not consistent with current best practice and will result in greater disability to the community. This way of thinking is a major cause of negative outcomes and undermines nationwide efforts to improve the rate of return to work and sustainable recovery for injured workers.

Rather than undermine programs, efforts and principles that minimise unnecessary work-related disability, InjuryNET strongly recommends that the Senate Inquiry:

- Support best practice management of employees who sustain injuries at work
- Support the best endeavours of Worker's Compensation authorities around Australia, including Comcare, to improve injury management outcomes for injured workers
- Support and encourage employers to develop programs that facilitate injured workers'
 - recovery while remaining at work, if it is medically safe to do so, and
 - return to work at the earliest possible opportunity, if time off work is medically required following injury.

Yours sincerely,

Dr. David Milecki
DIRECTOR

email info@injury.net.com.au web www.injury.net.com.au

NSW Office • phone 02 9569 7376 fax 02 9569 7376

Head Office • Level 3, 691 Burke Rd. Camberwell VIC 3124 PO Box 587 Camberwell VIC 3124 phone 03 9882 3244 fax 03 9882 6477



injuryNET

SECTION 1 – PRACTICAL ASPECTS OF THE AUSTRALIA POST PROGRAM

TRAINING – INITIAL

InjuryNET trains current practicing doctors and physiotherapists in “clinical injury management”. InjuryNET does **not** provide medical or physiotherapy training per se as all doctors and physiotherapists participating in our programs are qualified practitioners, registered with state licensing authorities and are already practicing professionals.

InjuryNET is experienced in training practitioners in Injury Management, having done so in many jurisdictions and settings for the past 11 years.

Training for doctors and physiotherapists participating in the injury management program includes advice on clinical injury management and program parameters. The training includes the following topics:

1. Clinical/Program Aspects

- a. Aims of the program
- b. Key program features
 - i. Nature of the work performed within Australia Post
 - ii. High level of support to allow injured employees to recover while remaining at work
- c. Characteristics of practitioners who are successful at clinical injury management
- d. The importance and role of good communication between all parties
- e. Program parameters – what Australia Post will and won't pay for prior to claim determination
- f. The referral process
- g. The relative merits of rest and activity in musculo-skeletal strains and sprains
- h. Tips on recommending appropriate restrictions
- i. Medical necessity for time off work
- j. Review of best practice results for lost work time
- k. How to write better certificates

2. Australia Post Aspects

- a. General information about Australia Post
- b. Structure of different workplaces and roles
- c. Information about Australia Post's role in preventing and managing workplace injuries
- d. Statistics
- e. Commitment to providing the earliest possible treatment for employees
- f. Commitment to providing suitable duties for all employees with a capacity for work
- g. Injury types
- h. Aims and features of the program

TRAINING – WORKSITE TOURS

Prior to commencing to treat injured Australia Post employees, all doctors are required to tour a local Australia Post facility. This is an important part of their initiation into the program, providing close observation of work performed by Australia Post employees. In areas where doctors are situated near more than one type of workplace eg: Delivery Centre and Mail Centre, the doctors tour both facilities as the nature of the work is quite different.

The tour is facilitated by an Australia Post centre representative who is familiar with the work performed. It may be conducted at the same time as the information session or at another date, depending on convenience.

Worksite tours focus on the physical aspects of the duties performed in the day to day activities of the workplace and also on the availability of duties that can be performed while employees are on restrictions when recovering from injury.

Many doctors have attended workplaces and reviewed duties on several occasions. Additional visits occur when practitioners attend update sessions, attend for specific reviews of a particular patient's return to work program or when invited by a local manager.

TRAINING – REFRESHER SESSIONS

InjuryNET has coordinated refresher training sessions for doctors in capital cities over the past 10 years. Topics covered have included:

1. Clinical/Program Aspects

- a. Management of strain and sprain injuries
- b. Management of back pain, shoulder injuries
- c. Drafting appropriate restrictions for workplace injuries
- d. The use of investigations in spinal pain
- e. The ergonomics of lifting
- f. The clinical aspects of potential terrorism by mail

2. Australia Post Aspects

- a. Worksite tour conducted by a range of local staff
- b. Duties review by actual performance of tasks (where possible)
- c. Presentation by rehabilitation staff

PRACTITIONER IDENTIFICATION

InjuryNET seeks to involve primary care practitioners working in areas close to our clients' workplaces and who have an interest in treating individuals who sustain workplace injuries. These practitioners need to participate in training and to visit relevant workplace/s. In order to participate in the Australia Post injury management program, doctors are required to visit the workplace.

PRACTITIONER CHARACTERISTICS

Practitioners within the InjuryNET Practitioner Network generally have the following characteristics:

- Knowledge of and an interest in occupational health and work-place based injury management
- Communication with all stakeholders in a proactive and solution oriented manner
- Ability to reassure employees and employers re: recovery and ability to work
- Awareness of the financial impact of medical decisions on both organisations and injured employees
- Opinions based on objective information
- A solution-oriented approach to injury management and return to work
- Treatment based on best available scientific evidence

SERVICE STANDARDS

InjuryNET has 4 service standards for practitioners and practices.

1. Medical Practice Standards
2. Customer Service Standards
3. Professional Service Standards
4. Qualification Standards

PRACTITIONER DISCONTINUATION

Just as injured workers have the right to choose to attend an InjuryNET Doctor (FND), Practitioners choose to participate in the network. Practitioners can withdraw from providing services at any time.

InjuryNET has a formal program for removing practitioners from its list of service providers. Practitioners who do not provide services according to the service standards or program principles are provided with notice of deficient service and given the opportunity to remedy their service. Continued failure to meet the service standards or a breach of a serious nature may result in the practitioner being removed from InjuryNET's network of providers.

PATIENT COMPLAINTS

InjuryNET investigates complaints from patients that relate to the program. With consent from the patient, InjuryNET forwards the complaint to the practitioner and seeks practitioner response. The issue is then discussed with the practitioner allowing for further education and explanation of the service standards, if appropriate. The practitioner's response to the issue raised, the resulting discussion and suggestions for improvement are summarised and forwarded to the patient.

In cases where the patient is not satisfied with the result of follow up or if the complaint is of a serious nature, the patient is referred to the relevant professional body where a formal complaint may be lodged.

FINANCIAL RELATIONSHIP

Between InjuryNET and Network-affiliated Practitioners

The relationship between InjuryNET and network-affiliated practitioners is purely one of referral. InjuryNET does not have contracts with practitioners. Australia Post, like all InjuryNET clients, pays practitioners directly, as they do for all doctors treating injured employees. InjuryNET is not involved in practitioner payment for treatment and/or assessment services for injured employees.

Between InjuryNET and Australia Post

InjuryNET successfully tendered for the contract to provide practitioner network services to Australia Post (Australia Post RFT 818, dated 18 Oct 2006). The contract commenced on July 1 2007 and expires on 30 June 2010. As per contract terms, InjuryNET charges a set monthly fee for contracted services.

