



**GUIDELINES: OCCUPATIONAL HEALTH PHYSICAL THERAPY: WORK CONDITIONING AND WORK HARDENING PROGRAMS BOD G03-01-17-58** [Retitled: Occupational Health Guidelines: Work Conditioning and Work Hardening Programs, Amended BOD 03-00-25-62; BOD 03-99-16-49; BOD 11-94-33-109; Initial BOD 11-92-29-134] [Guideline]

## **INTRODUCTION**

Injured workers benefit from physical therapist services from the onset of injury through their return to work. Early physical therapy intervention consists of treatment for acute neuromusculoskeletal problems and other injuries. Many patient/clients who receive appropriate early care return to their job without additional rehabilitation services.

For those who are not able to return to work because of unresolved physical problems following acute care, the treatment focus changes to restoration of work-related function. Defined as WORK CONDITIONING, these programs address the physical issues of flexibility, strength, endurance, coordination, and work-related function for the global outcome of return to work.

For the limited number of patient/clients with behavioral impairments and vocational limitations/restrictions, WORK HARDENING may be indicated. WORK HARDENING programs are interdisciplinary and address the physical, functional, behavioral and vocational needs of the injured worker, with the global outcome of return to work. Physical therapists provide the physical and functional components within both of these programs.

The following guidelines identify Work Conditioning and Work Hardening as separate and distinct programs for injured workers. These guidelines describe program elements that should be used to develop and guide practice.

The guidelines serve the following purposes:

- For physical therapists - to design, implement and evaluate structured programs for injured workers.
- For medical referral sources - to facilitate appropriate referral to structured programs.
- For insurance companies, and managed care organizations - to develop appropriate methods of program authorization, monitoring and payment.
- For Departments of Labor and Industry - to utilize as definitions and guidelines for worker compensation patients.
- For managed care organizations, regulators, and providers - to serve as a resource documents.

## **HISTORY**

In 1991, APTA established the Industrial Rehabilitation Advisory Council (IRAC) to classify the levels of work rehabilitation to accurately reflect contemporary practice, to standardize terminology and to address the needs of patients/clients, providers, regulators and payers.

Initial efforts focused on the Commission for Accreditation of Rehabilitation Facilities (CARF) accreditation standards for Work Hardening programs and the concern that these standards did not recognize small or single service providers, precluding the delivery of work rehabilitation services in physical therapy private practices, rural settings, small institutions and industrial settings. The CARF standards, in fact, appeared applicable and practicable only for providers within large organizations.

In response, IRAC developed guidelines for WORK CONDITIONING programs for injured workers with only physical problems, and subsequently developed guidelines for WORK HARDENING programs as a viable alternative to the CARF standards.

These guidelines, adopted by APTA's Board of Directors, represent elements that should be used to develop and guide practice.

APTA envisions multiple uses for these guidelines including:

- Physical therapy services for injured workers
- Physical therapist professional education programs
- Professional development and staff education
- Peer review
- Education of legislators, employers, regulators and payers
- Marketing

IRAC would like to recognize the Florida APTA Chapter's contribution to this document.

### **OPERATIONAL DEFINITIONS**

**Work Conditioning:** an intensive, work-related, goal-oriented conditioning program designed specifically to restore systemic neuromusculoskeletal functions (e.g., joint integrity and mobility, muscle performance (including strength, power, and endurance), motor function (motor control and motor learning), range of motion (including muscle length), and cardiovascular/pulmonary functions (e.g. aerobic capacity/ endurance, circulation, and ventilation and respiration/gas exchange). The objective of the work conditioning program is to restore physical capacity and function to enable the patient/client to return to work.

**Work Conditioning Examination and Evaluation:** Examination by history, systems review, and selected tests and measures required to identify the patient/client's individual work-related, systemic, neuromusculoskeletal restoration needs. Evaluation of examination data shall be used to identify eligibility, design a plan of care, monitor progress and plan for discharge and return to work.

**Work Conditioning Provider:** A licensed physical therapist. (APTA recognizes that other professionals may be Work Conditioning providers.)

