

Puzzling Together the Pieces of a Return-to-Work Team

March 17, 2020



RETAIN

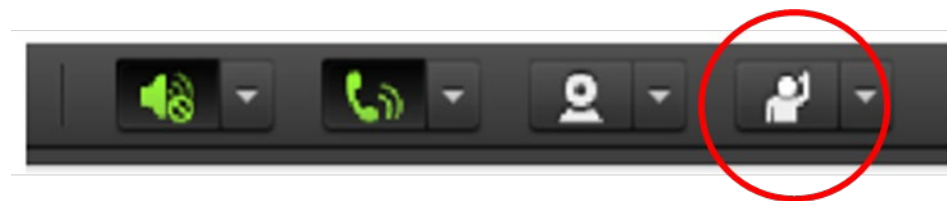
Retaining Employment and Talent
After Injury/Illness Network

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ODEP
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Employment Policy

Webinar Quick Tips

- **If you are having any trouble with Adobe Connect, email RETAINTA@air.org or use the chat box.**
- **Submit questions at any time during the webinar in the chat box—or use the “Raise Your Hand” function in the top menu.**



Welcome

RETAIN | Retaining Employment and Talent After
Injury/Illness Network

About RETAIN

- Retaining Employment and Talent After Injury/Illness Network (RETAIN)
- Joint initiative led by the U.S. Department of Labor (DOL) and the Office of Disability Employment Policy (ODEP), and funded by ODEP, DOL's Employment and Training Administration, and the Social Security Administration
- RETAIN technical assistance funded by ODEP and housed at the American Institutes for Research (AIR)
- Focused on building state capacity in stay-at-work/return-to-work strategies across eight states
- Explores ways to help people who become ill or injured during their working years remain in the labor force

Agenda

- Welcome and Introduction
- Setting the Stage
- Case Scenario 1: Ultrasound Tech
- Q & A
- Case Scenario 2: Plumber
- Q & A
- Key Takeaways

Today's Panelists



Leslie Dawson, MA, CRC, NCC, State Administrator, Vocational Rehabilitation Division, Alabama Department of Rehabilitation Services

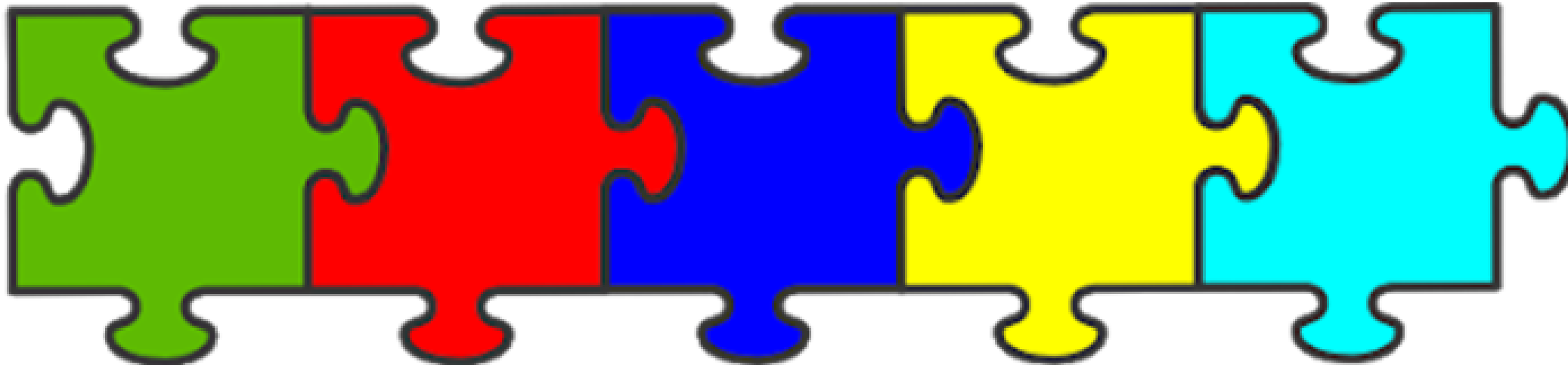


Jennifer Christian, MD, MPH, Senior Consultant, Office of Disability Employment Policy



Latha Brubaker, MD, Vice President of Medical Operations for Concentra, Northeast Region

Return to Work (RTW)/ Stay at Work (SAW) Components



Employee and
Employer
Relations

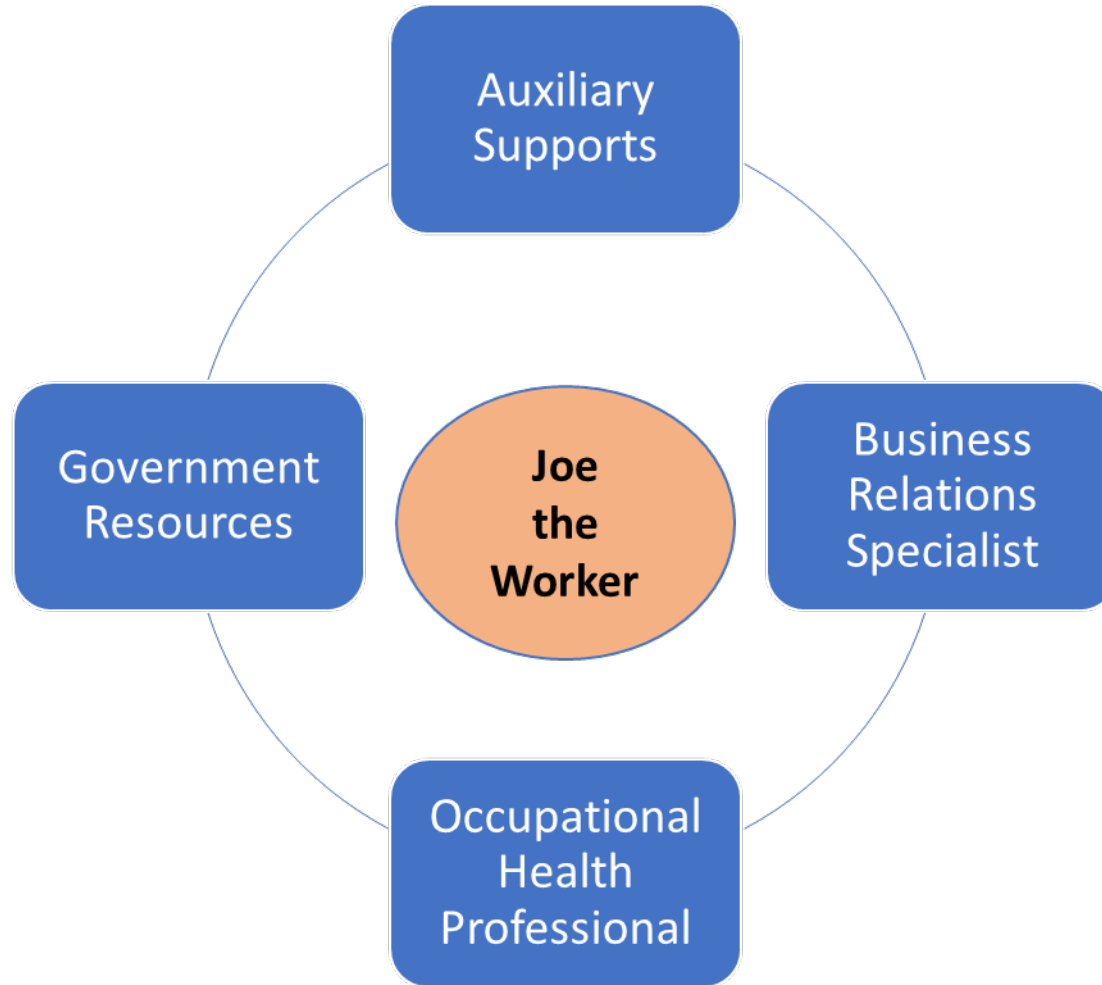
Business
Relations

Occupational
Health

Return to
Work
Coordinator

Auxiliary
Supports

Who's looking out for Joe?