Section 2 - Injury Management and Return to Work: A National Scheme and Research Review

The table below summarises key features of InjuryNET’s Injury Management Programs and approach, with supporting evidence from national workers compensation schemes as well as national and international research. Key Features of InjuryNET’s Injury Management Programs include:

- Practitioner Knowledge
- Early Intervention
- Communication
- Early RTW
- Staying Active
- Injury Management Principles

Key Feature	InjuryNET’s Approach	Scheme / Research Support for InjuryNET Approach
<p>Practitioner Knowledge</p>	<p>Practitioners provided with:</p> <ul style="list-style-type: none"> • Initial Training • Refresher Training • Site Tours • Workplace Task Analyses <p>Practitioner education through a variety of methods:</p> <ul style="list-style-type: none"> • Large group • Small group • Face to Face • Online Training Videos • Telephone • Information Sheets • Newsletters • Website 	<p>WorkCover Tasmania: “Review of the Tasmanian Workers Compensation Scheme: Report” Alan Clayton, September 2007</p> <p>“The treating doctor quite naturally will be unwilling to agree to a return to work or perhaps even countenance particular alternative duties unless they are convinced that the worker is able to deal with the work tasks and the demands of the work environment... Without an adequate knowledge of the work environment, it is difficult for a treating doctor, even one who is strongly committed to the principles of return to work, to make a proper judgment as to what should be agreed to in a return to work plan. Ideally, the treating doctor would familiarise himself or herself with the work environment through a worksite visit....</p> <p>Recommendation: That medical practitioners be encouraged to make workplace visits and familiarise themselves with the opportunities for alternative suitable duties and employment and this be accommodated in the fee schedules for medical and like services. Where such workplace visits are not possible, that alternative methods for familiarising a treating doctor with the nature of the workplace environment be adopted such as video evidence provided by rehabilitation providers or appropriate allied health professionals.”</p> <p>WorkSafe Victoria: Worker Fact Sheet “Helping you Recover and Returning to Work”</p> <p>“Give your doctor a helping hand - If your doctor isn’t familiar with what you do in your job, it can be difficult for them to assess your capacity to return to work. Help out when you visit your doctor by taking a copy of your position description and a list of duties, or photos of your work environment. Talk about what you can do, rather than what you can’t. Alternatively, you can ask your employer to speak with your doctor to establish a good understanding about what duties you can perform at work. Nothing is more important than your wellbeing...”</p> <p>“Preventing Needless Work Disability by Helping People Stay Employed”, American College of Occupational and Environmental Medicine, 2006</p> <p>“Educate Physicians on “Why” and “How” to Play a Role in Preventing Disability - Few physicians, except those in occupational medicine and physiatry, ever receive training in disability prevention and management...Yet the average physician who treats working-age adults ... is by definition a regular participant in SAW/RTW. As a result, he/she may allow workers to return to work who should not and disable those who could be working.</p> <p><i>Recommendation:</i> Educate all treating physicians in basic disability prevention/management and their role in the SAW/RTW process; provide advanced training using the most effective methods; make appropriate privileges and reimbursements available to trained physicians; focus attention on treatment guidelines where adequate supporting medical evidence exists; make the knowledge and skills to be taught consistent with current recommendations that medicine shift to a proactive health-oriented paradigm from a reactive, disease-oriented paradigm.”</p>

Key Feature	InjuryNET’s Approach	Scheme / Research Support for InjuryNET Approach
<p>Early Intervention</p>	<p>Practitioners are encouraged to see injured workers as soon as possible after an injury</p> <p>92% of appointments are obtained on same day/next day following injury</p> <p>InjuryNET Information Sheet to injured workers clearly outlines program parameters including the injured worker’s right to choose his/her own treating practitioner</p>	<p>Comcare Website:</p> <p>“Benefits and key elements of early intervention” Early intervention is one of the better practice principles of occupational rehabilitation.</p> <p>Benefits</p> <p>Early intervention has the following benefits:</p> <ul style="list-style-type: none"> • Providing a productive and supportive workplace • Demonstrating management commitment to the employee • Preventing long term absence from the workplace and the development of chronic illness • Reducing the adverse effects on co-workers of the injured employee • Improving staff confidence and morale • Increasing management involvement in the injury management process • Increasing the probability of return to work • Containing the cost of incapacity and in the long term, the premium • Reducing the indirect costs to employers such as lost productivity, recruitment and training costs for replacement staff <p>7 key elements in early intervention</p> <ol style="list-style-type: none"> 1. Clear policy or guidelines on supporting employees exhibiting early warning signs of not coping at work. This support need not be contingent upon the employee submitting a claim, or a claim being accepted by Comcare. 2. Line manager awareness of the early warning signs, and how to respond appropriately (achieved through training, policy and guidance material). 3. Early contact with the employee to offer assistance. 4. Early and expert assessment to identify employee needs. 5. Employee and supervisor involvement in developing an agreed plan to enable the employee to remain at work or return to work. 6. Access to effective medical treatment and evidence-based therapeutic interventions if there is a psychological condition. 7. Flexible workplace solutions to support the individual at work.” <p>Comcare: “Leadership Commitment: Early Rehabilitation Assistance to Injured Workers”. December 2007</p> <p>“Providing Early Rehabilitation Assistance to Employees. An employer providing rehabilitation, as soon as practicable after an injury, or on the request of an injured employee, sends a strong message that the workplace values the employee’s contribution and sets an expectation of early return to work. This rehabilitation assistance need not be contingent on the employee submitting a claim, or the claim being determined by Comcare.</p> <p>There are also very tangible impacts of not acting early to support a return to work for an injured employees. The longer the injured employees is of work the more likely they are to become chronically ill and stay off work. “Injured employees who do not return to work within six months have only a 50 percent chance of ever returning to the jobs they held at the time of the injury. If absent for over one year, the chances of an injured employee returning decrease to less than 10 percent. In turn, early return to work reduces the human and financial cost associated with workers’ compensation claims or other forms of leave.</p> <p>The cornerstone of effective rehabilitation is ensuring that intervention occurs as soon as practical after injury.”</p> <p>“Delays Lead to Poor Results for All...Injury management should commence immediately after an injury occurs. The employer, injured worker and medical practitioner should work together to ensure that the injured employee receives appropriate treatment for their injury, and returns to the workplace as soon as possible.”</p>

