THE EFFICACY OF WORK SPECIALTY REHABILITATION PROGRAMS FOR THE INJURED WORKER

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PROBLEM
Previous studies have not examined the level of a patient’s return to work (RTW) status (e.g., not working, a new job, or ongoing restrictions) at the time of discharge following a work rehabilitation program. In addition, strength is an important aspect in patient health and may influence a patient’s RTW status. Surprisingly, little is known about these functional outcomes of work rehabilitation programs.

BACKGROUND
Work specialty rehabilitation can be defined in a multitude of ways and varying programs have been developed to help the injured worker RTW. In the past, early intervention and multidisciplinary efforts have been proven to be effective in treating the injured worker. Studies have indicated that the type of diagnosis (e.g., upper extremity, lower extremity, spine) could potentially influence an injured worker’s ability to RTW, with spinal injuries being the most detrimental to returning to work. While multiple studies have looked at many factors and outcomes relating to RTW, other important indicators remain unaccounted for when assessing RTW status following a multidisciplinary intervention.

OBJECTIVE
The current study evaluated the outcomes of the Aurora Work Specialty Rehabilitation Program for injured workers by examining RTW status and strength changes following participation in the program. This study further attempted to examine whether earlier entry into the work rehabilitation program from the date of injury affected strength and RTW status.

METHODS
THE WORK SPECIALTY REHABILITATION PROGRAM
The Work Specialty Rehabilitation Program at Aurora Health Care is comprehensive and utilizes an interdisciplinary approach focusing on work simulation, cardiovascular activity, and overall body strengthening. Typically, patients participate in the program three to five days a week, for an average of one to three hours each treatment session.

A system-wide retrospective analysis of Aurora’s Work Specialty Rehabilitation Program database examined the outcomes of the program for spine, upper body, and lower body injuries. The final sample consisted of 495 subjects (Mage = 44.44 years, SD = 10.13) and 375 (76%) of the subjects were male. Patient data was collected between the years of 2006 to 2010, which included work status and patients’ strength while completing work simulation tasks pre- and post-work specialty program participation. The data was analyzed to determine if the program had a significant effect on the outcomes of injured workers as measured by changes in strength and RTW status.

RESULTS
The comparison of the status of the workers (working vs. non-working) before and after the rehabilitation program showed that a significantly higher number of participants returned to work (p < 0.0001).

The participants were divided into three categories of injuries (1) Spine, (2) Upper Quadrant, and (3) Lower Quadrant. Mean strength for the three types of injuries was higher at the time of discharge (30.11 ± 18.30 vs. 47.07 ± 24.51, p < 0.0001; 19.56 ± 13.76 vs. 36.94 ± 21.05, p < 0.0001 and 32.62 ± 21.16 vs. 51.29 ± 23.58, p < 0.0001) compared to the strength at admission.

CONCLUSIONS
This study demonstrated the effectiveness of Aurora’s Work Specialty Rehabilitation Program and provides evidence confirming that the program produces the intended results by helping injured workers RTW and significantly increasing their strength as well. Lastly, it was found that strength levels upon discharge were not dependent on the number of days off of work prior to entering the program.

REFERENCES