

Advice Sheet 1: Acute intervention

IMPROVING OUTCOMES: MANAGEMENT OF WORKERS WITH SOFT TISSUE INJURY

Tip:

Read the document *Improving Outcomes: Management of workers with soft tissue injury* to obtain an overview of the approach recommended for the management of workers during the first 12 weeks after injury. Key terms are also listed and explained in the document.

This advice sheet describes important principles and activities specific to **acute intervention** during management of workers with soft tissue injury. When implemented, this advice can **reduce the risk** that a worker with a soft tissue injury will suffer long term disability and work loss. The advice is based on current scientific evidence and NSW workers compensation system requirements.

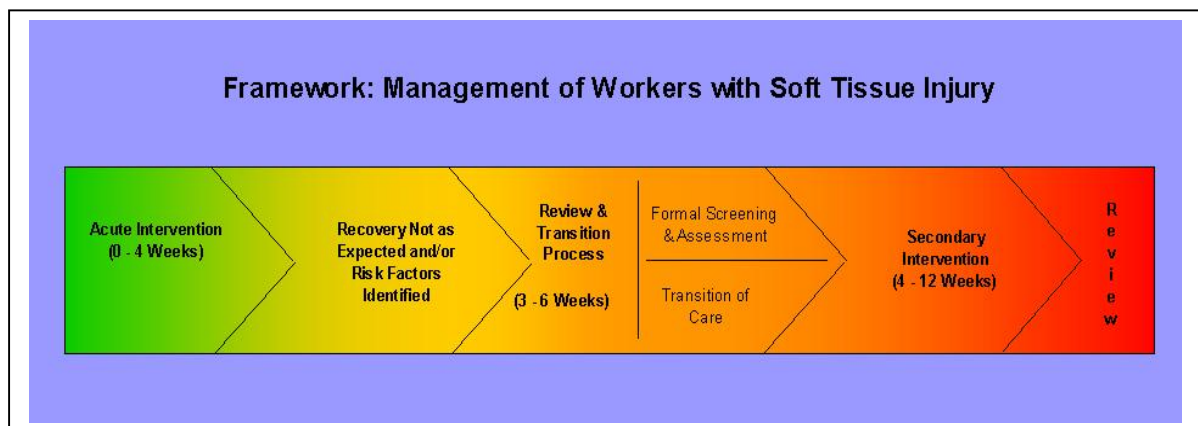
Acute intervention occurs during the first four weeks after injury for the purposes of this initiative.

Most workers with a soft tissue injury will probably need acute intervention. Acute intervention need not be complex; simple advice and support while returning to work can be very effective in many cases.

Key messages: Acute intervention

- Medically assess the worker to rule out potentially serious conditions and determine individual needs
- Effective case management facilitates balance between workplace and clinical management
- Clinically manage the worker if required, using an evidence based, active and self management approach
- Outcomes are improved when occupational health and safety (OHS) and return to work is effectively managed and supported in the workplace
- The primary intervention is early return to work and the goal is for the worker to return to and maintain pre injury duties and hours
- Carry out early simple screening for risk factors related to the worker and the workplace
- Key parties communicate an expectation of recovery and set goals as early as possible
- Regularly review progress against expected recovery and goals
- Enter the **review and transition process** as soon as indicated.

Acute intervention is the first phase in the **Framework: Management of workers with soft tissue injury**.



Apply the **Key principles: Management of workers with soft tissue injury** immediately from the time of injury. These key principles are to be applied with the worker central to the process of injury management.

Key Principles: Management of workers with soft tissue injury

1. Early, safe and durable return to work
2. Focus on activity and independence
3. Work toward common goals
4. Regular review of progress and risk factors
5. Targeted education.

Injury management

Outcomes are improved when key parties work together effectively. Working together facilitates implementation of the key principles during injury management and is the best way to ensure a worker with a soft tissue injury successfully returns to work.

Acute interventions are delivered according to the worker's individual identified needs. The insurer ensures interventions are well balanced and linked through effective injury management. A strong and/or single focus on clinical management during acute intervention is not advisable. Rather, the clinical and workplace management is well balanced and integrated.