<p>Early Intervention</p>		<p>“Comcare data shows the link between delays in providing return to work assistance and claim cost 2. It shows that when return to work activity commences more than 12 weeks after the injury, the costs were nearly \$110,000. In contrast, where return to work activity commenced within 5 days of injury, average claim costs were less than half this amount.”</p> <p>“Act early and respond to all workplace incidents regardless of liability status. This means that:</p> <ul style="list-style-type: none"> • contact is made with the employee as soon as possible after the injury and that all stakeholders focus on possibilities for the employee to return to work • line managers must act quickly after an incident or injury to involve case managers or rehabilitation providers...” <p>Comcare Website: Early intervention rehabilitation - information sheet for rehabilitation authorities</p> <p>“Purpose To advise rehabilitation authorities about Comcare's early intervention strategy, which encourages premium paying agencies to commence rehabilitation, for their injured employees as soon as the injury occurs. In some cases, before liability has been determined by the relevant authority under section 14 of the <i>Safety Rehabilitation and Compensation Act 1988</i> (SRC Act)....</p> <p>Early intervention rehabilitation The benefit of the employer providing rehabilitation, as soon as practicable after an injury or on the request of an injured employee, sets an expectation of an early return to work which reduces the human and financial costs associated with workers' compensation claims or other forms of leave.</p> <p>Employers, once aware of an employee's injury, may provide rehabilitation as either:</p> <ul style="list-style-type: none"> • non-compensable rehabilitation assessment and program, for example: an employee's injury is not suffered or incurred in the course of their employment, or • rehabilitation assessment and program under sections 36 and 37 of the SRC Act, for example: an employee's injury is suffered or incurred in the course their of employment... <p>Early intervention rehabilitation provides the employer with the opportunity to commence rehabilitation under the Act prior to a decision to accept liability under the Act is made and therefore reduce potential compensation costs associated with time off work....</p> <p>Early intervention benefits both employer and employee. The benefits to employers undertaking rehabilitation far outweigh those of holding off until a decision on liability has been made.</p> <p>Rehabilitation assessments and programs under the SRC Act Employers may commence rehabilitation under the SRC Act when an employee suffers an injury and the injury is most likely compensable under the SRC Act. Injuries that will most likely benefit from early intervention rehabilitation include:</p> <ul style="list-style-type: none"> • psychological injury • overuse injury, and • back injury... <p>Frequently Asked Questions... 2. Is early intervention rehabilitation recommended for a claim that does not have a diagnosis (ie. non compliant claim)? Yes. Because early intervention is not about liability it is about returning</p>
----------------------------------	--	---

<p>Early Intervention</p>		<p>injured employees to work. However rehabilitation should be non statutory rather than under the Act until diagnosis is established and only if the employer is of the view that liability would most likely be accepted by Comcare.”</p> <p>WorkCover NSW: “Guidelines for Employers: Return to Work Programs” April 2003 “The prospect for return-to-work is greatest when the process commences as soon as possible after an injury occurs. The longer an injured worker has to wait for appropriate assistance, the less likely it is to be effective.”</p> <p>WorkCover Tasmania “Return to Work and Injury Management Model”, Version 3, August 2008 “Evidence strongly indicates that early intervention is crucial in maximising the prospect of recovery and sustainable return to work... The Return to Work and Injury Management Model acknowledges and reinforces the importance of commencing injury management processes as soon as possible following an injury...”</p> <p>WorkCover WA: Website “Injury management starts immediately following an injury. The employer, injured worker and medical practitioner (the key parties) work together to either keep the injured worker at work, or develop an appropriate return to work program...”</p> <p>“Preventing Needless Work Disability by Helping People Stay Employed”, American College of Occupational and Environmental Medicine, 2006 “Early intervention is the key to preventing disability. Research confirms that people who never lose time from work have better outcomes than people who lose some time from work.” <i>“Current Initiatives/Best Practices:</i> Many employers and some insurers now begin return-to-work efforts on the first day of absence or within 72 hours of being notified of a claim.”</p>
----------------------------------	--	---

Key Feature	InjuryNET’s Approach	Scheme / Research Support for InjuryNET Approach
<p>Communication</p>	<p>InjuryNET doctors will discuss medical capacity regarding Return to Work with manager, preferably with the worker in examination room.</p> <p>In the event that the manager cannot be present, the Doctor will call the manager, with worker in examination room, with all parties able to hear discussion of medical capacity and possible suitable duties.</p>	<p>Comcare: “Leadership Commitment: Early Rehabilitation Assistance to Injured Workers”. December 2007 “A lack of early contact and follow up from an employer, can cause an employee to form the impression that their work is not valued, and more importantly, that they are not valued as a person. A strong return to work culture is critical. Early positive contact and supportive action can readily influence the employee’s ability to return to work.”</p> <p>WorkCover NSW: “Work related acute low back pain. Information for General Practitioners” Version 2.0, November 2004 “In all Workers Compensation cases where the patient is unable to return to normal pre-injury duties, the GP should make direct contact (usually by phone) with the patient’s employer.”</p> <p>“As treating doctor, the GP’s role within the WorkCover System includes... Initiating communication and subsequently communicating regularly (when necessary) with employers in assisting with patients’ return to normal pre-injury duties.”</p> <p>WorkCover NSW: “Guidelines for Employers: Return to Work Programs” April 2003 “A system for early contact with the worker and the worker’s treating doctor should be developed.”</p> <p>NT WorkSafe: “Doctor’s Quick Reference Guide” “Is it expected that contact be made with the employer?” Yes. However, ensure you have obtained the worker’s consent prior to providing information to the employer/insurer. You can contact the employer at any stage of the return to work process...”</p> <p>WorkCover SA: Website “Hints for getting back to and staying at work Ask your health care professional to detail the work you can and can't do on your WorkCover Medical Certificate (WMC). The list should include details of any limitations (eg, difficulty with bending, lifting with weight restrictions, hours worked or requirements for regular breaks ie, a change in activity.)...</p> <p>Your boss should keep in contact with you if you are away from work - if they don't, call them to let them know how you are and when you expect to be back. Talk to them about the parts of your job you think you can do...</p> <p>If you have some capacity for work, tell your boss, your work’s rehabilitation and return to work coordinator or your case manager and ask them about a return to work plan. You could also ask your doctor to call your case manager and talk about your return to work...”</p> <p>WorkCover Tasmania: “Return to Work and Injury Management Model”, Version 3, August 2008 “The Return to Work and Injury Management Model aims to encourage full and open communication between all parties involved in the injury management process. Lack of communication can lead to delays, confusion and misunderstanding and is recognised as presenting a major barrier to effective injury management.”</p> <p>WorkSafe Victoria: Website: “... Maintaining regular contact with your injured worker is crucial in helping them return to work, reducing staff down time and additional costs to the business...Employers need to ensure that constructive lines of communication are maintained between the injured worker, the worker’s treating health professional and others involved in the return to work process to establish an agreed return to work plan and to ensure that changes to the worker’s status are responded to promptly...”</p>

