MANAGING WORKER EXPECTATIONS OF THE RETURN-TO-WORK TIMELINE

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESLIE CADET, MD, MPH
drlesliecadet@gmail.com

I have no financial disclosures or conflicts of interest.

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

Learning Objectives

1. Identify the recognized time course for most work-related injuries.
2. Recognize the barriers to recovery during the clinical encounter.
3. Implement communication techniques for sharing expectations of recovery & the return-to-work timeline with workers (W).

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

THE PROBLEM

Unrealistic patient expectations

1. Return to work only when 100% healed & pain free
2. Stories of indefinite paid leave

Confusing WC system

DR LESLIE Cadet
OCCUPATIONAL MEDICINE

THE CONSEQUENCES

- ✓ Prolonged return-to-work time
- ✓ Significant increases in absenteeism
- ✓ Worsened clinical outcomes due to inactivity
- ✓ Increased instances of iatrogenic & system-induced disability
- ✓ Increased healthcare costs
- ✓ Loss of the W's social relationships/ identity component/self-respect

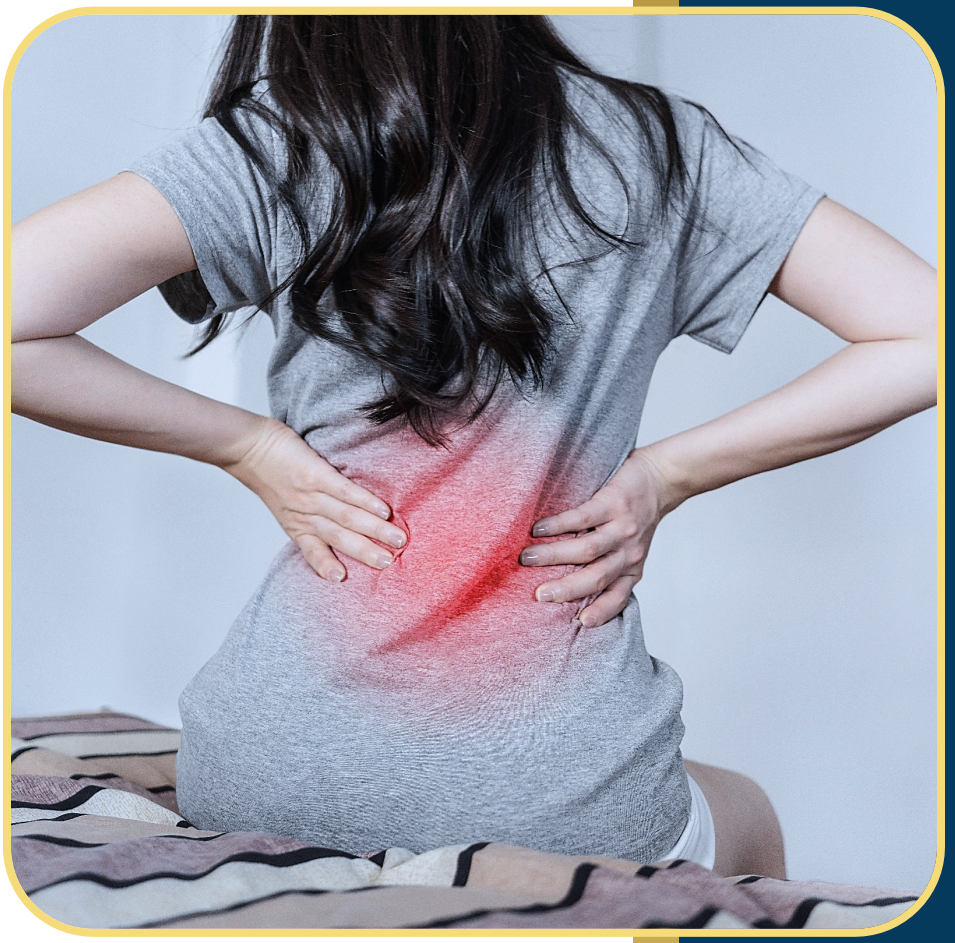
DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

OPPORTUNITY

1. Improve W outcomes & productivity
2. Decrease healthcare costs
3. Enhance client satisfaction
4. Gain a reputation for being a value-based provider

DR LESLIE Cadet
OCCUPATIONAL MEDICINE

CASE EXAMPLE



23 y.o. female, Lab Animal Technician Assistant, presents with low back pain.

States her symptoms were caused by:

- ✓ Repetitive bending/lifting while cleaning animal cages
- ✓ Increased workload

DR LESLIE Cadet
OCCUPATIONAL MEDICINE

CASE EXAMPLE

BP 122/77 | **Pulse** 55 | **Temp** 97.5 °F (36.4 °C) | **Ht** 1.651 m (5' 5") | **Wt** 97.5 kg (215 lb) | **BMI** 35.78 kg/m²

MSK (SPINE)

INSPECTION: No malalignment/ asymmetry/ deformity/ defect/ contracture. Normal curvature preserved

PALPATION: Thoracic/Lumbar/Sacral-spine non-TTP. SI joints/ sciatic notches non-TTP. Bilateral paraspinal muscle tenderness. No trigger points identified

ROM: FAROM. Pain with movement in all directions. Questionable effort.

