

RETAIN

Retaining Employment
and Talent After
Injury/Illness Network



For Your Insight: Research and Practice From the Field

April 1, 2020

Have a tip or resource to share? [Email us!](#)

This biweekly update highlights relevant research for RETAIN states and summarizes key takeaways that may benefit program implementation. Each summary includes a link to an article, resource, or formal abstract.

Motivational Interviewing Improves Sustainable Return to Work in Injured Workers After Rehabilitation: A Cluster Randomized Controlled Trial

Gross, Park, Rayani, Norris, and Esmail (2017) conducted a cluster randomized controlled trial to examine the effects of motivational interviewing (MI) on return-to-work (RTW) outcomes for 728 injured workers with musculoskeletal (MSK) conditions going through rehabilitation compared with standard rehabilitation care. The authors described the process of motivational interviewing as, "... a conversation about change to strengthen the client's motivation for change." and a way to "[reinforce] the client's motivation and commitment to change." Twelve rehabilitation clinicians were randomized to provide either MI plus standard care or standard care without MI. Standard care included working with physical, occupational, and exercise therapists during a 4-week to-6-week rehabilitation program, including coordinating modified or transitional RTW and referrals for other types of care. The primary outcomes of the study were the "...number of days receiving various forms of wage replacement benefits during the follow-up year and recurrence rates for these same benefits." The study's results suggest that unemployed injured workers who took part in MI "received more partial temporary disability benefits during the follow-up year..." indicating that they found new work more often. In addition, employed injured workers in the MI group "...were more likely to receive job search allowances, indicating ongoing disability but participation in job search programs." The authors concluded that "... [the] use of MI appears to lead to more sustainable RTW after rehabilitation and facilitates transition to modified work duties," compared with standard rehabilitation care alone.

Abstract available: [Gross, D. P., Park, J., Rayani, F., Norris, C. M., & Esmail, S. \(2017\). Motivational interviewing improves sustainable return to work in injured workers after rehabilitation: A cluster randomized controlled trial. *Archives of Physical Medicine and Rehabilitation*, 98\(12\), 2355–2363](#)

Tags: Return to work, musculoskeletal conditions, motivational interviewing

Integrated Case Management for Work-Related Upper-Extremity Disorders: Impact of Patient Satisfaction on Health and Work Status

Feuerstein, Huang, Ortiz, Shaw, Miller, and Wood (2003) conducted a randomized controlled trial to compare the effects of two types of case management—integrated care management (ICM) and usual care—for occupational injuries. The study focused on “patient satisfaction, future symptom severity, function, and return to work.” The study included 205 federally employed workers with work-related upper extremity disorder (WRUED) claims and randomly assigned them to receive either ICM or usual care to study patient satisfaction in employees with WRUED. WRUED injuries included, but were not limited to, tendon disorder, cervical disorders, osteoarthritis, and muscle/ligament/fascia disorders. Patients receiving usual care worked with “... case managers following standard operating practices within guidelines of the Department of Labor’s Office of Workers’ Compensation Programs.” Patients receiving ICM worked with nurse case managers who had taken part in an ICM training “... that taught systematic methods and provided tools for assisting case managers in the integration of ergonomic and psychosocial assessment and intervention into the WRUED care and recovery process.” The authors found that “receipt of ICM-based services was associated with higher levels of patient satisfaction with case management for a persistent WRUED claim with work loss.” The authors also found that increased patient satisfaction was a predictor of “decreased symptom severity and functional limitations” six months after the intervention and a faster RTW. The authors concluded that ICM is “associated with improved clinical and work outcomes among those with a persistent WRUED worker’s compensation claim and some lost time.”

Abstract available: [Feuerstein, M., Huang, G. D., Ortiz, J. M., Shaw, W. S., Miller, V. I., & Wood, P. M. \(2003\). Integrated case management for work-related upper-extremity disorders: impact of patient satisfaction on health and work status. *Journal of Occupational and Environmental Medicine*, 45\(8\), 803–812](#)

Tags: Integrated case management, occupational injuries

Targeting Early Intervention to Workers Who Need Help to Stay in the Labor Force

In this report from the Stay-at-Work/Return-to-Work Policy Collaborative, Stapelton et al. (2015) describe actionable policy recommendations based on evidence-based early interventions (EBEI) to help workers successfully RTW after a medical condition. The authors explain that “... *early* means soon after workers first recognize that a new or existing condition might cause them to leave the labor force for a long time—perhaps permanently—if they do not get the timely assistance they need to keep working.” In addition, the authors explain that “evidence-based services and supports are those that have been shown to be effective in getting people back to work after an absence that is minimal given the nature of the condition.” The report also discusses the three main characteristics of people who should or should not be the focus of EBEI, which include, “(1) limited access to EBEI at present; (2) are likely to exit the labor force and enter Social Security Disability Insurance rolls without EBEI; and (3) are likely to stay in the labor force if given EBEI.” Finally, the report describes approaches to identify and engage with workers within the target population and concludes by describing “... actionable policy recommendations for expanding evidence-based early intervention services to those workers who may be the most likely to return successfully to work if they get help early on” at both state and federal levels.

Report available: [Stapleton, D., Anfield, R., Burns, R., Cashdollar, W., Doornink, B., Gifford, B., ... Ufier, K. \(2015\). *Targeting early intervention to workers who need help to stay in the labor force*. Washington, DC: Mathematica Policy Research](#)

Tags: Early intervention, evidence-based, injured workers

Preventing Work Disability After Musculoskeletal Injuries: Underlying Issues Surrounding Policies and Guidance

This resource from the Stay-at-Work/Return-to-Work Policy Collaborative includes two informational graphics. The first graphic, “Cascading factors that can affect musculoskeletal work disability,” illustrates different factors that might affect how a common MSK injury could lead to permanent job loss or to successful stay-at-work/RTW. These different factors include “obtaining clinical care that emphasizes functional recovery,” “receiving necessary employer support and job accommodation,” and “feeling confident to manage pain flare ups or periods of high job demands” and can affect a person’s likelihood to stay-at-work/RTW or can lead to permanent job loss and disability benefits. The second graphic, “Why are MSK injuries so difficult to treat and manage?” briefly explains six challenges associated with the management of MSK disorders, including that they “... are often fluctuating, subjective, and non-specific in terms of actual pain mechanisms.” This resource also includes an explanation of “... several key issues in MSK work disability prevention that have policy implications.” Some of these issues include controlling pain versus restoring function; incorporating individual differences in pain coping and motivation; addressing worker discouragement, worries, and depression; and employer support and job accommodation.

Resource available: [Stay-at-Work/Return-to-Work Policy Collaborative. \(2017\). *Preventing work disability after musculoskeletal injuries: Underlying issues surrounding policies and guidance*. Washington, DC: U.S. Department of Labor, Office of Disability Employment Policy](#)

Tags: Resource access, care management, musculoskeletal conditions

This document was prepared for the U.S. Department of Labor (DOL) Office of Disability Employment Policy and Retaining Employment and Talent After Injury/Illness Network (RETAIN) state grantees, by the American Institutes for Research under DOL Contract Number 1605DC-18-F-00429. The views expressed are those of the authors and should not be attributed to DOL, nor does mention of trade names, commercial products, or organizations imply endorsement of same by the U.S. Government.