<p>Communication</p>		<p>“Getting back to work after an injury requires teamwork involving the worker, the worker’s treating healthcare professional, the employer and possibly a WorkSafe agent. Communication between all parties is the key to a successful return to work.</p> <p>The worker’s treating healthcare professional can help in the worker’s recovery by discussing suitable work options with the worker’s employer so that the worker can stay at work and return to normal duties as soon as possible.</p> <p>An employer can help the worker by providing suitable duties that suit the worker’s level of work capacity and informing the worker and treating healthcare professional of any changes in the workplace. And most importantly the worker can help by ensuring communication lines are kept open between the employer by keeping their employer informed of recovery progress and any difficulties they may experience along the way.”</p> <p>WorkSafe Victoria: Employer Fact Sheet “Guiding You Through Return to Work” “Ask your worker if you can contact their healthcare professional to discuss the duties they may be able to do. When your injured worker visits their doctor to obtain a certificate of capacity, you can provide a position description and a list of duties, or photos of their work environment to take with them. The list should include enough details about the duties available at your workplace to enable the doctor or healthcare professional to make an informed decision about what the worker can do.”</p> <p>WorkSafe Victoria: “Returning to Work: A Guide for Injured Workers”, July 2008 “Ask your healthcare professional and employer to talk to each other about what can be done to help you get back to work.”</p> <p>WorkCover WA: Website <i>“Information outlined here is targeted at medical practitioners...</i> Communication with other parties in the system, such as the employer, insurer and approved vocational rehabilitation providers is of primary importance in the injury management process. Open and ongoing communication will ensure a worker receives appropriate care and an efficient and effective return to work when medically appropriate...”</p> <p>“... In most cases, the employer and injured worker, with involvement of the treating medical practitioner, can develop and implement return to work programs through cooperation and open communication...”</p> <p>“The injury management and return to work processes require an employer, injured worker and medical practitioner (the key parties) to be involved in decision making. Ongoing communication is essential for a successful outcome.”</p> <p>“An injured worker should discuss with their treating medical practitioner and the employer what duties they feel they can realistically do, given their injury. It is reasonable to expect an injured worker to allow their employer to speak with their treating medical practitioner, either in person or by telephone, to discuss return to work options. An employer can ask an injured worker for written consent to achieve this...”</p> <p>New Zealand Acute Low Back Pain Guide, ACC, October 2004 “Help your patients by...Communicating with employers about ways to ensure a safe return to work”</p> <p>Waddell G, Burton AK. Occupational health guidelines for the management of low back pain at work - evidence review. Faculty of Occupational Medicine. London. 2000 “Communication, co-operation and common agreed goals between the worker with LBP, the occupational health team, supervisors, management and primary health care professionals is fundamental for improvement in clinical and occupational health management and outcomes.”</p>
-----------------------------	--	---

<p>Communication</p>		<p>Seven ‘Principles’ for Successful Return to Work, Institute for Work & Health Toronto, Canada October, 2006</p> <p>“... contact between workplaces and health care providers reduced work disability duration... the more these players understand about the workers’ job and the workplaces’ ability to provide accommodation, the better able they are to advise workers and participate in informed RTW decision-making. In straightforward situations, where the workers’ return is uncomplicated, contact may not be necessary but in other cases, it should happen. The degree and nature of the information exchange between workplace and health care providers can vary depending of the individual circumstances... a paper-based information exchange... a telephone conversation (initiated by either party) ...a workplace visit by a health care provider to view the work activities and converse directly with the supervisor or employer”</p> <p>A. Kosny, R-L. Franche, J. Pole, N. Krause, P. Côté and C. Mustard Early healthcare provider communication with patients and their workplace following a lost-time claim for an occupational musculoskeletal injury. Journal of Occupational Rehabilitation; 16(1): 27-39 (2006).</p> <p>“One of the key players in the return-to-work (RTW) and work accommodation process is the healthcare provider (HCP). This study examines the association between RTW approximately one month post injury and early, proactive HCP communication with the patient and workplace... Our study lends support to the HCP playing an active role early in the RTW process, one that includes direct contact with the workplace and proactive communication with the patient.”</p>
-----------------------------	--	---

Key Feature	InjuryNET’s Approach	Scheme / Research Support for InjuryNET Approach
<p>Early Return to Work</p> <p>Full recovery not required for RTW</p>	<p>InjuryNET Doctors are advised to certify time off work only if medically necessary, which in turn results in most injured workers returning to work early on suitable duties after a workplace injury</p> <p>Evidence based practice, workplace knowledge and communication can also facilitate a safe and durable early return to work</p>	<p>Comcare Website</p> <p>“The key to achieving the early and successful return to work (or maintenance at work) of an injured employee lies in the employer's willingness, ability and commitment to provide work within the capacities of the injured employee. This is a significant responsibility and critical to maximising the potential for a successful return to work. It increases the opportunity for an injured employee to remain at work or enables the employee to safely return to work sooner than would otherwise be possible.”</p> <p>Comcare: “Leadership Commitment: Early Rehabilitation Assistance to Injured Workers”. December 2007</p> <p>“There are many tangible benefits from making a leadership commitment to early return to work. These benefits extend to both the injured worker and the broader work environment. Employees will feel respected and valued. Injured workers will feel supported and have less risk of injury trauma or the development of chronic illness. At a financial level, the provision of early rehabilitation assistance also can reduce lost productivity and the likely costs of workers compensation.”</p> <p>WorkCover NSW: “Work related acute low back pain. Information for General Practitioners” Version 2.0, November 2004</p> <p>“Encourage return to normal activity and work: Encourage the patient to remain at work or to return to work at an early stage, even if there is still some pain. There is good evidence that workplace interventions combined with clinical care are likely to reduce long term chronicity. Do not wait until the patient is completely pain-free but offer effective pain relief where required... The sooner a patient returns to pre-injury duties, the better the outcome for the patient as well as for other parties.”</p> <p>WorkCover NSW: Management of Work Related Sub-Acute and Chronic Low Back Pain Guide for General Practitioners Version 1.0– April 2005</p> <p>“Central to a successful outcome is the integration of treatment services with workplace return to work processes. The general practitioners (GP) role as the Nominated Treating Doctor (NTD) is to initiate, coordinate and facilitate an injured worker’s return to work in close collaboration with all other stake holders.”</p> <p>“Make a concerted effort to communicate that having more time off work will reduce the likelihood of a successful return to work. In fact, longer periods off work results in reduced probability of ever returning to work.”</p> <p>“Most people are able to stay at work or return to work, even if they have persisting pain...Early return to work reduces long term disability”</p> <p>WorkCover NSW: “Guidelines for Employers: Return to Work Programs” April 2003</p> <p>“We all have a social and economic interest in ensuring that workers return to work safely and as soon as possible following a workplace injury or illness. The longer an injured worker has to wait for assistance the less likely it is to be effective. Hence, early return-to-work is a central feature of the workers compensation system in NSW.</p> <p>Effective injury management relies on the cooperative efforts of all participants – employers, workers, insurers, doctors and other health practitioners. The key principles underlying the safe and early return-to-work of injured workers include:</p> <ul style="list-style-type: none"> • The need to have systems in place to ensure everyone at the workplace agrees, understands and knows what to do in the event of an injury • Early reporting of injuries and early intervention • The workplace being the most effective place for the majority of workers to recover from their injury • Workers and employers working in consultation.”

<p>Early Return to Work</p> <p>Full recovery not required for RTW</p>		<p>“Principles</p> <ul style="list-style-type: none"> • Employers need to foster a workplace culture which promotes early return-to-work. • There should be an accurate medical diagnosis and immediate treatment of the injury or illness in order to facilitate early management of the injury. • The recovery period away from the worksite should be as short as is safely possible. • Priority should be given to an early, safe return to suitable duties following injury or illness, in a manner that takes account of all relevant factors including medical input. • There should be a staged return to normal duties whenever necessary.” <p>“The fact that a worker is injured does not always mean they cannot work at all. The most important aspect of an employer’s commitment to helping an injured worker to return to work in a timely and safe manner, is to provide suitable duties.”</p> <p>WorkCover NSW “Advice Sheet 1; Advice for Workers: Successful recovery and return to work with soft tissue injury”</p> <p>“Returning to everyday activity and life Research shows that it is vital that you get back to normal activities (work and home) as soon as possible. In some cases it might be necessary to temporarily change your work duties. You may need to use simple pain relieving methods to help you return to your usual activities. Having a positive outlook for your recovery is also important. It is normal to worry about your pain and changes to your lifestyle and work. You should talk to your family/ friends, doctor, treatment provider and/ or employer about your concerns. Together, you will usually find ways to continue to manage pain, improve and get back to your usual lifestyle.”</p> <p>WorkCover NSW: “Overview Improving outcomes: Integrated, active management of workers with soft tissue injury”</p> <p>“Early return to work facilitates a successful return to work outcome... In a review of ‘modified work programs’ (workplace management including suitable duties; task modification; equipment; work trial; supported employment; participatory ergonomics) the authors concluded that such programs facilitate return to work. Specifically, workers on a program of modified work returned to work twice as often and in half the time, compared to others. A review about workers with back and neck pain concluded that ensuring that the worker has an expectation of return to work (pre injury duties and hours with the same employer) was also critical to a successful work outcome. Accordingly, it is advisable that key parties promote a consistent expectation of early return to work.”</p> <p>QComp: Website</p> <p>“Why is managing return to work important?</p> <p>The longer an injured worker is away from work the less likely it is they will return at all – you may lose a worker with valuable skills and experience. This may have a negative effect on productivity and customer service. Time off work due to workplace injury is a significant cost for the employer because it can:</p> <ul style="list-style-type: none"> • increase your workers’ compensation premium • reduce productivity • increase recruitment and training costs • lead to a drop in staff morale. <p>There are also costs to your injured worker. These may include:</p> <ul style="list-style-type: none"> • financial and emotional stress • loss of confidence and self esteem • loss of social networks • dependence on disability payments or unemployment benefits.
---	--	---

<p>Early Return to Work</p> <p>Full recovery not required for RTW</p>		<p>The good news is that employers can play an influential role in managing return to work and the cost of workplace injury and illness can be managed with effective workplace rehabilitation."</p> <p>QComp: Website – QComp Rehabilitation Report, Issue 9, Spring 2009 "Quick return to work after chronic-pain injury equates to quick recovery</p> <p>Study source: OHS Alerts Tuesday 11 August 2009 Workers who quickly take up light or modified duties after suffering musculoskeletal or similar chronic-pain injuries are more likely to return to their regular full-time duties within a year, according to a US study. The researchers surveyed more than 2,000 patients of a medical facility who were being treated for work-related chronic disabling musculoskeletal disorder (CDOMD). They found that those who continued to work (at least 20 per cent of the time) post-injury were nearly twice as likely as 'absentees' (those who stayed at home) to regain their full-time status - and cease medical treatment - within 12 months. They also found that those who continued to work were more likely than absentees to report either no or only mild depressive symptoms. Absentees, they said, were more likely to experience severe to extreme levels of depression; be diagnosed with mood, anxiety, panic or post-traumatic stress disorder; develop a drug dependency; and perceive their condition as 'severely disabling'.</p> <p>'Return to work is the philosophy of choice,' the researchers said, 'and is of the greatest benefit for both injured workers and employers.' When injuries occur, they said, employers should act swiftly to prevent 'unnecessary' time away from work. The worker should be assessed for his or her functional capacity, limitations and medical restrictions, and their job demands modified accordingly. 'The key to keeping costs low for the employer is to provide the necessary treatment to the injured employee in a timely manner,' they said.</p> <p>The longer the delay between injury and action, the researchers said, the more costs incurred.</p> <p>Effects of Presenteeism in Chronic Occupational Musculoskeletal Disorders: Stay at Work is Validated. Krista Howard, et al, US, <i>Journal of Occupational and Environmental Medicine</i>, Volume 51, Number 6, June 2009."</p> <p>WorkCover SA: Website "Staying at home until completely recovered is often not the best thing for injured workers. Research shows that returning to work with the consent of your doctor, even on restricted duties, is an important part of recovery for many people."</p> <p>WorkCover SA: Website "Safe, prompt return to work better for everyone - Release date: 06/11/2005 An innovative campaign highlighting the benefits to all South Australians of safe, early return to work for injured workers has been launched by Minister for Industrial Relations Michael Wright. The campaign, which starts on television this evening and in the press tomorrow and will be supported with direct marketing to key players in workers rehabilitation and compensation, focuses on the key message that returning to work sooner and safer is "better for everyone."</p> <p>"Through the eyes of a child, we see the benefits of safe, speedy recovery from work injury and how it affects everyone," Mr Wright said.</p> <p>"The Return to Work Awareness Campaign was initiated by the WorkCover Board to support its renewed focus on return to work and the many initiatives it is putting in place to improve the workers rehabilitation and compensation system."</p>
---	--	---

<p>Early Return to Work</p> <p>Full recovery not required for RTW</p>		<p>Mr Wright said those initiatives include improvements in claims management, health care and rehabilitation; safe, prompt return to work for injured workers; and improved collaboration between everyone involved in helping injured workers recover from injury and get on with their work and daily lives...</p> <p>WorkCover CEO Julia Davison said a key message of the campaign was that return to work was a part of a person’s recovery not necessarily the end point.</p> <p>“Delays in recovery impact not just the injured worker, but their employer, workmates, family, friends and the wider community,” Ms Davison said.</p> <p>“The faster people lodge claims and the sooner they can safely return to work, the sooner they’ll recover – and that is better for everyone – socially and economically.”</p> <p>WorkCover SA: Website</p> <p>“Return to work</p> <p>A major focus of the WorkCover Scheme is rehabilitation and return to work. Employers who provide suitable employment (sometimes called 'light duties' or 'alternative duties') play a pivotal role in enabling injured workers to resume productive working lives. Aside from the legislative obligation on employers and workers to identify suitable employment, a continuing link with the workplace has been identified as a key factor in substantially improving the speed and likelihood of full recovery from an injury or illness. The benefits of returning to work include:</p> <ul style="list-style-type: none"> • maintaining the skills and contribution of experienced or highly trained workers who know your organisation and contribute to your competitive edge • maintaining the salary level of the injured worker • maintaining the motivation of the injured worker and focusing them on recovery • demonstrating a commitment to your workforce and sending a message that recovery and rehabilitation of injured workers is important and desirable.” <p>WorkCover SA: Website</p> <p>“The importance of remaining at or returning to work</p> <p>In general, having a job is better for the health of an individual than not having a job. Unemployment can have psychological and social consequences, as well as causing financial problems and stress. Being out of work can have an impact on a person's physical and mental health, as well as affecting their family^[1]. For instance it is known that unemployed people and their families suffer a higher rate of premature death, increased rates of depression and anxiety, higher rates of self-reported ill health, heart disease and risk factors for heart disease^[2]. The financial stress of unemployment can result in marriage problems and emotional distress^[3]. Research has also shown that children’s health and well being is affected by a parent’s long-term unemployment^[3]. Social support and networks become decreasingly available as a consequence of unemployment. When social supports and networks are not available, and a person does not have support from their friends and/or family, their recovery may be delayed^[4]. Lack of social support can also marginalise a person from society and impact on their emotional vulnerability^[4]. When a worker is injured in the workplace, they may require time off work. This may have an impact on their physical and mental health further to that of the injury itself^[4]. Thus, returning the worker to work becomes a valid goal of treatment. The likelihood of an injured worker making a full recovery, both physically and emotionally, is improved the earlier that they are able to return to work in some capacity Research suggests that the sooner an injured worker can return to work in some capacity, the more likely they are to make a full recovery, both physically and emotionally^[4-6].</p>
---	--	---

