Orthopedic & Spine Therapy strongly believes in and supports the views of Susan Isernhagen PT, a well renowned therapist in the area of Industrial Medicine and Disability. DSI is a tool developed by the Isernhagen’s to validate workers jobs and the physical demands of them. Our OST therapists are trained in the DSI system to help better serve the employers and employees we work with.

The First Minute: The Importance of Early and Proper Intervention by Susan J. Isernhagen, PT

The old saying “It isn’t what you do, but when you do it” is only partially right. In the case of defusing potential problems in work injury cases, the issue is not only when you say it, but what you say.

The first minute in a work injury case is the most important. This is not only the first minute of injury for the employee, but also the first minute of intervention for everyone with whom he/she comes in contact. Attitudes are set at the beginning. Medical intervention is best when it is done early. These quality-care principals are often forgotten in sluggish management of work injury cases.

What will happen if we don’t do a good job in the first minute? There will later come a time in the injured worker’s case when the doctor “takes a minute” to make a determination that will infer to the worker that he is disabled. In that minute the case will fall through. Another minute will happen when the worker sits at home wondering why their body hurts and why nobody cares. In that minute, attitude is set. The worker suddenly realizes goals have changed.

Early intervention is becoming critically important in our management of cases. Knowing this, however, and being effective in that first minute are two different things. The following ideas are synthesized from interviews with physicians, injured workers, therapists and last-line rehabilitation councilors who are dealing with potential disability cases.

THE LONG TERM PROBLEM
Statistics might differ somewhat, but the point is repeatedly made that the largest number of lost dollars in the worker’s compensation system is a result of a very low percentage of injured worker cases. We all know the chronic case with the human and financial wreckage it causes. We see a body moving slowly, usually with trappings of pain and/or pain behavior. We hear stories of inability to function and feelings of helplessness. We hear anger and frustrations from the employer. Those of us managing cases are caught up in the negativity of mismanaged, chronic injured cases.

We will never be able to avoid chronic problems in all injured workers. However, a simple retrospective discussion of factors that lead toward that disability reveals that there was much we can do early in the case to prevent the problem.
The worker will progress un

There is a pitfall of staying on modified duty too long. However, this can be avoided if there is a plan for how work. A structured, layered early return to work program should be designed and implemented.

The FIRST MINUTE – FOR THE WORKER

When an employee is injured on the job, or finally reports a cumulative injury, there is an acknowledgement that all is not well with the body. Reporting injury and going through the process of being “documented” is not easy. There is paper work to fill out, the embarrassment of revealing that you may have and injury, and the potential of running into negative attitudes in your work injury case. The first minute for the employee is one of decision. She has decided that to protect herself, she must report that an injury may have happened on the job. Any discounting of that decision by anyone along the line will only make the worker feel paranoid, un appreciated and most likely, defensive. Therefore, an employee who reports an injury must be taken seriously, at face value, and treated in a manner that reinforces the importance of her reporting. It must also not devalue her worth as a valued employee.

The FIRST MUNUTE FOR THE SUPERVISOR

The supervisor will receive the first report of injury. Most likely the factors that surround the reporting have been set in place months or years ago. Some companies have educated their employees in the procedures, in their rights and in the secure feeling that they will receive all needed attention in the case of an injury. Other companies have made little provision for positive first-line management of injuries. In those cases, it is the supervisors who suffer in the first minutes as well as the employee.

To ensure positive management of the case, the supervisor will not only receive the initial report but will support the employee through the entire process. Physically escorting the worker to medical care and waiting for the results shows interest and a strong relationship between employee and employer. This also reinforces to the medical professional the need for answers to safe work outcome. The supervisor then can take follow-up measures to assist in further care or to implement return to work as the medical practitioner decides.

Benevolent monitoring of the case after the first minute enhances the continuance of a safe productive employee who doesn’t lose the important link with his workplace.

THE FIRST MINUTE – FOR THE OCCUPATIONAL MEDICAL PROFESSIONAL (MD, pt, OHN, OT)

The attitude implied in the first words spoken to the injured employee is critical for the formation of a return to work philosophy on the patient’s part. The injured worker deserves and is entitled to immediate professional attention for the problem. No matter what has gone on before, the work injuries should be dealt with as an injury. It should not be dealt with as an attitude problem, or an inconvenience on the medical practitioner’s part. Therefore, the caring reception of the reporting injured worker is critical in its necessity for a positive approach.

In acknowledging the injury and beginning to diagnose, evaluate or treat, the worker’s attitude is immediately formed regarding outcome. For example, if the medical practitioner approaches the injured worker with “Oh you’re hurt; let us see if we can fix your pain, “this may lead to a constant reference to pain on the part of the injured worker. Rather than concentrating on pain or the desire for a pain-free existence, the medical practitioner will be well advised to turn attention to function, rather than pain.

Pain and function are not the same. We may be able to tolerate discomfort and yet be completely functional. If our verbal message emphasis is on function and healing rather than pain, our entire rehabilitation process will take on a different outlook.

With the philosophical attitude toward function, safe return to work should be the goal. In preparing the worker for further diagnosis or treatment, the medical practitioner may state that “Our purpose is to relieve your discomfort and increase your function to the point that you are able to work as safely as possible.” This may mean an immediate return to the jobsite with the injured part protected from further injury. It may also mean that the worker will undergo a restorative type of treatment which will temporarily take him off work, but whose ultimate goal is to return to work as soon as possible.

A logical necessity for the medical practitioner’s approach is the establishment of modified duty programs. If we are dedicated to the thought of early return to work, then we must provide a safe working environment and safe work for the injured worker. In many cases, this means modified work. Management in industry must see the importance of this modified duty and provide medical professionals and option for returning workers to work. A structured, layered early return to work program should be designed and implemented.

There is a pitfall of staying on modified duty too long. However, this can be avoided if there is a plan for how the worker will progress until full duty is achieved. That intent should also be stated in the first minute.
THE FIRST MINUTE ON PAPER
The first minute doesn’t count if it is not documented. Another old adage that “if it isn’t written, it didn’t happen” certainly holds true in work’s compensation cases. Therefore, all of the early intervention, philosophies and methods to deal with the injured worker must be documented not only to the employer, but to the injured worker herself. There should never be any question that the case is important, and that it will be followed through in writing as well as verbally. This gives the worker the impression of dedication to the process. It also helps to avoid confusion in case management later. In addition, the necessity of writing the plan makes the professional more aware than indeed a plan is necessary. First minute philosophies sound as good on paper as they do verbally.

THE SECOND, THIRD AND FOURTH MINUTE

Early intervention is effective if the following concepts weave through the process:
1. The medical professional will continually to reinforce that safe function is a goal.
2. To provide a method to improve function, exercise will be the greatest part of the treatment and pain relief will only be a means to an end, rather than the end in itself.
3. The worker will be treated as a whole person, not as as injured part.
4. Resting of the whole body will be avoided. Resting of the injured part will be encouraged until graduated activity can resume.
5. Palliative treatments, such as relaxant medication, heat, message or manipulated should be given only in sparse amounts and only at the beginning in order to increase function. They should be for functional restoration only and cease as the rehabilitation process continues.
6. Exercise, both musculoskeletal and aerobic will lay a good base for early and successful return to work.
7. To assist the worker in self-responsibility, a home program will be designed to reinforce the progress of functional approach.
8. As soon as the injured worker can be released to work, the medical professional will write a discharge summary in “return to work” terms. In other words, medical jargon will not be used that does not directly state what the person can and cannot do on the job. For example, lifting capacity is a more functional factor than spine range of motion.
9. Education as to further injury prevention is critical. Not only must the worker know when to stop to ensure healing and take self-responsibility, but should also understand how the accident or cumulative trauma happened to prevent it in the future.
10. Follow-up on medical care will focus on functional improvement. The client will learn to handle discomfort with appropriate measures and realize that, function is a more important focus than discomfort.
11. The functional discharge of the medical professional will be completed at the worksite when possible.
12. If modified duty is chosen, case management will continue until the highest level of work function for the worker is restored.

CONSEQUENCES OF THE FIRST MINUTE
To summarize, the first minute is critical in a work injury case. For the worker and for everyone that intervenes. The attitude is set with the first report. In addition, the direction of treatment can be established in the first interaction.

It is for the benefit of worker, employer and medical professional that the early direction leads toward early, safe return to work. The path toward disability can be by passed.


Susan Isernhagen, PT, is a developer and practitioner in the fields of work injury management and prevention. She specializes in occupational health and created many of its fundamental programs. She developed the first functional capacity assessment, functional job description, functional post offer screen and early return to work processes. Current DSI programs are the Job Function Matching Programs® which is early job specific testing for reducing lost and restricted days.

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