STRENGTH/ TONE: 5/5 major LE muscle groups. No atrophy, spasticity. No abnormal movements

TESTS: Modified SLR (-)

NEURO: 2+ patellar & Achilles reflexes. Heel/ toe walking intact

DR LESLIE Cadet
OCCUPATIONAL MEDICINE

CASE EXAMPLE

Diagnosis

Treatment Plan

Set expectations for the return-to-work timeline

DR LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #1

Bedside manner is key

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #1: BEDSIDE MANNER IS KEY

54 y.o. female, Diet Aide, presents with foot pain of sudden onset in early Nov, worsening & nearly-constant since Dec.

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #1:
BEDSIDE MANNER IS KEY

Initial provider:

- ✓ X-rays
- ✓ NSAIDs
- ✓ PT
- ✓ Work restrictions
- ✓ Dx: foot strain
- ✓ No time off

DR LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #1:
BEDSIDE MANNER IS KEY

W requests a care transfer to another provider.

Frieberg's disease

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #1: BEDSIDE MANNER IS KEY

Provider 1	Provider 2
Unclear explanation of the pathophysiology	Clear explanation of the pathophysiology
Forceful delivery	Empathic delivery
W was described as argumentative	W was described as amiable

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #1: BEDSIDE MANNER IS KEY

Strategies for improving bedside manner

- ✓ Touch the patient
- ✓ Listen proactively
- ✓ Ask for feedback
- ✓ Address burnout
- ✓ Address self-care

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #2

Set expectations early & often

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #2:
SET EXPECTATIONS EARLY & OFTEN

- ✓ 43 y.o. female, RN, presents with new LBP, describes symptoms of radiculopathy in the RLE after helping a patient put on undergarments (DOI 9/1/19).
- ✓ CT scan ordered by the ED showed degenerative disc disease at L4-5.
- ✓ Conservative care initiated.

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

2019 CT

LESSON #2:

SET EXPECTATIONS EARLY & OFTEN

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #2: SET EXPECTATIONS EARLY & OFTEN

MSK (SPINE)

Inspection: No deformity/ malalignment/ asymmetry/ contracture. Normal curvature preserved

Palpation: Moderate tenderness to palpation to right paraspinal muscle & right SI Joint

ROM: Full AROM with moderate pain

Special tests: SLR (-) Faber (-)

Gait: Antalgic

NEURO

Strength: 5/5 strength in left lower extremity; 5/5 strength in right lower extremity

DTRs: 2+ patellar & Achilles

Sensation: Intact tactile sensation in lower extremities bilaterally, no radicular numbness in RLE

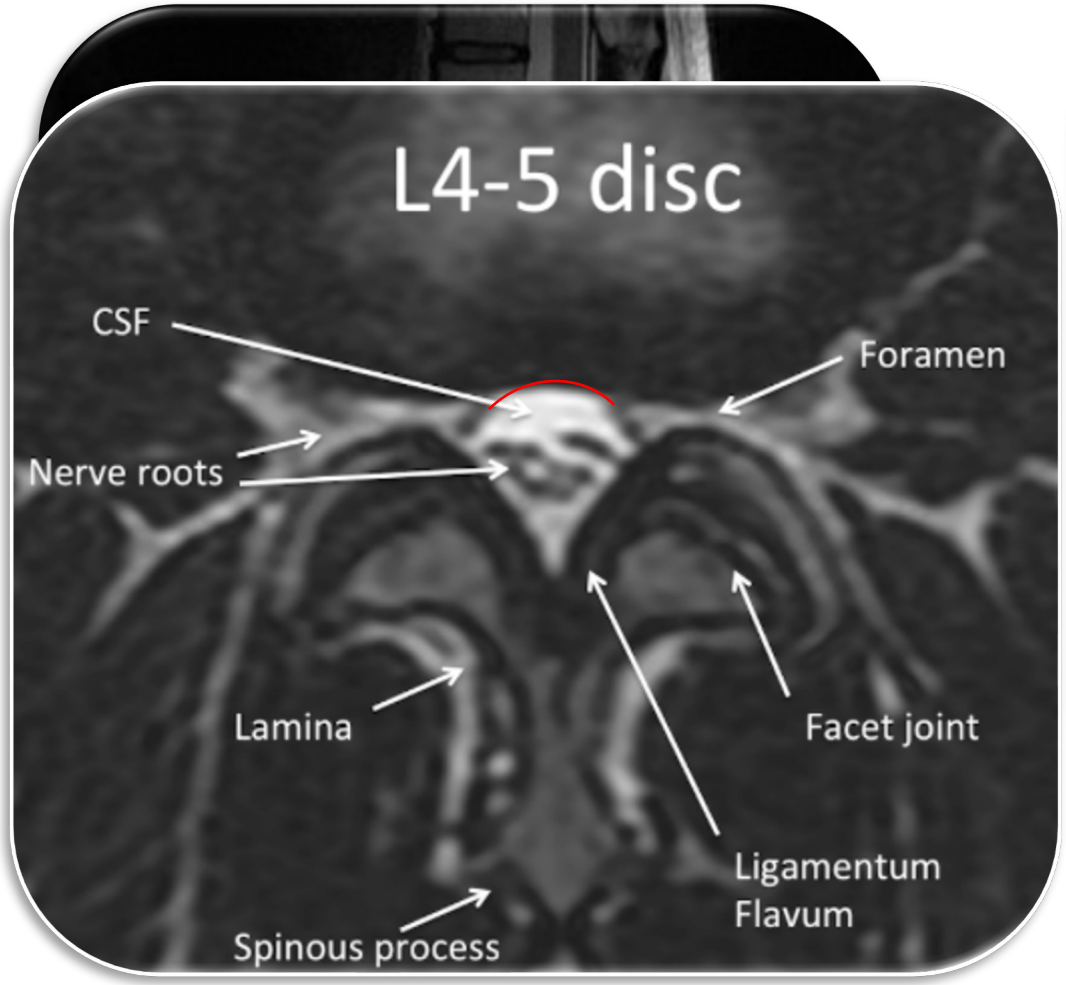
BP 142/65 | **Pulse** 80 | **Temp** 98.0 °F (36.6 °C) | **Ht** 1.575 m (5’ 2") | **Wt** 69.4 kg (153 lb) | **BMI** **25.5** kg/m²

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #2: SET EXPECTATIONS EARLY & OFTEN

During this time, it was noted that W had a previous Workers' Compensation claim in 2014 for low back pain secondary to repetitive reaching, twisting, & bending while caring for a patient.

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE



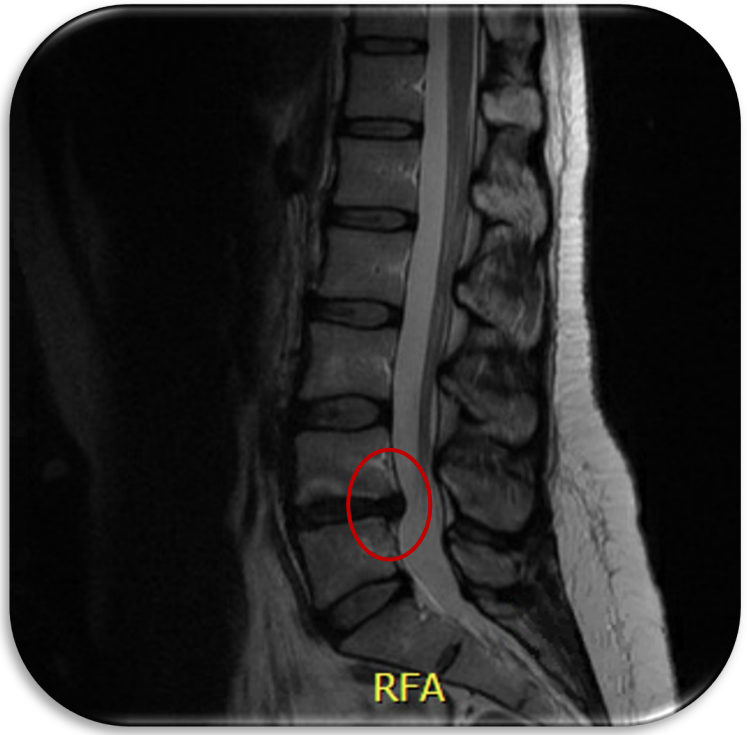
2014 MRI

DR LESLIE Cadet
OCCUPATIONAL MEDICINE

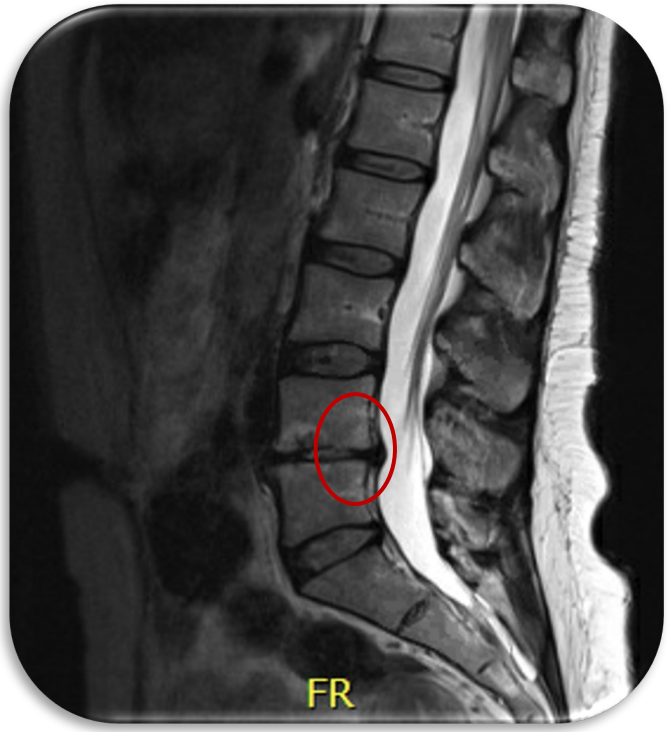
LESSON #2: SET EXPECTATIONS EARLY & OFTEN

- ✓ EMG within normal limits
- ✓ Referred to neurosurgery

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE



2014



2019

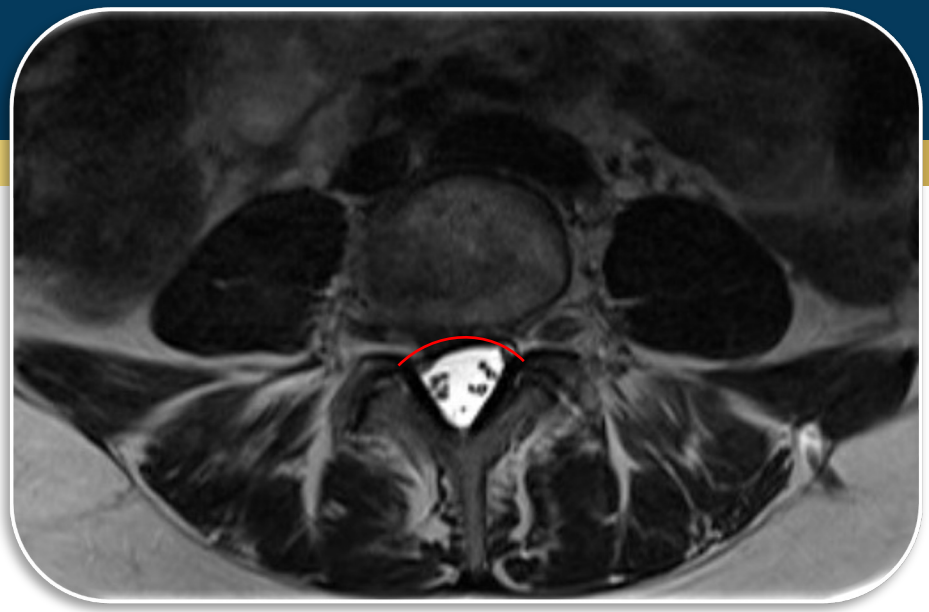
Practically no change

LESSON #2:

SET EXPECTATIONS EARLY & OFTEN

DR LESLIE Cadet
OCCUPATIONAL MEDICINE

2014



2019

Practically no change

DR LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #2: SET EXPECTATIONS EARLY & OFTEN

- ✓ Neurosurgery
  - ➢ Referred to physical therapy spine team
  - ➢ Referred to pain management
- ✓ W continued to resist advances to return to full duty

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #2:

SET EXPECTATIONS EARLY & OFTEN

- ✓ At her 5 month follow up, W reported that she went to visit her family overseas.
- ✓ She was able to secure employment as a Diabetes Educator.
- ✓ Work restrictions were removed.

WHAT WENT WRONG?

- ✓ Expectations were not set
- ✓ W was allowed to drive care
- ✓ No situational awareness of her previous WC case

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #2:

SET EXPECTATIONS EARLY & OFTEN

IMAGE SOURCE: *https://fiercehealthcare.com*

LESSON #2:

SET EXPECTATIONS EARLY & OFTEN

How to establish the RTW timeline

- ✓ Experience
- ✓ ACOEM Guidelines
- ✓ MD Guidelines
- ✓ ODG
- ✓ Peer-to-peer consults
- ✓ Literature search