<p>Early Return to Work</p> <p>Full recovery not required for RTW</p>		<p>Conversely, failing to return to work results in a higher risk of poor health, mental illness, depression and even death^[2].</p> <p>References</p> <ol style="list-style-type: none"> 1. Artazcoz L, Benach J, Borrell C, Cortes I. Unemployment and mental health: understanding the interactions among gender, family roles, and social class. <i>Am J Public Health</i> 2004 Jan;94(1):82-8. 2. Waddell G, Burton K, Aylward M. Work and common health problems. <i>J Insur Med</i> 2007;39(2):109-20. 3. Sleskova M, Salonna F, Geckova AM, Nagyova I, Stewart RE, van Dijk JP, et al. Does parental unemployment affect adolescents' health? <i>J Adolesc Health</i> 2006 May;38(5):527-35. 4. The Australasian Faculty of Occupational Medicine and The Royal Australasian College of Physicians. <i>Compensable injuries and health outcomes</i>. Sydney: Royal Australian College of Physicians; 2001. 5. Hagen E, Grasdal, A., Eriksen, HR. Does early intervention with a light mobilization program reduce long-term sick leave for low back pain: A 3-year follow-up study. <i>Spine</i> 2003;28:2309-16. 6. WorkSafe Victoria. <i>Introducing WorkSafe: A guide for allied healthcare professionals</i>. Melbourne 2007.” <p>WorkCover Tasmania: “Return to Work and Injury Management Model”, Version 3, August 2008</p> <p>“Research indicates that return to work has a major impact on successful recovery from injury. Unemployment can itself contribute to poor health outcomes. Return to work has many benefits for an injured worker including:</p> <ul style="list-style-type: none"> • maintaining his or her self esteem; • providing a social and support network; • ensuring that skills are not lost; • providing an income during rehabilitation.” <p>WorkSafe Victoria: Website:</p> <p>“What does “Return to Work” mean?</p> <p>Return to work means helping injured workers get back to work or stay at work while they recover from an injury. This involves employers providing modified or alternative jobs for workers to do that won’t aggravate the injury until they can return to their regular job. Experience shows that the best way to keep productivity and moral in the workplace up and premiums down is to return injured workers to work safely and as soon as possible.”</p> <p>“Can a worker return to work early after a workplace injury?</p> <p>If possible, workers should try to stay at work during their recovery period doing duties that will not aggravate their injury and are suited to their capacity. The worker’s treating health professional has an important role in helping to determine the workers capacity for work. If a worker is unable to return to work immediately after their injury, the earlier a worker can get back to work the faster and more lasting their recovery is likely to be. Treating a workplace injury is much like treating a sports injury. Doctors know that the earlier they can get an injured sportsperson back into training, the faster the recovery.”</p> <p>WorkSafe Victoria: Worker Fact Sheet “Helping you Recover and Returning to Work”</p> <p>“Returning to work after an injury or illness isn’t always easy, but it can help you to recover and regain your normal life. Everyone’s circumstances and experiences may differ, but actively participating in your rehabilitation will help you to get better.”</p> <p>“Start planning early to get back to work</p> <p>You don’t have to wait until you are 100% recovered to return to work. It’s important to keep positive and motivated – focus on what you can do, rather than what you can’t. The earlier you start planning to return to work, the</p>
---	--	--

<p>Early Return to Work</p> <p>Full recovery not required for RTW</p>		<p>better your chances of getting back sooner. Whether it’s on reduced hours in your regular job or on modified or alternative duties, getting back to work can be a crucial part of your rehabilitation.”</p> <p>WorkSafe Victoria: “Returning to Work: A Guide for Injured Workers”, July 2008 “A work-related injury or illness can have a big impact on your life and what you are able to do. Research has shown that getting back to work is important for your health and wellbeing. Returning to work can help you recover from your injury and stop you from feeling isolated from your workmates.”</p> <p>WorkCover WA: Website “Returning to work is a process that requires a collaborative effort between the employer, injured worker and medical practitioner. It is good for a worker to return to safe and sustainable work as soon as possible as it helps their recovery and helps employers maintain productivity.”</p> <p>New Zealand Acute Low Back Pain Guide, ACC, October 2004 “Make a concerted effort to communicate that having more time off work will reduce the likelihood of a successful return to work. In fact, longer periods off work result in reduced probability of ever returning to work.”</p> <p>“Keep the individual active and at work if at all possible, even for a small part of the day. This will help to maintain work habits and work relationships”</p> <p>“There is clear evidence that the following strategies improve outcomes for people with acute low back pain... Advise patients to ‘stay active’ and continue their usual activities... Promote staying at work – or an early return to work, with modifications if needed”</p> <p>“Resuming work – work (paid or unpaid) is important to both physical and mental recovery. Advice on a planned early return to work is likely to lead to less time off and reduce the risk of long-term problems and chronic back pain.”</p> <p>“Preventing Needless Work Disability by Helping People Stay Employed”, American College of Occupational and Environmental Medicine, 2006 <i>“Recommendation: Stop assuming that absence from work is medically required and that only correct medical diagnosis and treatment can reduce disability...Reduce discretionary disability by increasing the likelihood that employers will provide on-the-job recovery.”</i></p> <p>“Unnecessary prolonged work absence work can cause needless, but significant harm to a person’s well-being. While on extended disability many patients lose social relationships with co-workers, self-respect that comes from earning a living, and their major identity component – what they do for a living. Many key players in the SAW/RTW process do not fully realize the potential harm that prolonged medically excused time away from work can cause. Many think that being away from work reduces stress or allows healing and do not consider that the worker’s daily life has been disrupted. With these attitudes system-induced disability becomes a significant risk.”</p> <p>“Allowing workers to recover on the job is a cornerstone of disability prevention. This often takes the form of transitional work programs (also known as temporary modified work, alternative duties, or light duty) that allow workers return to work at partial capacity while they recuperate.”</p> <p>“Evidence-based care for low back pain in workers eligible for compensation” Brian McGuirk and Nikolai Bogduk Occupational Medicine 2007;57:36–42 “Evidence-based care can be successful in retaining patients at work, reducing time off work or on modified duties and reducing recurrences and chronicity...”</p>
---	--	---