**Work Hardening:** a highly structured, goal-oriented, individualized intervention program designed to return the patient/client to work. Work Hardening programs, which are multidisciplinary in nature, use real or simulated work activities designed to restore physical, behavioral, and vocational functions. Work Hardening addresses the issues of productivity, safety, physical tolerances, and worker behaviors.

**Work Hardening Examination and Evaluation:** multidisciplinary examination including history, systems review, and selected tests and measures required to identify the patient/client's individual restoration needs related to physical, functional, behavioral, and vocational status. The initial multidisciplinary evaluation of examination data is used to identify patient/client eligibility, design a plan of care, monitor progress, plan for discharge and return to work.

**Work Hardening Providers:** Work Hardening providers include the following professionals; physical therapists, occupational therapists, psychologists, and vocational specialists.

### **PROGRAM COMPARISON**

<b><u>WORK CONDITIONING</u></b>	<b><u>WORK HARDENING</u></b>
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Addresses physical and functional needs may be provided by one discipline (single discipline model)	Addresses physical, functional, behavioral, vocational needs within a multidisciplinary model.
Requires Work Conditioning examination and evaluation	Requires Work Hardening examination and evaluation.
Utilizes physical conditioning and functional activities related to work	Utilizes real or simulated work activities.
Provided in multi-hour sessions up to:	Provided in multi-hour sessions up to:
<ul style="list-style-type: none"> <li>• 4 hours/day</li> <li>• 5 days/week</li> <li>• 8 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• 8 hours/day</li> <li>• 5 days/week</li> <li>• 8 weeks</li> </ul>

## **WORK CONDITIONING GUIDELINES**

### **PATIENT/CLIENT ELIGIBILITY**

To be eligible for Work Conditioning, a patient/client must:

- Have a job goal.
- Have stated or demonstrated willingness to participate.
- Have identified systemic neuromusculoskeletal physical and functional deficits that interfere with work.

Work Conditioning generally follows acute medical care or may begin when the patient/client meets the eligibility criteria.

Work Conditioning should not begin after 365 days have elapsed following the injury without a comprehensive multidisciplinary examination and evaluation.

### **PROVIDER RESPONSIBILITY**

The employer and/or carrier should be notified prior to initiation of the program.

The need for a program shall be established by a Work Conditioning provider based on the results of a Work Conditioning examination and evaluation.

The program shall be provided by or under the direction and supervision of a Work Conditioning provider.

The Work Conditioning provider shall document all examinations, evaluations, and services provided, patient/client progress, and discharge plans. Information shall be available with appropriate authorization to the patient/client, employer, other providers, insurance carriers, and any referral source.

The Work Conditioning provider shall develop and utilize an outcome assessment system designed to evaluate, at a minimum, achievement of goals and outcomes, and program effectiveness and efficiency.

The Work Conditioning providers should be appropriately familiar with job expectations, work environments, and skills required of the patient/client through means such as site visitation, videotapes, and functional job descriptions.

### **PROGRAM CONTENT**

- Development of program goals in relation to job skills and job requirements. Interventions to improve strength, endurance, movement, flexibility, motor control and cardiovascular/pulmonary capacity related to the performance of work tasks
- Practice, modification, and instruction in work related activities
- Education related to safe job performance and injury prevention
- Promotion of patient/client responsibility and self-management

### **PROGRAM TERMINATION**

The patient/client shall be discharged from the Work Conditioning program when the goals and outcomes for the patient/client have been met.

Work Conditioning may be discontinued when any of the following occur:

- The patient/client is unable to continue to progress toward goals and outcomes because of medical or psychosocial complications or because financial/insurance resources have been expended
- The patient/client declines to continue intervention
- The patient/client fails to comply with the requirements of participation
- The physical therapist determines that the patient/client will no longer benefit from physical therapy

When the patient/client is discharged or discontinued from the Work Conditioning program, the Work Conditioning provider shall notify the employer, insurance carrier and/or any referral source, and include the following information:

- Reasons for program termination
- Clinical and functional status
- Recommendations regarding return to work
- Recommendations for follow-up services

### **WORK HARDENING GUIDELINES**

#### **PATIENT/CLIENT ELIGIBILITY**

- To be eligible for Work Hardening, a patient/client must:
- Have a targeted job or job plan for return to work at the time of discharge,
- Have stated or demonstrated willingness to participate,
- Have identified physical (systemic neuromusculoskeletal), functional, behavioral and vocational deficits that interfere with work,
- Be at a point of resolution of the initial or principal injury such that participation in the Work Hardening program would not be prohibited

Work Hardening may begin only after the completion of the Work Hardening examination and evaluation.