Simple screening for risk factors

During acute intervention, key parties undertake simple screening of the worker for the presence of risk factors for long term disability and work loss.

Simple screening of workers at risk begins immediately following a soft tissue injury and monitoring continues until return to work is achieved. The **insurer** is primarily responsible for

ensuring the screening occurs but it is also the responsibility of the primary treatment providers to initiate and conduct the screening. Relevant information gathering and sharing is part of effective management of the worker and should not be considered as an additional service.

Simple screening may involve the insurer or key parties asking questions of the worker and each other. Examples are given in the box below. It requires frequent review of recovery against expectations and goals. If risk factors are identified the **review and transition process** is to be initiated. Barriers to return to work can then be identified and addressed at an early stage.

Refer to *Advice Sheet 3: Review and transition process* for recommendations about management of workers with risk factors and/or when recovery is not as expected.

Better Practice Tip

Below are examples of **simple screening questions**. Questions for the worker in this box are useful to all key parties. Questions in the two boxes below are most relevant to the insurer.

Examples of simple screening questions to ask the worker:

- Have you had time off with this problem in the past?
- What do you think is causing your problem?
- What do you think will help/resolve your problem?
- How is your employer/co-workers/family responding to your problem?
- What do you do to cope with your pain?
- Do you think you will return to work? When? (Adapted from footnote 1)

Examples of simple screening questions to ask the employer:

- What do you think is causing/caused the worker's problem?
- How can you prevent the problem happening again?
- When do you expect the worker to return to work?
- How do you plan to assist the worker to return to work?
- Do you need any help with returning the worker to work?

Examples of simple screening questions to ask NTD/treatment providers:

- What sort of treatment do you recommend to assist recovery?
- When do you expect the worker to return to work? Will suitable duties be needed? Will a workplace assessment be needed? Why?
- Does the worker have any psychosocial risk factors that might delay return to work?
- How will you be measuring the worker's progress?

Clinical management

Clinical management means evidence based assessment and treatment of the worker and their injury, usually by a medical or allied health practitioner ('treatment provider').

Better Practice Tips – Clinical management of acute soft tissue injuries

1. Conduct a thorough assessment and screen for red (serious pathology) and yellow (psychosocial risk factors) 'flags'
2. Work together- the worker, employer, insurer, NTD and rehabilitation/treatment providers discuss the expected recovery, treatment return to work
3. Use the best available evidence to manage the worker's injury
4. Advise the worker to stay active and be positive – most workers can return to work and home duties quickly (within 4 weeks) and this helps recovery
5. Understand pain – educate key parties about the benefits of keeping active despite pain and problem solving strategies to manage flare ups
6. Implement the key principles for management of workers with soft tissue injury during acute intervention.

Assessment and treatment may include but is not limited to clinical musculoskeletal assessment; screening for risk factors; 'hands on' therapy; exercise therapy; medication and/or reassurance/advice for workers with soft tissue injuries. Treatment providers will thoroughly assess the injury in order to apply prompt and appropriate treatment. There are many published guidelines about specific treatment regimens for soft tissue injuries, based on best available scientific evidence.² Treatment providers use these and other appropriate guidelines to inform their clinical decision making.

Providing advice that is aligned with the key principles and messages for management of workers with soft tissue injury will assist the worker to achieve early, safe and durable return to work. Treatment providers are advised to be mindful of the importance of integrating clinical and workplace management as discussed above. A singular focus on clinical management to the exclusion of other important influences, even in the early phase following injury is not advisable.

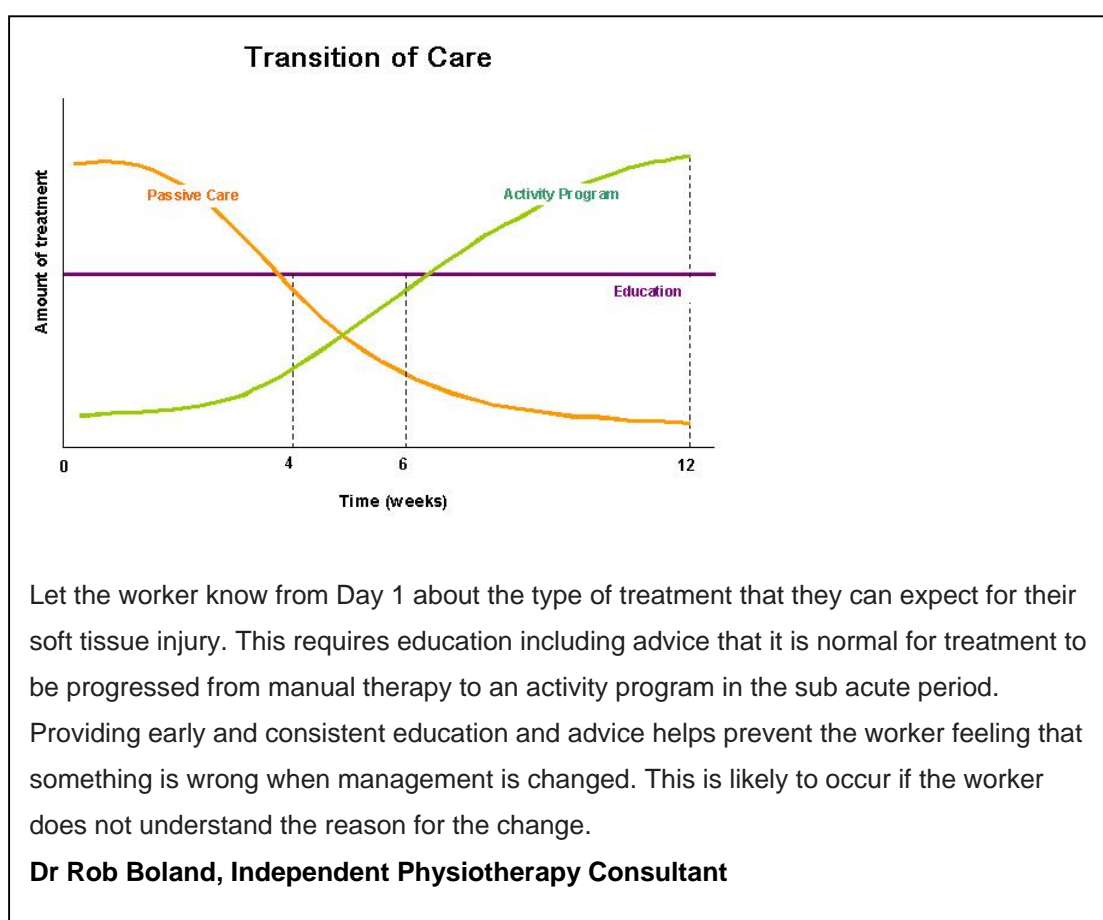
Effective clinical management includes treatment strategies to develop the worker's skills in self management and problem solving.

Advice sheet 2: Successful recovery and return to work with a soft tissue injury is designed for workers. Providing this information to workers will reinforce the treatment provider's messages about self management.

Education is targeted to meet the needs of the worker; education is unlikely to be the same for every worker. In particular, the worker needs to understand:

- goals of treatment
- expected course of recovery, including the likelihood of 'flare ups' and how to manage these
- initial treatment and the transition of treatment that may be required (refer to diagram below)
- their role in improving function
- need for regular reassessment of progress.

Treatment providers discuss the likely progress of the worker's treatment and expected recovery with other key parties.



Workplace management

Workplace management means coordinated assessment, planning and return to work activities, which are directly related to the worker's needs, duties and workplace, which aims to maintain them at, or return them to, work.

The **employer** (including the **manager, supervisor**), their **return to work coordinator** and the worker work toward return to work together. Other employees may be involved in risk management activities to improve OHS and/or return to work practices more generally.

Effective **systems to manage risk in the workplace** and return to work provide better outcomes.

The employer investigates the factors that may have contributed to the soft tissue injury as soon as possible after notification of an injury. Risk management occurs in consultation with employees, ideally including the worker who sustained the injury. Employers can reassure the injured worker with information about what action will be taken to reduce the risk of the injury re-occurring. Manual handling activities are often related to soft tissue injury. WorkCover NSW is currently undertaking a significant program to provide advice and assistance specific to manual handling activities. Refer to www.smartmove.nsw.gov.au for more information about how to prevent injuries arising from manual handling.

Early return to work facilitates a successful return to work outcome. Early return to work can be facilitated by interventions to match worker capacity, the workplace and the duties performed.

Early and safe return to work can be facilitated through the employer:

- ensuring the worker is central to the process and involved in decision making
- ensuring effective OHS management systems are in place
- identifying and highlighting suitable duties as early as possible
- providing graded suitable duties/work modification if indicated
- working with key parties during simple screening of the worker and workplace for risk factors
- ensuring there is good support for the worker from those at the workplace during return to work
- facilitating and maintaining effective partnerships with other key parties- sharing goals, case conferencing, addressing cultural needs
- sharing information about return to work with the insurer and treatment providers
- requesting the services of a rehabilitation provider if indicated
- providing support within the workplace when the worker is returning to work with continuing symptoms, which may fluctuate during work activities
- linking clinical and workplace interventions through effective coordination.

Employers, particularly **small and medium enterprises**, may find these requirements challenging, for example, suitable duties may not be obvious; employers may have no experience in returning a worker to work; or understand risk factors. Employers are advised to ask their insurer for assistance with return to work promptly when needed. Improved

outcomes are achieved by acting without delay. A rehabilitation provider can assist the employer and the worker to manage return to work.

Insurer case management

The insurer case manager is to facilitate the recovery and successful return to work of the worker.

Case management during acute intervention may include:

- Assessing the worker's needs, to facilitate their early, safe and durable return to work.
- Gathering and disseminating information about recovery expectation (including return to work).
- Coordinate the gathering and analysis of information used to then carry out simple screening for risk factors.
- Assessing the employer's needs and potential to manage the worker's early, safe and durable return to work.
- Facilitating and maintaining effective partnerships between the worker, employer and treatment provider, for example by sharing goals, case conferencing, ensuring good access to interpreters if necessary, identifying cultural needs.
- Promptly implementing claims management and approval processes and resolving difficulties.
- Reinforcing key messages appropriate to this phase of intervention.
- Supporting the worker and their employer to work together during recovery, including OHS risk management and return to work.
- Regularly reviewing the worker's recovery against expectations and goals.
- Initiate the review and transition process promptly when recovery is not as expected and/or risk factors are identified.

Decision: Is recovery delayed and/or risk factors identified?

During acute intervention, some workers with soft tissue injury do not recover as expected. The risk factors for these workers are to be identified as early as possible.

The **Decision Making Tool: Management of workers with soft tissue injury** in the overview document highlights the decision to be made about recovery and the course of action recommended.

A recovery expectation is formulated with the worker as soon as possible after injury. The recovery expectation takes into account the:

- expected recovery time for the injury
- expected return to work
- expected return to function, including activities outside work
- worker's other conditions (for example diabetes, cardiovascular disease, osteoporosis, mental health conditions).

Key parties monitor recovery during acute intervention. Simple screening is done by key parties to identify risk factors.

When **recovery is not delayed** then injury management continues until the worker returns to their **pre injury work** (duties and hours) within the expected recovery timeframe.

When **recovery is delayed or risk factors are identified**, the **review and transition process** is commenced.

Refer to *Advice Sheet 3: Review and transition process* for recommendations about management of workers with risk factors and/or when recovery is not as expected.

¹ Kendall NAS, Linton SJ, Main CJ. Guide to assessing psycho-social yellow flags in acute low back pain: Risk factors for long-term disability and work loss. Accident Compensation Corporation and the New Zealand Guidelines Group: Wellington 2004.

² Australian Acute Musculoskeletal Pain Guidelines Group. *Evidence-based management of acute musculoskeletal pain: A guide for clinicians*. Australian Academic Press Pty Ltd, Bowen Hills 2004.
NSW Motor Accidents Authority. *Guidelines for the management of acute whiplash-associated disorders for health professionals*. 2nd Edition 2007. Motor Accidents Authority: Sydney.

Disclaimer

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WorkCover NSW 92-100 Donnison St Gosford NSW 2250
Locked Bag 2906 Lisarow NSW 2252 WorkCover Assistance Service 13 10 50
Website www.workcover.nsw.gov.au
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