<p>Early Return to Work</p> <p>Full recovery not required for RTW</p>		<p>The specialist practiced according to the Australian evidence-based guidelines for the management of acute low back pain (Australian Acute Musculoskeletal Pain Guidelines Group. Evidence-Based Management of Acute Musculoskeletal Pain. Brisbane, Australia: Australian Academic Press, 2003. http://www.nhmrc.gov.au)... In essence, they emphasize explanation, assurance, encouragement to remain at work, a worksite intervention if indicated, simple analgesics if required and avoidance of passive therapies. Imaging is indicated only in the presence of clinical red flag indicators.</p> <p>Prompt return to work was achieved in the majority of cases under evidence-based care, and was associated with a high rate of full recovery and low rates of recurrence and chronicity. Under usual care, greater proportions of workers lost time off work and spent more time on modified duties, yet had lower rates of recovery and higher rates of recurrence and chronicity.</p> <p>An intriguing question that arises from the present study is why usual care emerged as less effective, even when patients elected to pursue that form of care... Possible explanations are that general practitioners do not practice according to guidelines, and are more accommodating to their workers' compensation patients. According to guidelines, time off work is not indicated as a primary intervention for most cases. Yet it was liberally used in usual care, in the present study. Moreover, once used, it tended to be used for longer than appeared necessary. In contrast, under evidence-based care, patients accepted the merit of returning to work, once it was explained to them. In that regard, return to work was not an administrative action; it was prescribed for medical reasons, on the basis of evidence. The contrast with usual care suggests the suspicion that it is easier to give a patient a certificate than to spend the time explaining why they do not need one. Similarly, patients might prefer usual care if their practitioner does not explore psychosocial issues and, instead, simply accommodates their request for a certificate."</p> <p>Waddell G, Burton AK 2000. Occupational health guidelines for the management of low back pain at work - evidence review. Faculty of Occupational Medicine. London.</p> <p>"Encourage the worker to remain in his or her job, or to return at an early stage, even if there is still some LBP - do not wait until they are completely pain-free. Consider the following steps to facilitate this:</p> <ul style="list-style-type: none"> - Initiate communication with their primary health care professional early in treatment and rehabilitation. - Advise the worker to continue as normally as possible and provide support to achieve this. - Advise employers on the actions required, which may include maintaining sympathetic contact with the absent worker. - Consider temporary adaptations of the job or pattern of work." <p>"Most workers with LBP are able to continue working or to return to work within a few days or weeks, even if they still have some residual or recurrent symptoms, and they do not need to wait till they are completely pain free."</p> <p>"Address the common misconception among workers and employers of the need to be pain-free before return to work. Some pain is to be expected and the early resumption of work activity improves the prognosis."</p> <p>"From an organisational perspective, the temporary provision of lighter or modified duties facilitates return to work and reduces time off work."</p> <p>"The longer a worker is off work with LBP, the lower their chances of ever returning to work. Once a worker is off work for 4-12 weeks they have a 10-40% risk (depending on the setting) of still being off work at one year; after 1-2 years absence it is unlikely they will return to any form of work in the foreseeable future, irrespective of further treatment."</p>
---	--	---

<p>Early Return to Work</p> <p>Full recovery not required for RTW</p>		<p>G. Waddell, K. Burton and M. Aylward "Work and Common Health Problems. (2007). Journal of Insurance Medicine; 39(2):109-120.</p> <p>"This paper reviews the evidence on the relationship between work and health. It concludes that, overall, the beneficial effects of work outweigh the risks of work, and are greater than the harmful effects of long-term worklessness...It suggests that there needs to be a fundamental shift in how we think about common health problems and work--in health care, the workplace and society."</p>
---	--	---

Key Feature	InjuryNET’s Approach	Scheme / Research Support for InjuryNET Approach
<p>Staying Active</p>	<p>InjuryNET Doctors encourage injured worker’s to stay active after an injury</p>	<p>WorkCover NSW: “Advice Sheet 1; Advice for Workers: Successful recovery and return to work with soft tissue injury. Improving outcomes: Integrated, active management of workers with soft tissue injury” “Staying active helps your recovery after an injury. You can keep active by doing normal things like washing up, driving, working or walking. Resting completely, waiting for all your pain to go away before getting back to your usual activities will delay recovery. So, a suitable amount of activity (including work) is helpful, even if some pain continues. Your doctor, employer and/ or treatment provider will work with you to prescribe a suitable amount of activity to help your recovery...”</p> <p>WorkCover NSW: “Work related acute low back pain. Information for General Practitioners” Version 2.0, November 2004 “...advise the patient that the best management is to keep active and return to all daily activities as soon as possible, including returning to work, and that it is reasonable to do normal pre-injury duties with some pain provided the patient has a clear understanding of ways to manage pain”</p> <p>WorkSafe Victoria: Worker Fact Sheet “Helping you Recover and Returning to Work” “Staying positive and active will help your recovery It’s well proven that keeping positive and staying active after an injury can benefit your physical recovery as well as your general wellbeing.”</p> <p>WorkSafe Victoria: “Returning to Work: A Guide for Injured Workers”, July 2008 “Keeping active is important. The old-fashioned approach of bed rest and staying at home until you’ve completely recovered often isn’t the best therapy and could even prolong your injury. Easing back into work – even if you’re not fully recovered – can help you get better sooner and form part of your rehabilitation. Your healthcare professional can advise you on the kind of work and activities that will best help your recovery. They can also help make sure you don’t overdo it.”</p> <p>New Zealand Acute Low Back Pain Guide, ACC, October 2004 “Pain does not equate to damage. Staying active and continuing usual activities, within tolerable pain limits, helps recovery. The evidence for the benefits of activity has strengthened. This means staying or becoming physically active and resuming usual activities, including work, as soon as possible.”</p> <p>“Preventing Needless Work Disability by Helping People Stay Employed”, American College of Occupational and Environmental Medicine, 2006 “Strong evidence suggests that activity hastens optimal recovery while inactivity delays it... Other evidence indicates that remaining at or promptly returning to some form of productive work improves clinical outcomes as compared to passive medical rehabilitation programs. The ACOEM <i>Practice Guidelines</i> recommend exercise, active self-care, and the earliest possible safe return to work. Despite this evidence, inactivity, work avoidance, and passive medical rehabilitation programs are often prescribed as treatment. <i>Recommendation:</i> Undertake large-scale educational efforts so that activity recommendations become a routine part of medical treatment plans and treating clinicians prescribe inactivity only when medically required; specify that medical care must be consistent with current medical best practices; or preferably, adopt an evidence-based guideline as the standard of care.”</p> <p>Waddell G, Burton AK 2000. Occupational health guidelines for the management of low back pain at work - evidence review. Faculty of Occupational Medicine. London. “Advice to continue ordinary activities as normally as possible, in principle, applies equally to work. The scientific evidence confirms that this general approach leads to shorter periods of work loss, fewer recurrences and less work loss over the following year...”</p>

