

## Sports Medicine Speeds Worker Return

by Gary Zigenfus, MS, PT

**W**hen rehabilitating injured workers, it's been found that the same principles that lead to successful recoveries for athletes can be applied in the workplace.

There is a common misconception that the preferred treatment for most musculoskeletal injuries, especially work-related injuries, consists of medication to dull the pain and rest to recuperate and promote healing.

While rest and anti-inflammatory medicines have a place, research shows this passive treatment plan has ill effects, and may in fact be somewhat detrimental to the progress of healing and safe return to a pre-injury condition.

The concept of active treatment is best demonstrated and most well-known in athletics.

Most of us have observed an injured player on the field, and the rapid response of the medical team. Treatment begins immediately, and continues with a focused goal of a safe and timely return to activity.

This same goal has gained increased focus from employers. Employers today are prepared to assume a more active role in the treatment and rehabilitation process when an injury does occur.

Rehabilitation of workplace injuries presents challenges for the injured worker, the employer, the payer, and medical providers. With most employers, there is a dual system of health care—group health programs, which provide for non-occupational medicine services, and workers' compensation for the occupational medicine services.

Under non-occupational medicine group health programs, the cost drivers are only the actual medical services delivered.

In the workers' comp model, the actual cost of the medical care provided is only one of the cost drivers that contribute to the total cost of the case. It is estimated that up to 80 percent of the total cost results from length of time out of work, indemnity and wage replacement costs, and administrative costs.

Under this cost model, total cost becomes time-dependent for the duration of the case, as well as service-

part, by caring for their star athletes—their employees.

Taking a sports medicine approach to treat workplace injuries has proven to be far more effective than simple bed rest and medications. Success of this model requires that four basic principles be in place:

- **Principle 1:** A team approach among the team physician, therapist, injured athlete, and coaches is required to achieve the goal of a timely return to activity for the athlete.

In the workers' comp arena, the occupational medicine physician fills the role of "team physician." The

uniquely qualified occupational medicine physician's role is to evaluate and treat patients in the context of specific demands of the workplace.

Employers have a prime opportunity to reduce injured workers' lost time from work merely by sending them to physicians skilled in occupational health care issues where they will receive prompt and effective treatment.

The occupational medicine physician-therapist team must coordinate and communicate their treatment plan with the injured worker and their "coaches"—in this case, the employer and payers. This communication between the physician/therapist, injured

worker, employer, and payer must be consistent and frequent. This team must have the same goals and objectives as the sports team.

- **Principle 2:** A key factor in the success of the sports medicine model is early intervention. This principle has been shown to be equally as effective with workplace injuries. How quickly



*Combining the four principles of the sports medicine approach with the expertise of occupational medicine can get injured workers back in the game sooner and with less risk of re-injury, while lowering the total cost of claims.*

dependent with time being a truly variable cost.

Occupational health programs have been designed to treat injuries immediately, focus on return-to-work, and reduce the risk of re-injury. Employers, in short, understand that to remain competitive they must control the playing field. This is accomplished, in

workers were seen by the physician after the injury had an important effect on the claim.

Injured workers treated within the first 24 hours were more likely to be out of work a week or less, more satisfied with their medical care, physician, and employer, and less likely to contact a lawyer.

The effectiveness of early intervention of therapy has also been demonstrated in the treatment of workplace injuries. In a 2000 Concentra study, "Effectiveness of Early Physical Therapy in the Treatment of Acute Low Back Musculoskeletal Disorders," a study of more than 3,800 patients with acute low back musculoskeletal disorders, the early therapy intervention group had the first therapy session either on the same day of injury or the following day.

The first comparison group had its first therapy session within two to seven days after the date of injury. The second comparison group did not receive therapy until after the seventh day of injury.

Significant differences were found between the early intervention group and the two comparison groups including fewer physician visits, decreased lost time days, and an earlier return to work.

Another 2000 study of almost 700 patients, "Effectiveness of Occupa-

tional Medicine Center-Based Physical Therapy," by the *Journal of Occupational & Environmental Medicine*, showed a 45 percent decrease in the mean number of therapy visits as compared to a national benchmark. The authors identified therapy initiated very soon—usually the same day as an injury—as an important contribution to improved outcomes.

• **Principle 3:** Expectation of recovery. Along with the benefits of early intervention is an opportunity to set an expectation of recovery.

Regardless of the location—athletic field or workplace—the uncertainty of a full return to function following an injury is always present. The most effective opportunity to set an expectation of recovery and return to work is during the first physician-therapist visit.

• **Principle 4:** Function-oriented treatment. In sports medicine, we do not rehab the quarterback in the same manner as the defensive lineman. Each has specific functions which must be addressed in the rehabilitation process. Similarly, the injured worker has essential functions that define job requirements.

Too often in the case of the injured worker, decisions concerning modified duty and return to work are based on subjective improvement of symptoms, and not the focus of function. The

sports medicine model defines the rehabilitation steps in functional terms, which are related to the employee's essential job functions.

Critics of the sports medicine model argue that injured workers are not as motivated to return to activity as the highly paid athlete, nor are they as motivated to be as physically active as the athlete. What is missed in this argument is that regardless of motivation or activity levels, the inflammatory response of an injury would be similar whether it occurred on the playing field or the work site.

The acute treatment in a sports medicine model provides two main goals—to protect against further injury, and to promote repair to the damage already present. These goals would certainly be applicable to both the injured worker and the injured athlete.

Combining the four principles of the sports medicine approach with the expertise of occupational medicine providers offers significant benefits. Based on their functional abilities, injured workers return to activity sooner and with less risk of re-injury. Employers and payers also experience lower costs per claim.

The end result is high-quality, cost-effective health care services for our working population. •

*Gary Zigenfus is  
National Physical  
Therapy Director for  
Concentra in Dallas.*