Diagnostic Category or Medical Condition*	Number of Cases		Disability Duration (Days)			Total Medical Expenditures ($) per Case			Out-of-Pocket Expenditures (%) of Total
	N	%†	25th %ile	50th %ile	75th %ile	25th %ile	50th %ile	75th %ile	50th %ile
Musculoskeletal	**184,254**	**23%**	**28**	**54**	**93**	**2,096**	**7,199**	**20,956**	**11**
Back problems	72,698	9%	26	51	96	1,334	5,062	20,362	12
Connective tissue disorders	40,892	5%	27	51	93	1,896	6,098	12,869	12
Osteoarthritis	20,507	3%	46	73	104	12,756	33,049	48,805	5
Non-traumatic joint disorders	16,322	2%	25	47	88	1,470	5,381	14,844	11
Traumatic joint dislocations	13,041	2%	28	48	82	4,594	8,084	14,601	11
Injury	**131,598**	**17%**	**23**	**44**	**80**	**1,046**	**4,065**	**12,072**	**13**
Sprains and strains	43,354	5%	21	41	82	563	2,129	9,017	15
Traumatic joint disorders	18,995	2%	27	44	73	3,960	6,985	11,444	11
Lower limb fractures	16,385	2%	38	62	97	1,642	4,624	16,276	13
Upper limb fracture	13,453	2%	36	57	87	1,963	5,719	16,445	13
Mental	**99,483**	**13%**	**28**	**48**	**88**	**631**	**2,014**	**7,458**	**16**
Mood disorders	55,774	7%	30	54	92	715	2,162	7,476	16
Anxiety disorders	25,955	3%	24	41	79	416	1,124	3,454	18
Digestive	**79,707**	**10%**	**17**	**28**	**45**	**5,202**	**10,611**	**20,444**	**9**
Abdominal hernia	22,315	3%	23	34	49	5,308	8,422	14,014	10
Biliary tract disease	18,338	2%	16	23	35	8,824	13,228	20,543	9
Respiratory	**57,676**	**7%**	**12**	**19**	**32**	**531**	**2,028**	**8,686**	**16**
Upper respiratory infections	12,851	2%	10	16	28	319	874	4,765	18
Neoplasm	**46,768**	**6%**	**28**	**47**	**84**	**11,135**	**22,537**	**53,415**	**5**
Uterine Fibroid	11,355	1%	33	44	55	10,495	15,172	21,898	9
Breast cancer	6,904	1%	29	55	124	17,477	37,032	75,520	3
Circulatory	**45,829**	**6%**	**21**	**38**	**76**	**7,026**	**22,094**	**52,964**	**6**
Coronary heart disease	7,429	1%	23	44	83	18,181	40,172	75,579	3
Essential hypertension	5,100	1%	17	30	57	733	2,734	9,528	15
Acute myocardial infarction	4,191	1%	25	41	69	26,898	41,431	64,883	4
Acute cerebrovascular disease	3,523	<1%	37	75	168	15,958	32,309	76,272	6
Genitourinary	**44,290**	**6%**	**19**	**33**	**50**	**6,637**	**12,391**	**20,837**	**9**
Nervous	**43,126**	**5%**	**20**	**38**	**75**	**1,898**	**5,236**	**11,296**	**12**
Metabolic	**21,921**	**3%**	**20**	**30**	**48**	**5,309**	**18,338**	**31,661**	**8**
Infectious	**21,661**	**3%**	**15**	**27**	**53**	**1,017**	**5,997**	**19,379**	**12**
Skin	**14,597**	**2%**	**16**	**28**	**50**	**1,310**	**5,434**	**15,211**	**12**

*Medical condition groups defined using Agency for Health Research and Quality's Clinical Classification Software Groupings.[16]
†Diagnostic category percentages may not add to 100 because of rounding.

Zaidel et al, JOEM 2018

LESSON #2: SET EXPECTATIONS EARLY & OFTEN

Reveal the treatment plan in stages

1. At every visit
2. Based on the W's presentation

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #2: SET EXPECTATIONS EARLY & OFTEN

X-Ray

Per ACOEM guidelines, “Lumbar spine x-rays are not recommended in patients with LBP in the absence of red flags for serious spinal pathology within the first 4 to 6 weeks.”

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #2: SET EXPECTATIONS EARLY & OFTEN

MRI

Per ACOEM guidelines, “There is a poor correlation between LBP & degenerative findings on imaging studies, as well as between LBP & MRI findings of disc protrusion, nerve root displacement or compression, disc degeneration…”

“MRI is not recommended for evaluation of acute, subacute, or nearly all chronic LBP cases. MRI is indicated for discrete, potentially surgically treatable disorders such as radiculopathy, spondylolisthesis, & spinal stenosis.”

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #2:
SET EXPECTATIONS EARLY & OFTEN

W is a 39 y.o. female, ED RN, with viral syndrome s/p partially protected contact with a COVID-19 positive patient in December 2021. W subsequently developed COVID-19 with initial symptoms of sore throat, headache, cough, congestion, & chest tightness.

DR LESLIE Cadet
OCCUPATIONAL MEDICINE

IMAGE SOURCE: *https://aspen.edu*

LESSON #2:

SET EXPECTATIONS EARLY & OFTEN

How to establish the RTW timeline

Diagnostic Category or Medical Condition*	Number of Cases		Disability Duration (Days)			Total Medical Expenditures ($) per Case			Out-of-Pocket Expenditures (%) of Total
	N	%†	25th %ile	50th %ile	75th %ile	25th %ile	50th %ile	75th %ile	50th %ile
Musculoskeletal	**184,254**	**23%**	**28**	**54**	**93**	**2,096**	**7,199**	**20,956**	**11**
Back problems	72,698	9%	26	51	96	1,334	5,062	20,362	12
Connective tissue disorders	40,892	5%	27	51	93	1,896	6,098	12,869	12
Osteoarthritis	20,507	3%	46	73	104	12,756	33,049	48,805	5
Non-traumatic joint disorders	16,322	2%	25	47	88	1,470	5,381	14,844	11
Traumatic joint dislocations	13,041	2%	28	48	82	4,594	8,084	14,601	11
Injury	**131,598**	**17%**	**23**	**44**	**80**	**1,046**	**4,065**	**12,072**	**13**
Sprains and strains	43,354	5%	21	41	82	563	2,129	9,017	15
Traumatic joint disorders	18,995	2%	27	44	73	3,960	6,985	11,444	11
Lower limb fractures	16,385	2%	38	62	97	1,642	4,624	16,276	13
Upper limb fracture	13,453	2%	36	57	87	1,963	5,719	16,445	13
Mental	**99,483**	**13%**	**28**	**48**	**88**	**631**	**2,014**	**7,458**	**16**
Mood disorders	55,774	7%	30	54	92	715	2,162	7,476	16
Anxiety disorders	25,955	3%	24	41	79	416	1,124	3,454	18
Digestive	**79,707**	**10%**	**17**	**28**	**45**	**5,202**	**10,611**	**20,444**	**9**
Abdominal hernia	22,315	3%	23	34	49	5,308	8,422	14,014	10
Biliary tract disease	18,338	2%	16	23	35	8,824	13,228	20,543	9
Respiratory	**57,676**	**7%**	**12**	**19**	**32**	**531**	**2,028**	**8,686**	**16**
Upper respiratory infections	12,851	2%	10	16	28	319	874	4,765	18
Neoplasm	**46,768**	**6%**	**28**	**47**	**84**	**11,135**	**22,537**	**53,415**	**5**
Uterine Fibroid	11,355	1%	33	44	55	10,495	15,172	21,898	9
Breast cancer	6,904	1%	29	55	124	17,477	37,032	75,520	3
Circulatory	**45,829**	**6%**	**21**	**38**	**76**	**7,026**	**22,094**	**52,964**	**6**
Coronary heart disease	7,429	1%	23	44	83	18,181	40,172	75,579	3
Essential hypertension	5,100	1%	17	30	57	733	2,734	9,528	15
Acute myocardial infarction	4,191	1%	25	41	69	26,898	41,431	64,883	4
Acute cerebrovascular disease	3,523	<1%	37	75	168	15,958	32,309	76,272	6
Genitourinary	**44,290**	**6%**	**19**	**33**	**50**	**6,637**	**12,391**	**20,837**	**9**
Nervous	**43,126**	**5%**	**20**	**38**	**75**	**1,898**	**5,236**	**11,296**	**12**
Metabolic	**21,921**	**3%**	**20**	**30**	**48**	**5,309**	**18,338**	**31,661**	**8**
Infectious	**21,661**	**3%**	**15**	**27**	**53**	**1,017**	**5,997**	**19,379**	**12**
Skin	**14,597**	**2%**	**16**	**28**	**50**	**1,310**	**5,434**	**15,211**	**12**

*Medical condition groups defined using Agency for Health Research and Quality's Clinical Classification Software Groupings.[16]
†Diagnostic category percentages may not add to 100 because of rounding.

