

Healthcare *Insights*

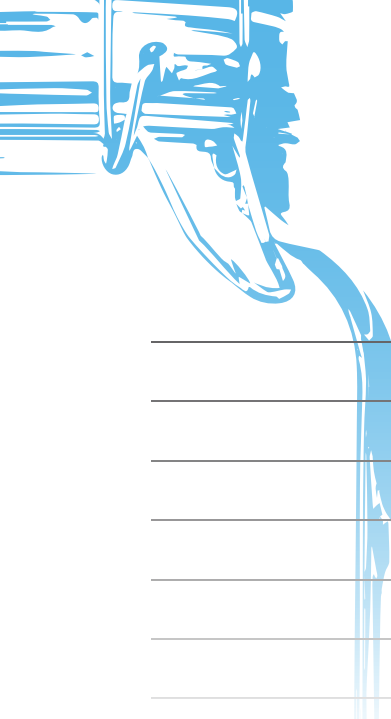
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THE RETURN TO WORK RECIPE
MORE THAN CLINICAL PRACTICE
GUIDELINES ALONE



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Return to Work Recipe

Improve the efficiency and accuracy of the diagnosis process.

Reduce variability in clinical practice.

Identify and increase use of known effective interventions.

Restore health and function as it relates to home and occupational activities.

Provide a more timely and cost-effective resolution of injury.

Assist in expectations and management of associated disability and work loss.

THE RETURN TO WORK RECIPE CALLS FOR MORE THAN CLINICAL PRACTICE GUIDELINES ALONE

Imagine going to the kitchen to do some baking, but there's no recipe to follow. Each time you attempt to make bread, your results could vary widely. When it comes to facilitating return to work and normal activity following a work-related injury, a similar way of thinking can apply, and establishing standardized practice guidelines (a recipe) can be key.

The importance of evidence-based practice and use of clinical practice guidelines in physical and occupational therapy have been well documented. **Studies have shown early intervention of physical therapy that adhered to practice guidelines for low back pain was associated with significantly lower utilization of advanced imaging, injections, surgery, and use of opioids.** Patients may also require fewer visits. When PT was adherent to guidelines, the average number of visits for patients with low back pain was 6.2. Compare this to the average number of visits for PT that was non-adherent to guidelines at 15.0.

The American Physical Therapy Association (APTA) recognizes the use of both evidence-based practice (EBP) and clinical practice guidelines (CPGs) as central to providing high quality care, decreasing unwanted variation in practice, and optimizing movement and injury recovery.

CPGs can make an immense difference in treatment outcomes, but treating therapists can further improve treatment if they add a little more to the recipe.

Clinical Practice Guidelines

CPGs have been established by many well-respected organizations and have become a gold standard in effective treatment of occupational injuries and illnesses. No matter the source of the guidelines, the goals and benefits are consistent:

- Improve the efficiency and accuracy of the diagnosis process.
- Reduce variability in clinical practice.
- Identify and increase use of known effective interventions.
- Restore health and function as it relates to home and occupational activities.
- Provide a more timely and cost-effective resolution of injury.
- Assist in expectations and management of associated disability and work loss.

Evidence-based Practice

Implementation of an EBP encompasses more than just following a CPG “recipe” for management of an injury, however. The therapist’s clinical decision making and judgment are key in determining the effectiveness of the treatment program. Return to work and full functional levels also require identifying and understanding the patient’s and other stakeholders’ goals, and recognizing potential barriers that may affect the process.

To ensure optimal outcomes, the treating therapist must:

- Seek out the best available research to ensure interventions being utilized are most effective for a particular diagnosis or condition.
- Obtain job descriptions, including physical job demands and availability of modified duty, to make sure that treatment goals are related to the goal of return to work.

- Clearly document any co-morbidities or other home/work barriers that may impact recovery.

In addition, standard measures of objective range of motion, strength, and pain reports should be clearly documented to demonstrate ongoing improvement. These measurements should always relate to the ability of the patient to return to normal activity and work.

As important, but often overlooked, is standardized functional limitation reporting. Completed by the injured worker throughout the course of treatment, these reports can provide a good objective measure of functional abilities and improvement and can provide a good indicator for modification of a treatment program, or additional utilization oversight, if improvement falls below the minimally clinically significant difference (MCID).



The HOMELINK Standard

HOMELINK Therapy Network (HTN) provides physical and occupational therapy services nationwide and is dedicated to ensuring high quality care by eliminating variation in treatment. **All providers undergo a strict credentialing process, focus on evidence-based treatment guidelines, and agree to utilize a standardized format for functional**

measurement and utilization management. This enables ongoing clinical oversight of the claim and prompts peer-to-peer consultation if progress falls below expected values. Thanks to this recipe, HTN providers consistently outperform their peers when compared to national averages.

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