Key Feature	InjuryNET’s Approach	Scheme / Research Support for InjuryNET Approach
<p>Injury Management</p>	<p>Develop Systems for Employers and Practitioners to support injury management</p>	<p>WorkCover NSW: “Overview Improving outcomes: Integrated, active management of workers with soft tissue injury”</p> <p>Key principles - Supporting statements</p> <ol style="list-style-type: none"> 1. Early, safe and durable return to work <ul style="list-style-type: none"> • Early reporting and return to work promotes the worker’s recovery and prevents long term disability and work loss. • Early return to work maintains the worker’s activity and links with the workplace. • Safe return to work with guidance can occur despite the worker’s symptoms. 2. Focus on activity and independence <ul style="list-style-type: none"> • Keeping active promotes recovery. • The worker’s activity ideally is work related, functional and graded. • Activity (including work) can occur despite the worker’s symptoms. • The design of activity promotes transition to independence and self management. • Self management skills are integrated into clinical management to improve the worker’s confidence and independence. 3. Work toward common goals <ul style="list-style-type: none"> • Key parties discuss expectations with the worker and others soon after the injury. • The worker and other key parties are informed of expectations, recovery and matters relevant to return to work. • The worker and key parties work together to set and achieve goals. • A biopsychosocial approach ensures the worker’s needs are identified and addressed holistically. • Communication issues/difficulties are promptly addressed. 4. Regular review of progress and risk factors <ul style="list-style-type: none"> • Risk factors are of universal importance; they are not usually specific to site of injury. • Review the worker regularly to identify and address risk factors and progress of recovery. • Select outcome tools/methods which provide a measure of the impact of the intervention. • Initiate action promptly when a review identifies a need. • The worker’s progress is always under review. 5. Targeted education <ul style="list-style-type: none"> • Provide education to assist with beliefs, expectations, early return to work and activity, safe work practices and understanding of the biopsychosocial nature of pain. • Education is targeted to the specific needs of each worker. • Education is aligned with current evidence and provided consistently by all key parties. • Education promotes learning and self management.” <p>WorkCover NSW: “Advice Sheet 1; Advice for Workers: Successful recovery and return to work with soft tissue injury”</p> <p>“Injury Recovery Checklist - What you can do to help your recovery:</p> <ul style="list-style-type: none"> • Stay active during your recovery. Avoiding activity because of pain will slow your recovery. • Recognise that it is normal to have pain during the recovery period. • Be assured that most people are able to return to their usual work, home and recreation activities quickly. • Talk with all those supporting you to return to work, including your employer. Working together will help your recovery.

<p>Injury Management</p>		<p>How you can work with your Doctor and Treatment Provider:</p> <ul style="list-style-type: none"> • Ask for information about what to expect of your injury, pain and recovery. • Ask your doctor about returning to work as early as possible. This helps recovery. • Ask for advice if you are not sure how to stay active. • Ask your doctor about simple medication (such as paracetamol) to help you keep active. • Talk to your doctor about your concerns (such as worries about pain, the demands of your job and change in lifestyle/ work)." <p>NT WorkSafe: "Doctor's Quick Reference Guide"</p> <p>"Injury management is a recommended framework which describes a co-operative effort by the worker, the employer and treating medical practitioner to help the injured worker stay either at work or return to work following an injury. It is important that injury management starts at the time of injury and that the parties communicate at regular intervals throughout the process.</p> <p>The Northern Territory's workers' compensation scheme has <i>early return to work</i> as one of its desired outcomes. Therefore, your focus should be one of recognising what an injured worker can do (capacity), rather than what a worker cannot do (incapacity)."</p> <p>QComp: Website</p> <p>"What is involved in effectively managing workplace injury?"</p> <p>Effective management of a workplace injury or illness needs a systematic and coordinated approach. Return to work is not just about medical treatment or injury recovery. Recovery and return to work are influenced by how employers respond to and support injured workers in the workplace..."</p> <p>What are the benefits of workplace rehabilitation?</p> <p>Workplace rehabilitation helps both injured workers and employers.</p> <p>For workers, it means:</p> <ul style="list-style-type: none"> • faster recovery and reduced suffering • minimal disruption to family, social and working life • improved physical condition and confidence about return to work • earlier return to productive work • job and financial security. <p>For employers, it means:</p> <ul style="list-style-type: none"> • helping workers deal with workplace injury and return to work • retaining rather than losing a skilled workforce • controlling the costs of workplace injury, e.g. by getting workers back to work in a safe and timely manner." <p>WorkCover Tasmania: "Return to Work and Injury Management Model", Version 3, August 2008</p> <p>"The Return to Work and Injury Management Model presents a holistic approach to effective injury management, which aims to reduce the human and financial impact of work-related injuries. Seven high level principles underpin the Model:</p> <ol style="list-style-type: none"> 1. All parties, including the injured worker, should: <ul style="list-style-type: none"> • view recovery and return to work as the prime goals following a work related injury; • have a shared commitment to these goals; and • work together through cooperation, collaboration and consultation to achieve these goals. 2. Early intervention is critical – injury management should commence as soon as possible following injury. 3. Where possible, the injury management process will focus on maintaining the relationship between the employer and worker.
---------------------------------	--	--

<p>Injury Management</p>		<p>4. The injury management process should be transparent, cost efficient and effective.</p> <p>5. All parties, particularly the injured worker, the employer and the medical practitioner, will have access to information and support in order to clearly understand their roles, rights and responsibilities.</p> <p>6. Injury management should be of a high standard to:</p> <ul style="list-style-type: none"> • maintain the dignity and integrity of the injured worker; and • ensure that the injured worker is an active participant. <p>7. Effective injury management requires the timely, facilitated resolute on of issues.”</p> <p>WorkCover Tasmania: “Return to Work and Injury Management Model”, Version 3, August 2008</p> <p>The medical management of an injury is a key factor in an injured worker’s recovery. Medical treatment should be timely, appropriate and of a high quality to ensure optimal recovery. The Return to Work and Injury Management Model aims to improve and streamline the medical management of injuries by... Recognising the central role of the primary treating medical practitioner;...Promoting access to appropriate, high quality medical treatment:...Encouraging the use of evidence based medical treatment guidelines;... Introducing a medical advisory and mentoring service to provide peer support to medical practitioners;... Promoting minimisation and appropriate resolution of disputes about medical management.</p> <p>WorkCover WA Website</p> <p>“Key Principles of Injury Management</p> <p>The following key principles of injury management and return to work offer some good advice for all parties to help the process run smoothly.</p> <ol style="list-style-type: none"> 1. Within the workers’ compensation system, return to work is the most appropriate outcome. A return to work focus should be maintained whenever it is medically appropriate. 2. Injury management: <ol style="list-style-type: none"> (a) provides physical, psychological and vocational benefits to workers; (b) minimises disruption at the workplace; and (c) contains workers’ compensation costs. 3. The employer, injured worker and treating medical practitioner are the key parties in injury management. Consultation and communication between the key parties should occur on a regular basis. 4. Timely and appropriate medical treatment should be sought and provided to injured workers. 5. Employers should be directly involved in the management of work injuries and ensure that injury management processes are started early. 6. Vocational rehabilitation is not required for all injured workers but where the key parties agree it is necessary, it should commence as soon as possible, be focused on achieving a return to work outcome and be subject to regular monitoring to ensure it is heading in the right direction...” <p>WorkCover WA: Website</p> <p>“Key Parties in Injury Management</p> <p>Injury management involves the injured worker, the employer and the treating medical practitioner. Injury management requires a coordinated and managed process from the time of injury, integrating medical and employment management practices with a focus on the workplace.”</p> <p>Waddell G, Burton AK 2000. Occupational health guidelines for the management of low back pain at work - evidence review. Faculty of Occupational Medicine. London.</p> <p>“Establish a partnership, involving workers, employers and health professionals in the workplace and the community, with a common consistent approach to agreed goals, to manage back pain and prevent unnecessary disability.”</p>
---------------------------------	--	--