Zaidel et al, JOEM 2018

LESSON #2: SET EXPECTATIONS EARLY & OFTEN

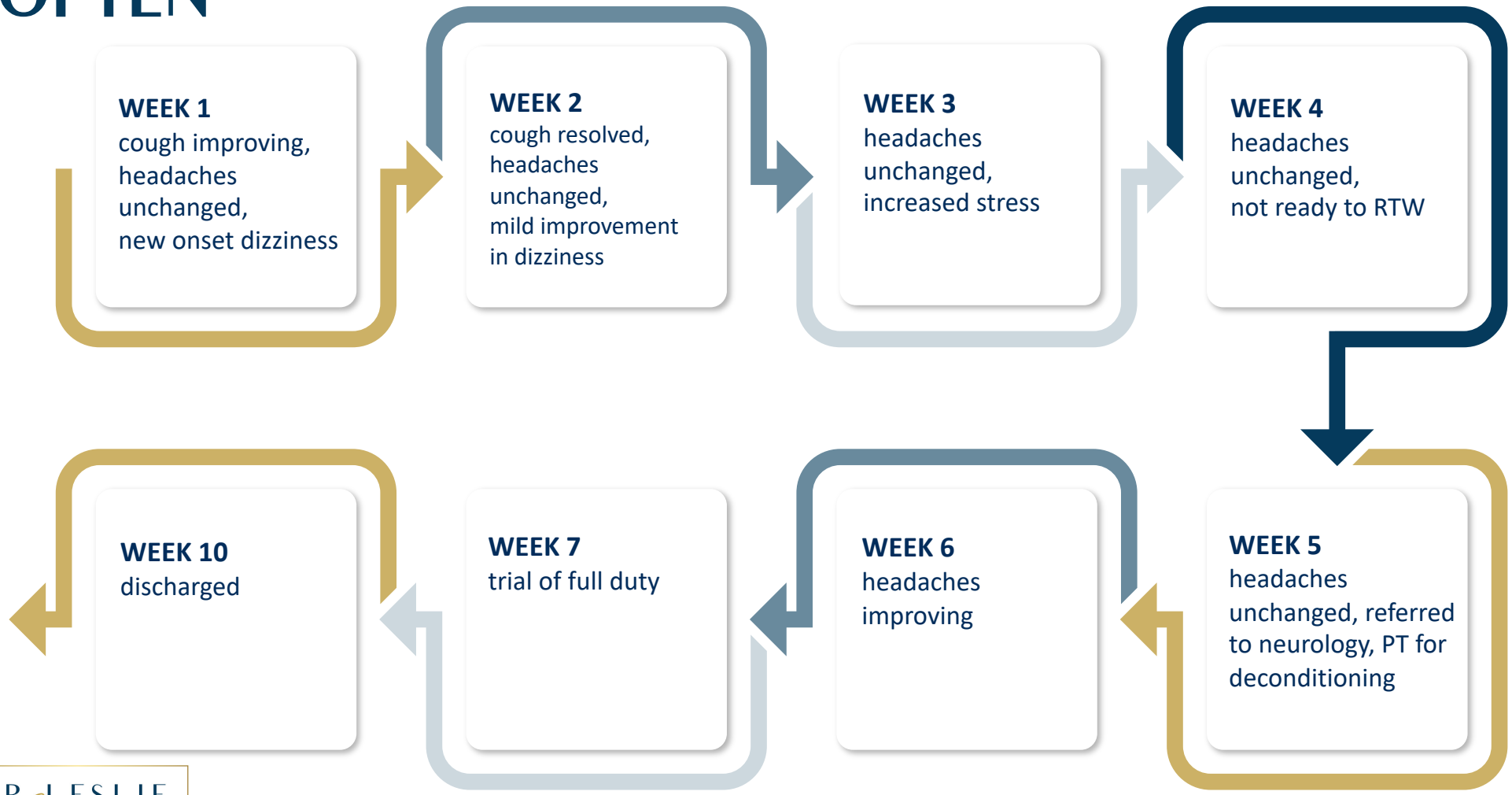
Co-morbidities

- ✓ Exercise-induced asthma
- ✓ Colitis
- ✓ Migraines

Initial timeline set for 2-4 weeks

