

Welcome

..... to the fourth edition of our newsletter for 2004.

In this issue we provide information on chronic fatigue, the importance of contacting the injured employee's treating doctor throughout the rehab process, introduce the WORC project, say thanks to one of our hard working

WPRC plus all the regular features.

If you have any feedback or articles that you wish to contribute, please contact Renee Dawson on 3235 4030 or Renee.Dawson@qed.qld.gov.au.



What's New in Rehab?



Work Outcomes Research Cost-Benefit (WORC) Project

Implementation of the WORC Project, a health & wellness survey designed by the World Health Organisation, has commenced within the Department of Education and the Arts. The survey to be distributed in term 1, 2005, is coordinated by the University of Queensland in collaboration with Harvard University. A number of large government & private sector organisations throughout Australia are participating in the project, such as Coles Myer, Telstra, Catholic Education & many more. The Department will receive general survey information on health trends, which will inform health promotion initiatives.

Rehab Forms Review

The review of a number of online Rehab forms

has commenced. Rehabilitation Consultants & School Cleaning Advisors have been invited to provide feedback on a range of rehab forms on our website. To have your say on improving these forms, please contact Renee Dawson.

DIR-Funded Initiatives - Update

Final reports from the various projects funded by grant money from the Department of Industrial Relations (DIR) have been received from those involved & from Intensive Case Management (ICM) providers. Feedback has been gained from Rehabilitation Consultants & Employee Advisors regarding future models for ICM services, proactive initiatives & reactive services throughout the state. This valuable information from written reports, surveys & meetings/teleconferences is being compiled to provide an integrated report that will facilitate the Department's decision-making on funding future initiatives & to report back to DIR.

Chronic Fatigue Syndrome (CFS)

Chronic Fatigue Syndrome (CFS) is a collective group of symptoms associated with severe, almost unrelenting fatigue. Commonly known as 'immune dysfunction syndrome', the predominant symptom of CFS is fatigue that causes a persistent & substantial reduction in activity level. Other more common associated symptoms include: *muscle weakness & pain, blurred vision, low stress tolerance, irritability, sleep disturbance, confusion, depression, general ill health as well as various & multiple other symptoms.*

There is currently no known cause for CFS or convincing evidence that CFS is infectious. Diagnosis is generally based on a person's self report of four or more of the following symptoms:

1. Difficulty with memory or concentration leading to self limitations in daily activity,
2. Sore throat
3. Tender lymph nodes
4. Widespread nonanatomic muscle pain
5. Multi-joint pain without joint swelling or redness
6. Headaches
7. Non-restorative sleep
8. Excessive shortness of breath or a vague feeling of discomfort following activity.

There is no specific treatment for CFS as individuals with CFS have no identifiable objective medical basis for their symptoms. That is, symptoms are



reported but individuals have normal physical examinations & findings on diagnostic testing. Regardless, CFS is treatable & in milder cases, the condition may resolve with appropriate short-term rest, supportive therapy & rehabilitation strategies with graduated increase in activity.

The impact of CFS will vary from individual to individual. Some potential activity limitations include the ability to: *complete work tasks due to low concentration or stamina; effectively manage relationships, behaviour & emotions; undertake public & personal travel; and lift, carry & move objects.*

RTW options for individuals with CFS should be formulated in consultation with the treating medical practitioner & the employee. The Principal / Manager should also be involved in the rehabilitation & RTW process to ensure the employee's condition is understood & the appropriate accommodations are implemented & supported within the work environment.

The Me/CFS/FM Association of Queensland provides further useful information, resources & links on CFS at www.mecfsqld.org.au.



Frequently Asked Questions

Q.1. Do I require a rehabilitation 'return to work plan' for employees who are on a maintain at work (MAW) program?

A 'maintain at work' program is a type of graduated return to work program used for injured employees who are able to continue working their full hours with some modifications to their normal duties &/or responsibilities.

Due to the range of workplace modifications that may be undertaken, it is important that a 'return to work plan' is documented for all MAW programs. This assists the injured employee return to their full normal duties & responsibilities whilst also allowing for the workers' progress to be recorded, reviewed & modified as necessary. MAW plans, including any modifications, must also be signed & approved by the treating doctor. Further information on MAW programs is available from part 1.20 to part 1.26 of the Rehabilitation Procedures (HS-15).

Q.2. How do I identify, record and monitor an ill or injured employees work capabilities?

Work Capability Checklists are designed to be used by the treating doctor to discuss restrictions & limitations with the injured/ill employee in respect to return to work (RTW). The checklists are to be completed & signed by the injured/ill employee's doctor & returned to the WPRC.



By assessing the capabilities of the injured/ill employee, checklists are a fundamental resource that assists in the development of RTW programs. The CHW 'Rehabilitation', website has a number of checklists available for Education Queensland positions including; 'Administration Staff', 'Cleaners', 'Janitor/ Groundsperson /Clerk/ Storeperson/Driver' & 'Teacher/ Teacher Aides' from <http://education.qld.gov.au/health/rehab/res-forms.html>.

Importance of setting RTW goals & the role of the Treating Doctor

Throughout the rehab process the WPRC works with the injured employee, Principal/Manager (P/M) & Doctor to establish appropriate RTW goals & strategies. This is achieved through effective RTW planning & development of a RTW plan that includes:

- A clear **RTW goal** within a specific timeframe;
- The **objectives** to be achieved to reach the goal;
- **Strategies** to meet objectives & achieve RTW;
- **Responsibilities** of all stakeholders;
- Realistic & reviewable **timeframes**, in line with medical advice;
- Any **services** required & their estimated costs;
- Appropriate & meaningful **suitable duties**, if required;
- The employee & P/M must feel they have **ownership** of RTW plan; &
- **Timeframes** for review: ensure employee contacts P/M or WPRC if their condition changes or is aggravated

Approval of the RTW plan must be obtained from the employee, their Doctor & P/M. To minimise the risk of re-injury or aggravation & help the employee return to safe, suitable work, the implementation of the RTW plans' goals, objectives & strategies must be continually monitored & reviewed. This is achieved through communication with all stakeholders, regular reviews, progress reports from the Doctor, & feedback from the employee & their P/M. (Note that any adjustments or upgrades to the plan require medical & insurer approvals).



Useful Websites to Visit

Written & reviewed by leading spine physicians, **Spine-health.com** is a comprehensive, informative & useful resource for understanding, preventing, & seeking appropriate treatment for back & neck pain & related conditions. <http://www.spine-health.com>.

SpineUniverse delivers information & research on a full range of spinal conditions, possible treatment options, technological advances & advice on preventative strategies. <http://www.spineuniverse.com>

The 'Guide to working with people with diverse disabilities' was recently released by **OPSM.E**. Available from http://www.opsme.qld.gov.au/ee/disability_launch.htm, the guide aims to raise awareness & acceptance of people with a disability in the Queensland Public Sector.

For more great resources visit www.education.qld.gov.au/health.



WPRC Profile

Leanne Campbell – Eagles - Middle Ridge State School.

Leanne's day starts early & finishes late. She is the Deputy principal at Middle Ridge State School & is also, among a number of roles, the school's rehabilitation coordinator.

Middle Ridge is a large Toowoomba school & like similar schools has its share of staff illness & injuries. Over the years Leanne has worked relentlessly at providing quality rehabilitation programs for her staff, as necessary. Leanne has dealt with many cases that have included stress & physical injuries, & has implemented, together with the Principal, reasonable adjustment strategies as required.

Leanne also provides input & ideas into district rehabilitation meetings. "Leanne is one of our key district based district Rehabilitation Coordinators" Kendal Franks Snr Rehabilitation Consultant verified. "She is a strong advocate for her staff & sees the need for quality rehabilitation support".

Thank you Leanne.

Importance of Treating Doctor throughout the Rehab process

Before commencement of any rehabilitation program or activities, the WPRC must gain approval from the individual's treating Doctor. The Doctor plays a vital role within the injury management process in assisting an ill / injured employee's safe rehab & successful maintain or return to work.

Roles of an ill/injured employee's Doctor includes:

- Initial diagnosis & medical management of employee's injury;
- Determining rehab needs & supporting the injury management process;
- Ensuring injured employee understands their injury & what is required to restore function & facilitate an early & safe RTW;
- Referral to specialists or rehab service providers, when appropriate e.g. worksite assessments, physiotherapy treatment;
- Reviewing & approving rehab plan & suitable duties; &
- Providing ongoing medical advice & proposing rehab recommendations.

Open & continuous communication between the WPRC & Doctor throughout the rehab process, is essential in identifying the abilities & restrictions of an injured employee. As involvement of a person's treating Doctor is a critical strategy in negotiating, establishing, implementing & reviewing the rehab program.



Creating Healthier Workplaces

Organisational Health Unit