Case Scenario 1: Ultrasound Tech

- Referred by employer
- 47-year-old female, program coordinator for a research study, 4 years
- Disability: C5-6, C6-7 neck fusion with plate, 2 months earlier (may have been work related but no proof):
 - Residual neuromuscular weakness in left arm, neck pains, headaches, limited full range of motion, fatigue, depression
- Problems performing certain job duties:
 - Research tasks that are protocol:
 - checking blood pressure
 - flipping pages
 - taking notes
 - performing ultrasounds
 - using computer mouse and phone
- Used all sick leave; if off work, goes on leave without pay

The case scenario mentions that the injury could possibly be work related. Assuming Julie mentions this possibility, what should an RTW coordinator do to address Julie's concern?

How likely is it that Julie has already reached maximum symptomatic and functional recovery after her surgery?

What information would help an RTW coordinator determine whether Julie is a candidate for RTW/modified duty or job retraining?

Case Scenario 2: Plumber

- Referred by healthcare provider
- 45-year-old male, journeyman level plumber for 20 years
- Job in jeopardy due to lower lumbar pain from an off-the-job injury
- Disability 1: Lower lumbar pain
 - Fell off ladder at home and injured back
 - Postsurgical (third surgery) lumbar fusion
 - Limited in bending, stooping, pulling, pushing, lifting, twisting
- Disability 2: Post-knee replacement
 - Motorcycle accident, postsurgical knee replacement
 - Limited in squatting or moving on single knee but able to get into lower positions
- Disability 3: Depression

When you see a scenario like this, where a back fusion has been performed and the person desires to return to work in a heavy labor job, what are your first thoughts and subsequent discussion with the individual?

Should a professional who is familiar with/creative at finding alternative ways of doing plumbing tasks, or using adaptive tools and equipment, be involved in a case like Jack's?

What would be the benefits to Jack of participating in a physical rehabilitation (therapy) program?

Key Takeaways

Key Takeaways: Leslie Dawson

- Involve the employer at the beginning, middle, and end of the retention/RTW case.
- Bring in experts to evaluate and recommend reasonable accommodations.
- Create a plan for moving forward in the RTW/retain case with clear roles, responsibilities, time frames, and resources.

Key Takeaways: Dr. Christian

- Clarify whether functional loss is temporary, appears chronic but may be remediable, or is irrevocable.
- Clarify whether the SAW/RTW plan is for a temporary period or whether a long-term/permanent solution is needed (or both).
- Request input from other team members to ensure accurate situation assessment and an appropriate plan.

Key Takeaways: Dr. Brubaker

- Early RTW will produce favorable outcomes for the employee and the employer.
- Unemployment is unhealthy! Even if a person cannot return to their original job, job retraining should be considered.
- An employer's or supervisor's support of the employee when addressing an injury can produce positive results, such as quicker RTW.

Questions?

Save the Dates for the Job Retention Series—Communities of Practice

- **COP 1: Case Management TIPS (Tools, Insights, Processes, and Strategies) for Return to Work Coordinators**

Date: April 2, 2020; 2:00–3:15 p.m. Eastern Time

Target audience: RTW/SAW Coordinators and Supervisors

- **Cop 2: How the ADA and Reasonable Accommodations Can Make or Break a RETAIN Case**

Date: April 23, 2020; 2:00–3:00 p.m. Eastern Time

Target audience: RTW/SAW Coordinators and Supervisors

Your feedback is important!

Please take 2 minutes to complete the following survey:

https://www.surveymonkey.com/r/Retain_03-17-2020

Thank you!

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