

Evaluation of the Injured Worker

Rizwan Arayan M.D.

Board Certified Physical Medicine and Rehabilitation

Board Certified Sports Medicine



Background

- University of Illinois – Urbana Champaign – Undergrad
- Ross University – Dominica – Medical School
- University of Chicago – PMR
- University of Illinois – Sports Medicine

Physical Medicine and Rehabilitation

- Enhance and restore functional ability and quality of life to those with physical impairments or disabilities affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles and tendons
- Maximize patients' independence in activities of daily living and improve quality of life
- Specialty is well suited to treat injured workers as restoration of functional ability is main focus

Physical Medicine and Rehabilitation

- Physiatry, Physiatrist
- First developed 1936
- Accepted by ABMS 1947
- Born out of treating injured soldiers
- Mix between non-operative orthopedics and neurology
- Outpatient focus on spine related pain, occupational injuries, overuse syndromes, and pain

Illinois Orthopedic Network

- All inclusive
 - Initial evaluation
 - Physiatrist, Anesthesiologist
 - Diagnostics
 - Imaging Referrals – X-ray, CT, MRI
 - In-house lab
 - EMG/NCV testing

Illinois Orthopedic Network

- Treatment
 - Physical Therapy, Occupational Therapy, Work Conditioning
 - Pain medication management with in-house pharmacy
 - Interventional Procedures
 - In-house surgical center
 - Cervical and lumbar epidural steroid injections, radiofrequency ablation, spinal cord stimulators
 - Surgical intervention if necessary

Illinois Orthopedic Network

- Multiple locations – Main – 712 N. Dearborn St.
- Case management
- Quick Scheduling
- Progress Notes/Work Status
- Accreditations
 - The Joint Commission
 - The American Association for Accreditation of Ambulatory Surgery Facilities



Etiology

- In 2013, 1.1 Million musculoskeletal occupational injuries
- Men accounted for 61%
- Workers age 45-54 most missed days
- 212,000 back injuries
- Hand most common in upper extremity
- Knee most common in lower extremity

Risk Factors

- Heavy Physical Work
- Smoking
- High body mass index
- High psychosocial work demands
- Prolonged computer work
- Older age
- Repetitive work

Primary Prevention

- Exercise frequency correlated with reduction in LBP
- Educational interventions in biomechanics not effective
- PT lead programs improved subject knowledge
 - No reduction
 - LBP rate
 - Cost per injury
 - Time off work
 - Repeated injuries

Associated Conditions

- 95% of claimants personality disorder
- Pre-morbid depression more likely to develop chronic pain
- Prolonged unemployment increased physical and mental morbidity and mortality

Injured Worker Assessment

- History
- Physical Exam
- Functional Assessment
- Imaging
- Supplemental Assessment Tools

History

- Injury date
- Chief Complaint
- Mechanism of injury
- Occupational History
- Medical History

Physical Exam

- Objective findings
 - Reflex Asymmetry
 - Atrophy
- Self Limited
 - ROM
 - MMT
 - Sensory findings

Physical Exam

- Observation
 - Gait
 - Don/Doff clothes
 - Arising from a chair
- Waddell Signs
 - Suggest non-physiological etiology
 - Suggest Malingering

Functional Assessment

- Home activity
- Avoiding responsibilities at home
- Oswestry Disability Index

Imaging

- Considered when appropriate
- Negate or identify pathology
- Educate patients on abnormal findings
- Must correlate to symptoms
- Abnormal findings in asymptomatic individuals are common

Supplemental Assessment Tools

- Oswestry Disability Index (ODI)
 - Gold Standard for low back outcomes
 - Higher percentile = more disability
- Neck Disability Index (NDI)
 - Self reporting measure
- Short Form -36
 - Physical, emotional and social functioning

Predictors of outcome

- Protracted Recovery Predictors
 - Early use of opioid medications
 - Pre-morbid psychiatric illness
 - Excessive medical services

Environmental

- Job satisfaction vs. Job activity
- Multiple short duration jobs
- Work longevity
- Social support from supervisors
- Depression
 - Loss of identity
 - Financial loss
 - Home stress

Treatment

- RICE for acute injuries
- Physical Therapy
- Occupational Therapy
- Pain medications
- Interventional Procedures
- Work Conditioning
- Work Hardening
- MMI

Coordination of Care

- Team members
 - Patient
 - Physician
 - Therapist
 - Employer
 - Insurance Carrier
 - Attorney

Coordination of Care

- Return to work restrictions
 - Provided to patient and insurance carrier after each visit
- Prompt clinic notes
- Insurance carrier promptness
- Therapist interaction with physician
- Employers effort to accommodate
- Consistent feedback

Patient and Family Education

- First visit
 - Expectations
 - Goals
- Work restrictions
- Employers decision whether to accommodate
- Family members with poor outcome
- Encourage activity

Pearls

- Identification of risk factors
- Avoid time loss at work
- Integrating cognitive behavior techniques
- Focus on function goals

Case Study #1

- 45-year-old male presents with LBP secondary to a work related lifting injury.
- Radiating pain vs. non-radiating pain
- Therapy
- Interventional Procedure
- EMG
- Surgical intervention

Case Study #2

- 52-year-old female presents with bilateral hand numbness, tingling, and weakness reported after repetitive work.
- Inciting factors
- Worse at night
- OT, night splints
- Imaging, EMG
- CTS release

Billing

- Illinois Workers Compensation Fee Schedule

Questions?????



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