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #2: SET EXPECTATIONS EARLY & OFTEN



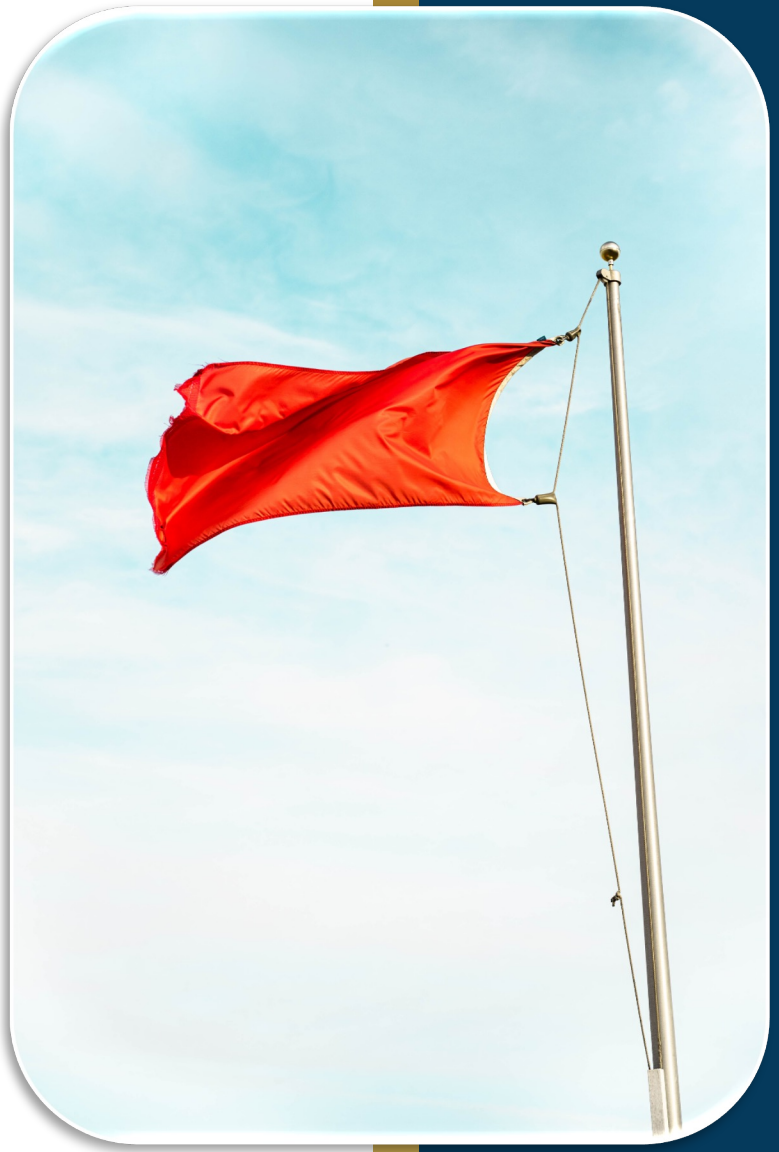
DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #2: SET EXPECTATIONS EARLY & OFTEN