#### **PROVIDER RESPONSIBILITY**

The employer and/or carrier should be notified prior to initiation of the program.

The need for a program shall be based on the results from a Work Hardening examination and evaluation performed by all of the Work Hardening providers.

The program components shall be provided by or under the direction and supervision of the appropriate Work Hardening providers.

The Work Hardening providers shall meet on a regular basis to discuss, coordinate and document program progress toward anticipated goals and expected outcomes.

The Work Hardening providers shall document all examination and evaluations, services provided, patient/client progress, and discharge plans. Information shall be available with appropriate authorization to the patient/client, employer, other professional providers, insurance carriers, and any referral source.

The Work Hardening providers shall develop and utilize an expected outcome assessment system designed to assess, at a minimum, patient/client care results, program effectiveness, and efficiency.

The Work Hardening providers should be familiar with job expectations, work environments, and skills required of the client through such means as site visitation, videotape, and functional job descriptions.

There should be an area that is designed, arranged and equipped for the specific purpose of providing Work Hardening programs.

### **PROGRAM CONTENT**

- Development of program goals and outcomes in relationship to specific job requirements
- Interventions to develop joint integrity and mobility, motor function (motor control and motor learning), muscle performance (including strength, power, and endurance), range of motion, and cardiovascular/pulmonary capacity related to the performance of work tasks.
- Practice, modification, and instruction in simulated or real work activities
- Education related to safe job performance and injury prevention.
- Provision of behavioral and vocational services as determined by the respective Work Hardening provider
- Promotion of patient/client responsibility and self-management

Assist the patient/client to obtain as appropriate:

- Counseling for substance abuse.
- Engineering and ergonomic services
- Medical services
  
- Nutrition and weight control services
- Smoking cessation counseling

### **PROGRAM TERMINATION**

The patient/client shall be discharged from the Work Hardening program when the goals and outcomes for the patient/client have been met.

Work Hardening may be discontinued when any of the following occur:

- The patient/client is unable to continue to progress toward goals and outcomes because of medical or psychosocial complications or because financial/insurance resources have been expended
- The patient/client declines to continue intervention
- The patient/client fails to comply with the requirements of participation
- The physical therapist determines that the patient/client will no longer benefit from physical therapy services

When the patient/client is discharged or discontinued from the Work Hardening program, the Work Hardening provider(s) shall notify the employer, insurance carrier and/or any referral source, and include the following information:

- Reasons for program termination
- Clinical and functional status
- Recommendations regarding return to work
- Recommendations for follow-up services

## **OUTCOME ASSESSMENT**

Outcome assessment is a systematic data collection designed to assess, at a minimum, achievement of goals and outcomes, and program effectiveness and efficiency. Effectiveness is a measure of meeting established program goals and outcomes, including return to work. Efficiency reflects total cost and time utilized to achieve established goals and outcomes.

## **ELEMENTS**

Identify services provided as either Work Conditioning or Work Hardening.

Demographic data:

- Age
- Gender
- Race and ethnicity

Occupational and injury data:

- Primary and secondary medical diagnoses
  - Diagnosis by physical therapist
  - Work status prior to injury
  - History of other treatment for this injury prior to entering the Work Conditioning or Work Hardening program, identifying all disciplines involved
  - Date of injury
    - same injury
    - new injury
  - Date Work Conditioning or Work Hardening program was initiated
  - Current and future employability
  - Time off work
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- Length of the program
    - hours/day
    - days/week
    - total days

Discharge data:

- Total charges billed for the program
- Program status (terminated or discharged) regarding return to work
  - same employer or different employer
  - previous job or different job
  - full time or part time
- Patient/client status at time of program termination/discharge
- Referrals for additional services not available in the program
- Payment source
  - worker's compensation board

- private insurance

Relationship to Vision 2020: Practitioner of Choice  
(Practice Department, ext 3176)

[Document updated: 12/14/2009]

**Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure