"Is Return to Work Good Medicine?"
Knowledge Test Correct Answers

Self-Evaluation Question 1

After 6 months of being away from work, the estimated rate of successful return to any work for injured workers is:

1. 90%
2. 75%
3. 50% ✔

Self-Evaluation Question 2

What is the most common diagnosis for work-related soft tissue injuries:

1. Tendinitis
2. Low back strain ✔
3. Carpal tunnel syndrome

Self-Evaluation Question 3

Which of the following statements illustrates the principle of disability management:

1. A collaborative approach of returning workers to work in order to rehabilitate them. ✔
2. A collaborative approach of rehabilitating workers and then returning them to work.

Self-Evaluation Question 4

What percentage of injured workers who develop long-term work-related disability will never return to work:

1. 10% ✔
2. 15%
3. 20%

Self Evaluation Question 5

When faced with a patient with a complex and contentious WCB claim the physician should usually:

1. Intercede with the WCB on behalf of the worker.
2. Discuss the diagnosis, treatment and expectations for recovery with the worker. ✔
3. Make an appropriate specialist referral as soon as possible.

Self Evaluation Question 6

Choose the **INCORRECT** answer among the following 3 statements:

1. Physician should identify patients' fears and provide brief education to help them.
2. Physicians should consider the risks for the patients of both returning to work and not returning to work.
3. Physicians should avoid contacting employers about return to work planning. ✔

Self Evaluation Question 7

Which of the following personal or social factors are associated with an increased risk of long-term work-related disability:

1. A higher level of education.
2. Younger and more inexperienced workers.
3. Lack of personal health and fitness. ✔

Self Evaluation Question 8

Which of the following work-related factors are **NOT** associated with an increased risk of work-related disability:

1. Shift work.
2. A unionized workplace. ✔
3. Frequent forceful and repetitive work activities.

Self Evaluation Question 9

Regarding planning for return to work which of the following statements is accurate:

1. Workers typically will show a good understanding of their return to work options.
2. Generally, employers have little interest in enabling return to work at modified duties.
3. Workers often can safely work at modified duties while medical assessment, investigations and treatment are being carried out. ✔

Self Evaluation Question 10

When estimating the likely date of maximal medical recovery for an injured worker the physician should **AVOID** considering:

1. An estimation based on his/her experience with WCB claimants.
2. That this is not an appropriate question early on in the recovery process. ✔
3. Using anticipated recovery guidelines available in the medical literature or his/her own general experience with the condition.

Self Evaluation Question 11

During the initial assessment of an injured worker, attending physician should consider the following, **EXCEPT**:

1. Always consider return to work as part of the clinical management.
2. Assess the availability of a return to work program on initial assessment.
3. Identify functional limitations and wait for the medical test results in order to make a return-to-work plan. ✔

Self Evaluation Question 12

Research on back pain has shown that the percentage of people who will have recovered from the acute phase of pain by the end of thirty days no matter what kind of intervention is undertaken is:

1. 50-55%
2. 60-70%
3. 80-90% ✔

Self Evaluation Question 13

Which of the following is **NOT** a useful source of information about return to work and usual duration of disability:

1. The Merck Manual. ✔
2. The Presley Reed tables.
3. The WCB Nurse or Medical Advisor in your area.

Self Evaluation Question 14

Which of the following is **NOT** a type of WCB sponsored rehabilitation program:

1. Occupational Rehabilitation Programs.
2. Work Conditioning Programs.
3. The Visiting Specialist Clinic. ✔

Self Evaluation Question 15

There is a fee item that compensates physicians for discussion and return to work planning with WCB officers.

1. True ✔
2. False

Acknowledgement

Dr. Jim Atkins	Content Expert
Ms. Shelley Myatovic	Content Expert
Dr. Harry Karlinsky	Principal Investigator
Dr. Celina Dunn	Co-Investigator
Ms. Jill Musser	Co-Investigator
Ms. Yassaman Bayani	Research Coordinator
Mr. Scott Dickson	
Mr. Peter Fenrich	
Mr. Khalid Hawe	
Mr. Jonathan Peyton	
Ms. Marina Reid	

Alphabetical References for the topic "Is Return to Work Good Medicine"

1. Atcheson SG; Brunner RL; Greenwald EJ; Rivera VG; Cox JC; Bigos SJ. Paying doctors more: use of musculoskeletal specialists and increased physician pay to decrease workers' compensation costs. J Occup Environ Med 2001; 43(8): 672-9.
2. Beals RK. Compensation and recovery from injury. West J Med 1984; 140: 233-37.
3. Bigos SJ; Battie MC; Spengler DM; Fisher LD; Fodyce WE; Hansson TH; Nachemson AL; Wortley MD. A prospective study of work perceptions and psychosocial factors affecting the report of back injury. Spine 1991; 16(1): 1-6.
4. Burton AK; Waddell G; Tillotson KM; Summerton N. Information and advice to patients with back pain can have a positive effect. A randomized controlled trial of a novel educational booklet in primary care. Spine 1999; 24: 2484.
5. Catchlove R; Cohen K. Effects of a directive return to work approach in the treatment of workman's compensation patients with chronic pain. Pain 1982; 14(2): 181-91.
6. Cheadle A; Franklin G; Wolfhagen C; Savarino J; Liu PY; Salley C; Weaver M. Factors influencing the duration of work-related disability: a population-based study of Washington State workers' compensation. Am J Public Health 1994; 84(2): 190-6.
7. Corbet K. The principles and practice of return to work assessments. The Canadian Journal of CME 2000; Sept: 197-207.
8. Dasinger LK; Krause N; Thompson PJ; Brand RJ; Rudolph L. Doctor proactive communication, return-to-work recommendation, and duration of disability after a workers' compensation low back injury. J Occup Environ Med 2001; 43(6): 515-25. Also available at: http//home.mdconsult.com. Accessed May 15, 2002.
9. Dembe AE. The social consequences of occupational injuries and illnesses. Am J Ind Med 2001; 40(4): 403-17.

10. Dersh J; Gatchel RJ; Polatin P; Mayer T. Prevalence of psychiatric disorders in patients with chronic work-related musculoskeletal pain disability. J Occup Environ Med 2002; 44(5): 459-68. Also available at: http://home.mdconsult.com. Accessed May 16, 2002.
11. Deyo RA. The role of the primary care physician in reducing work absenteeism and costs due to back pain. Occup Med 1988; 3(1): 17-30.
12. Feuerstein M; Berkowitz SM; Huang GD. Predictors of occupational low back disability: implications for secondary prevention. J Occup Environ Med 1999; 41(12): 1024-31.
13. Florence DW. Diary of a work-related disability. Legal aspects of medical practice August 1979.
14. Frank JW. Disability resulting from occupational low back pain. Part I: What do we know about primary prevention? A review of the scientific evidence on prevention before disability begins. Spine 1996; 21: 2908-17.
15. Frank JW. Disability resulting from occupational low back pain. Part II: What do we know about secondary prevention? A review of the scientific evidence on prevention after disability begins. Spine 1996; 21: 2918-29.
16. Hsieh CJ; Adams AH; Tobis J; Hong C; Danielson C; Platt K; Hoehler F; Reinsch S; Rubel A. Effectiveness of four conservative treatments for subacute low back pain; a randomized clinical trial. Spine 2002; 27: 1142-48.
17. Indahl A; Haldorsen EH; Holm S; Reikeras O; Ursin H. Five-year follow-up study of a controlled clinical trial using light mobilization and an informative approach to low back pain. Spine 1998; 23: 2625-30.
18. Leigh JP; Cone JE; Harrison R. Costs of occupational injuries and illnesses in California. Prev Med 2001; 32(5): 393-406.
19. Leigh JP; Markowitz SB; Fahs M; Shin C; Landrigan PJ. Occupational injury and illness in the United States. Estimates of costs, morbidity, and mortality. Arch Interm Med 1997; 157(14): 1557-68.
20. Linz DH; Ford LF; Nightingale MJ; Shannon PL; David JS; Bradford CO; Shepherd CD. Care management of work injuries: results of a 1-year pilot outcome assurance program. J Occup Environ Med 2001; 43(11): 959-68. Also available at http://home.mdconsult.com. Accessed: December 17, 2001.
21. MacKenzie EJ; Morris JA Jr; Jurkovich GJ; Yasui Y; Cushing BM; Burgess AR; DeLateur BJ; McAndrew MP; Swiontkowski MF. Am J Public Health 1998; 88(11): 1630-7.
22. Magnusson ML; Pope MH; Wilder DG; Szpalski M; Spratt K. Is there a rational basis for post-surgical lifting restrictions? 1. Current understanding. Eur Spine J 1999; 8(3): 170-8.
23. Mahmud MA; Webster BS; Courtney TK; Matz S; Tacci JA; Christiani DC. Clinical management and the duration of disability for work-related low back pain. J Occup Environ Med 2000; 42(12): 1178-87.
24. McGrail MP Jr; Lohman W; Gorman R. Disability prevention principles in the primary care office. The American Academy of Family Physicians 2001. Available at http//www.aafp.org. Accessed February 6, 2002.
25. Reed P. Rotator cuff repair. In: The medical disability advisor. Workplace guidelines for disability duration. Boulder, Co; Reed Group Ltd. 2001: 1848-9.
26. Rozenberg S; Delval C; Rezvani Y; Olivier-Apicella N; Kuntz J; Legrand E; Valat J; Blotman F; Meadeb J; Rolland D; Hary S; Duplan B; Feldmann J; Bourgeois P. Bed rest or normal activity for patients with acute low back pain; a randomized controlled trial. Spine 2002; 27: 1487-93.
27. Workers' Compensation Board of British Columbia. Annual Report 2001. Richmond, B.C.: Workers' Compensation Board; 2002.