Reasons for success

- ✓ Reinforced timeline & expectations at every visit
- ✓ Afforded some flexibility
- ✓ Addressed psychosocial concerns
- ✓ Realistic about ongoing, mild symptoms

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE



LESSON #3

Look for red flags and troubleshoot

DR LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #3:

LOOK FOR RED FLAGS & TROUBLESHOOT ACCORDINGLY

- ✓ Power users of the healthcare system
- ✓ Discrepancy between reported mechanism of injury & symptoms
- ✓ Physical exam discordance
  - ➢ i.e “the t-shirt sign” (coined by Dr. Cadet; W with shoulder pain can remove t-shirt easily)

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

IMAGE SOURCE: *https://sciencenews.org*

LESSON #3: LOOK FOR RED FLAGS & TROUBLESHOOT ACCORDINGLY

Sometimes, red flags are apparent on intake

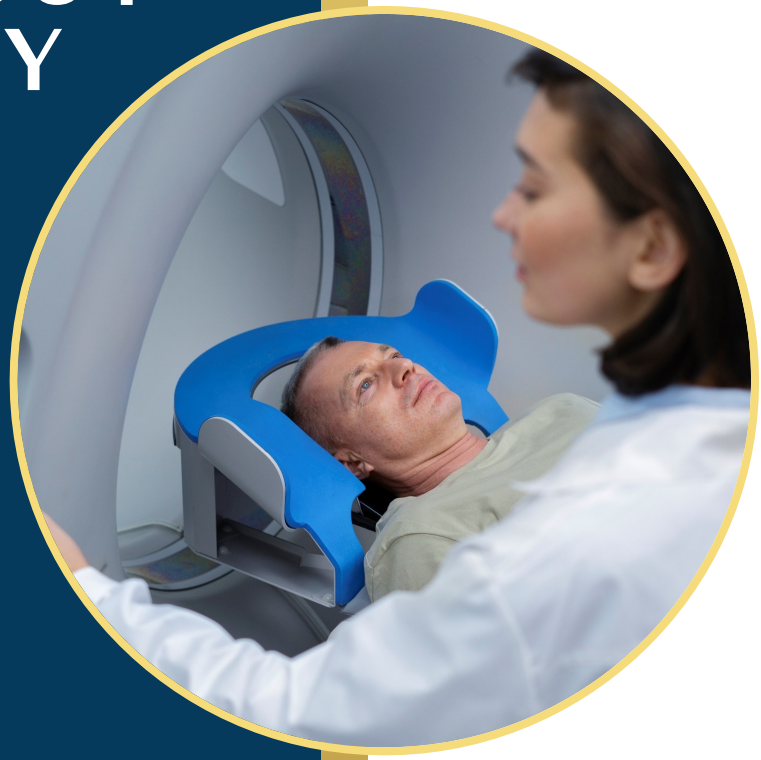
41 y.o male, Patient Transporter, presents with a chief complaint of cough after reported exposure to propane fumes.

- ✓ Mechanism & symptoms are malaligned

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #3:

LOOK FOR RED FLAGS & TROUBLESHOOT ACCORDINGLY



Sometimes, red flags become apparent during the process of care

70 y.o. male, Neonatologist, presents after tripping & falling over a metal bar located on the hospital floor, hitting his head.

- ✓ W changes the history
- ✓ W stacks additional body parts over time

LESSON #3: LOOK FOR RED FLAGS & TROUBLESHOOT ACCORDINGLY

Sometimes, red flags are worsened by other providers

34 y.o. female, Police Officer, presents with intermittent left-sided headaches, left-sided neck pain, & associated right-sided paresthesias after being hit in the head during defensive tactics training at work.

- ✓ Received multiple, normal imaging studies
- ✓ Evaluated by multiple neurologists who found no pathology
- ✓ Discharged to PCP
- ✓ Care re-evaluated/resumed by QME/Occ Doc

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

LESSON #3: LOOK FOR RED FLAGS & TROUBLESHOOT ACCORDINGLY

Sometimes, the timeline needs to be extended for valid reasons

Sometimes, the W wants to extend the timeline for invalid reasons

54 y.o. female, ICU RN, diagnosed with L trap strain after adjusting a cerebral palsy patient (full assist) in bed by herself.

- ✓ Disagrees with nurse-to-patient ratios

IMAGE SOURCE: *https://nursingtimes.net*

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

CONCLUSION

- ✓ Most injuries, particularly musculoskeletal injuries, have a defined time course for recovery.
- ✓ Managing W expectations is paramount to managing WC cases effectively.
- ✓ Mastering this skill decreases iatrogenic & system-induced disability and improves clinical outcomes.
- ✓ Delivery of expectations via excellent bedside manner and communication skills is paramount.
- ✓ Set expectations early & often.
- ✓ Look for red flags & troubleshoot accordingly.

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE

QUESTIONS

drlesliecadet@gmail.com

DR. LESLIE Cadet
OCCUPATIONAL MEDICINE